



Llywodraeth Cymru  
Welsh Government

**WG53146**

Welsh Government  
Consultation – summary of response

## Proposed regulations for direct payments in health and social care

Health and Social Care (Wales) Act 2025 Implementation:

Summary of consultation responses to the Welsh Government's proposals for regulations in relation to direct payments in health and social care

20 January 2026

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

## **Overview**

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

### **WG53146 – Consultation on proposed regulations for direct payments in health and social care**

The consultation was published on 16 July and closed on 8 October 2025. It received 57 responses from a range of stakeholders and interested parties.

## **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: <https://www.gov.wales/proposed-regulations-direct-payments-health-and-social-care>

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## Section 1

### 1.1 Introduction and Background

The [Health and Social Care \(Wales\) Act 2025](#) ('the 2025 Act') received Royal Assent on 24 March 2025. Through it, amendments were made to the [NHS \(Wales\) Act 2006](#) which include the addition of provisions to enable the introduction of direct payments for health care in Wales. These changes provide the Welsh Ministers with powers to make direct payments for healthcare and to introduce regulations governing their operation.

This change supports the Welsh Government's commitment to give people receiving NHS Continuing Healthcare (CHC) more choice and control over their care, fulfilling the [Programme for Government](#) commitment to improve the interface between CHC and direct payments.

Direct payments, previously only available for social care, have been shown to improve independence, wellbeing, and quality of life by increasing choice and control for disabled people and those with long-term care needs. The new legislation will enable Local Health Boards (LHBs) to make direct payments for CHC on behalf of the Welsh Ministers.

The Law Wales website provides an overview of [the 2025 Act](#) and its development. This includes links to the [consultation on proposed changes to primary legislation](#), undertaken by the Welsh Government in 2022, and an [Explanatory Memorandum](#) that offers a detailed explanation of the legislative changes made by the 2025 Act, along with an assessment of the regulatory and [other impacts](#) identified.

### 1.2 Purpose and Scope of the Consultation

Following the enactment of the 2025 Act, secondary legislation in the form of regulations is required to enable LHBs to make direct payments for health care. To support development of the secondary legislation, a consultation has been undertaken to seek views on proposals for regulations and supporting guidance. The consultation focussed on topics including:

- Governance and Delegation
- Eligibility, Assessment, and Care Planning
- Support, Information, and Conditions
- Financial Arrangements and Oversight
- Equality, Welsh Language, and Other Impacts

The consultation also invited feedback on proposed amendments to social care direct payments regulations, particularly regarding the administration of payments by a nominated third party.

### 1.3 The Consultation - Audience, and Engagement

A 12-week consultation was undertaken between 16 July and 8 October 2025. It included fourteen questions inviting views on proposals for regulations and inviting suggestions for what should be included in supporting guidance for direct payments under Continuing Health Care (CHC). The consultation was announced through a [Written Statement](#) and made available on the [Welsh Government website](#). Welsh Government newsletters to key stakeholder groups and social media platforms were used to announce the launch and maintain visibility throughout the consultation period.

Respondents were invited to submit their views via an online form, by email, or by post and in the language of their choice. To ensure accessibility and meet best practice requirements, an Easy Read version and a British Sign Language version of the consultation document were produced. Other formats, including braille and audio, were available on request, and hard copies of the consultation document could also be provided.

Engagement activities included presentations to a variety of forums, focus groups and key stakeholders with an interest in this legislation. Standing meetings with stakeholder groups convened during the consultation period were used to encourage feedback. Targeted outreach was conducted with representative organisations including

- Disabled People's organisations,
- Third Sector organisations,
- Health and Social Care professionals,
- Local Health Boards,
- Local authorities,
- Adults in receipt of services, their families and representatives,
- Regulatory bodies.

### 1.4 Summary of Consultation Response and Methodology

A total of 57 responses were submitted to the consultation. Many respondents provided detailed and comprehensive responses to the questions asked, reflecting a strong degree of interest in the introduction of direct payments for CHC and in the content of the regulations. Some respondents answered on behalf of a group of organisations, for example a joint submission was coordinated by the CHC Coordinator for Wales on behalf of all Local Health Boards. Additionally, Disability Wales co-ordinated a response on behalf of its membership. Such responses have been counted once but the fact that in such cases the comments are in effect supported by a number of separate organisations or individuals has added weight to the opinions expressed.

The responses received reflect views and opinions from a broad range of sectors and perspectives. The largest number of responses came from individuals, followed by local authorities, third sector organisations and Local Health Boards. Proportionally more Local Health Boards responded than other sectors however, given that all endorsed the joint response and most also provided a separate response.

To analyse the responses, quantifiers have been applied to indicate the strength of agreement or prevalence of views across questions:

- **Majority:** 50% or more respondents
- **Many:** 30–50%
- **Some:** 5–30%
- **Few:** 1–5%

## **Section 2 Summary of responses received and Welsh Government response**

### **2.1 Summary of responses received**

Consultation responses have been analysed by Welsh Government officials and are presented below as a separate summary for each question asked.

#### **Question 1: What are your views on the proposal to amend the Local Health Boards (Directed Functions) (Wales) Regulations 2009 to delegate to Local Health Boards the function of making direct payments?**

##### **Summary of responses**

53 respondents answered this question.

A majority of responses (43 or 81%) agreed with the proposal to delegate to Local Health Boards the function of making direct payments or agreed in principle. Respondents recognised the benefits of the proposal, viewing it as a positive step toward enhancing individuals' voice and control in meeting their health care needs, whilst some recognised the proposal's ability to promote equity for people with health care needs with those having social care needs.

Respondents expressed a requirement for robust frameworks, formal governance, and clear implementation guidance to counter potential operational challenges such as capacity issues, resourcing, and consistency of access.

Some respondents identified the necessity of partnership working, particularly between health boards and local authorities when individuals transfer between social care and health care. Local authorities, in particular, were keen to collaborate with health colleagues and highlighted the need for well managed transitions.

Meanwhile, respondents from health boards primarily focused on the practical aspects of implementing the proposal, particularly emphasising requirements for training, delegation frameworks, governance, and protocols that align with NHS standards. A few health boards also noted concerns about organisational capacity and readiness for implementation.

No respondents expressed explicit opposition to the proposal, while 14 respondents indicated a neutral position, neither agreeing nor disagreeing.

**Question 2: What are your views regarding the circumstances in which, and persons to whom, direct payments may be made? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

55 respondents answered this question.

Over 85% of individual respondents believed direct payments should be broadly available to adults eligible for Continuing NHS Healthcare, with many supporting the inclusion of children and those lacking capacity. Again, many advocated flexibility for nominated persons, including family members and organisations, and stressed safeguards for fluctuating capacity. Five respondents highlighted barriers such as administrative complexity and called for direct payments to be the default unless unsafe, with a few raising concerns about inequity and unclear regulations.

Many Public Sector respondents supported extending eligibility to children and those without capacity, while others focussed on older people, those with dementia and the needs of carers. Most emphasized clear, fair processes for appointing representatives and advocated strong safeguards should be in place. Concerns were raised about overwhelming responsibilities for individuals in receipt of direct payments and about overcoming the additional challenges of certain types of geographical areas for example rural parts of Wales.

All responding health boards agreed that eligibility must be based on Primary Health Need, noting direct payments may not suit all cases. They called for explicit inclusion/exclusion criteria, governance, financial protocols, risk management, and training for recipients of direct payments and staff delivering them.

Many local authorities also sought clarity on eligibility, as well as emphasising the need for alignment with social care, and a need for advocacy services. Care sector providers were supportive of the option of direct payments but stressed a need for clear criteria, consistency, and practical tools. Third sector respondents advocated for flexibility, individual rights, advocacy, and safeguards. Few professional bodies responded, but those that did were supportive, emphasising the need for governance and clarity.



**Question 3: What are your views regarding the consultation and assessment a Local health Board should undertake before deciding to make direct payments? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

54 respondents answered this question.

Most respondents across all sectors supported enabling and co-produced assessments, which are person-centred. These should start from a presumption of capacity and involve individuals and families at every stage. Many highlighted the importance of timely, transparent, and non-duplicative processes, with strong calls for accessible information and advocacy. Some, particularly individuals and third sector organisations, stressed the need for independent advocacy and peer support, especially for those with fluctuating capacity or complex needs. A few raised concerns about excessive risk aversion and paternalistic approaches by those administering direct payments.

Within local authorities and the third sector, the majority advocated for tri-partite consultation involving health, social care and the individual, and for alignment with social care assessment practices. Many respondents emphasised strengths-based, outcomes-focused approaches and ongoing support beyond initial setup, as exemplified by the following quote:

“A strengths-based, outcomes-focused approach is essential - one that centres on “what matters” to the individual. This requires the LHB to invest time in understanding the person’s unique needs and wishes.” (Local Authority)

Many respondents from local health boards and the care sector focused on governance, eligibility criteria, and training for staff and personal assistants. Notably, 33% of health board respondents identified the need for competency-based training and review mechanisms for personal assistants. Some raised concerns about resource implications deriving from new systems and the risk of excessive bureaucracy. The need for clear mechanisms for those wishing to challenge decisions was also suggested. Few higher education institutions responded, but those that did supported clarity and proportionate safeguards.

Across most sectors, there was consensus on the need for safeguarding, regular reviews, and practical support. Differences emerged around balancing flexibility with risk management and the level of bureaucracy required within the direct payments system.

**Question 4: What are your views regarding the care and support plan, care Co-ordinator and one-off direct payments? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

51 respondents answered this question.

Many respondents across the various sectors represented supported the introduction of person-centred, flexible, and co-produced care plans. Respondents emphasised that plans should reflect individual needs, outcomes and changing circumstances, with clear mechanisms for regular reviews. Some respondents, particularly individuals and third sector organisations, stressed the need for accessible information, support, and proportionate processes to avoid unnecessary bureaucracy.

Some respondents agreed that the care co-ordinator role is essential. Many called for these roles to be well-defined, adequately resourced, and supported by training. Respondents highlighted the importance of a named, consistent point of contact who acts as an enabler rather than a gatekeeper. Meanwhile, 10 out of 51 respondents raised concerns about capacity challenges and the need for continuity and responsiveness.

There was general support for the option of one-off direct payments. Some advocated their flexible use for equipment, adaptations, emergencies, and transition costs, with calls for fast, simple processes and clear eligibility criteria. Some advised that these payments should be well-monitored and accompanied by practical guidance.

Local authorities and the third sector strongly advocated for co-production and partnership working. Whereas many health boards and care sector providers emphasised robust governance, clear guidance, and practical tools. Few professional bodies responded, but those that did noted no concerns regarding the proposals involving care plans, care co-ordinators and one-off direct payments.

Overall, there was a consensus on empowering individuals through co-produced plans, accessible support, and flexible one-off payments, balanced with governance and proportionate oversight.

**Question 5: What are your views regarding our proposals about information, advice and support? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

50 respondents answered this question.

Respondents across all sectors recognised the importance of accessible, clear, and ongoing information, advice, and support (IAS) in the administration of direct payments. They emphasised the need for materials in multiple formats, including

Easy Read, Welsh language, audio, and non-digital options to prevent digital exclusion. Some respondents, particularly individuals and third-sector organisations, strongly advocated for co-production of resources with disabled people and for impartial, independent advice delivered by peer mentors or disabled people's organisations, with one individual stating that, "advice should be delivered by independent organisations or by trained peer mentors with lived experience."

Within local authorities and the third sector, over 45% of respondents advocated for collaboration with existing support services and for IAS to be localised and tailored to individual needs. Some respondents, including local health boards and the care sector, highlighted the need for practical tools, templates, and ongoing support for both recipients and professionals. This encompassed support with payroll, employment law, recruitment, and contingency planning for emergencies. Some raised concerns about health boards' capacity to deliver IAS and the need for consistent standards across Wales.

Across all sectors, there was consensus on empowering individuals through accessible and proactive support. Differences emerged regarding delivery models, the level of independence required, and mechanisms for ensuring fairness and consistency.

**Question 6: What are your views regarding conditions to be complied with by those in receipt of direct payments? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

47 respondents answered this question.

Respondents across most sectors supported clear, proportionate and flexible conditions for direct payments, emphasising fairness, trust, and practical support. Individuals and third-sector organisations highlighted the need for trust-based, supportive conditions rather than bureaucracy or punitive measures, and called for accessible guidance to help recipients comply with requirements. Some also raised concerns about administrative burden and over-regulation, warning that excessive scrutiny could undermine autonomy and wellbeing.

Some respondents, including those with lived experience, stressed the importance of accessible formats and recognition of individual circumstances. Within the third sector, respondents strongly advocated flexibility, warning that rigid conditions could create barriers for people with fluctuating needs. Some highlighted the need for co-production, accessible guidance, and practical support, especially for people with learning disabilities.

Local authorities emphasised that recipients must act as responsible employers and adhere to professional standards, with many advocating for consistency with social care regulations and offering to share expertise with health boards. Many also called for robust monitoring and audit systems, due diligence checks and support to ensure compliance.

Local health boards prioritised protocols for compliance with NHS requirements (financial, legal, and policy-related) as well as safeguarding and clear guidance on complaints and performance issues. 50% of health board respondents raised concerns about the need to have financial assessments as part of the direct payments process, and the skillsets needed for this. Care sector providers, professional bodies, and public bodies supported clear, proportionate conditions and practical tools such as managed account tools or prepaid cards to simplify compliance.

Overall, a majority agreed on the need to balance safeguarding and accountability with flexibility, person-centred approaches, and practical support.

**Question 7: What are your views regarding amount, monitoring and review of direct payments? Please share any suggestions for any changes or additions you would like to see.**

**Summary of responses**

55 respondents answered this question.

Several respondents highlighted the need for proportionate, flexible, and person-centred monitoring and review processes, with an emphasis on safeguarding, wellbeing, and practical support. Many individuals and third-sector organisations highlighted the importance of arrangements that uphold dignity, enable flexibility, and foster trust. Some expressed concerns that excessive scrutiny could affect wellbeing and noted monitoring and review should not create unnecessary administrative pressure, though few opposed monitoring in principle.

Many individuals favoured fair, transparent monitoring, calling for flexibility and contingency funds, particularly for those with fluctuating health conditions. One individual stated “The sufficiency of the amount, and the fairness of monitoring and review, will determine whether Direct Payments for CHC succeed or fail. If payments are set too low, or if monitoring/reviews are over-bureaucratized, disabled people will be set up to fail.” Within the third sector, over 60% raised the importance of tailored monitoring and reviews focused on wellbeing and safeguarding, alongside accessible guidance and practical support. Some responses stressed the value of co-production during the review process.

The majority of local authorities emphasised robust audit systems, alignment with social care regulations, and clear communication of responsibilities, with some calling for proportionate reviews and collaboration with Health Boards. All responding Local Health Boards raised the theme of governance, protocols for compliance with NHS requirements, and clarity on roles and responsibilities. A few raised risks around particular circumstances, such as the risk of double funding should a direct payment recipient require a stay in hospital. Many care sector providers supported practical tools and digital systems to streamline monitoring, and professional bodies advocated proportionate, accessible review processes. Public bodies called for clear, easy-to-understand guidance.

Across all sectors, there was broad consensus that monitoring and review should be supportive, accessible, and co-produced, balancing accountability with autonomy and person-centred care.

**Question 8: What are your views regarding repayment and recovery of direct payments, cessation and repayment of direct payments? Please share any suggestions for any changes or additions you would like to see.**

### **Summary of responses**

51 respondents answered this question.

31 out of 51 respondents supported fair, proportionate, and person-centred approaches to repayment, recovery, and cessation of direct payments. Many emphasised support-before-sanction, transparent communication, and accessible appeal routes. Some highlighted the need to protect continuity of care and allow reasonable contingency funds, so recovery actions do not destabilise individuals or their arrangements. Few opposed recoveries in principle but warned against punitive or anxiety-inducing processes.

Among individuals and third-sector organisations, a majority called for clear guidance, practical support, and flexibility for those with fluctuating needs. Some expressed concerns about over-regulation and administrative burden, while others stressed the emotional impact of cessation and the importance of compassionate processes. Within the third sector, over 80% raised either contingency flexibility, fair recovery, or accessible appeals, with some highlighting co-production and tailored support for people with learning disabilities.

Local authorities emphasised clear, proportionate recovery rules, alignment with social care regulations, and transparent guidance, with many offering to share tested systems and infrastructure with health boards. One local authority commented “Clearer guidance is needed for individuals receiving direct payments, particularly around cessation, repayment, and how decisions can be challenged. Transparency is essential to ensure fairness and accountability.” All Local Health Boards prioritised strong governance, national consistency, and clear protocols for monitoring, safeguarding, and complaints. Some raised concerns around resource implications and risks such as staff redundancy cost implications when payments cease.

Professional bodies and public bodies supported clear rules, reasonable notice, and payment plan options where needed. Across all sectors, there was consensus that recovery and cessation must uphold dignity, enable flexibility, and foster trust, balancing accountability with fairness and person-centred care.

**Question 9: What are your views regarding making provision in Regulations (and, where necessary, in a code of practice) for a direct payment in relation to social care to be made to a nominated third party? Please share any suggestions for any specific points which would need to be addressed.**

### **Summary of responses**

51 respondents answered this question.

Across all sectors, the majority of respondents strongly supported enabling direct payments to nominated third parties, describing this as a positive, person-centred reform. Of 51 substantive responses, 35 supported the proposal, with no explicit opposition. Many sectors agreed that nominating a third party should be a matter of personal choice, not a default or imposed solution, or emphasised autonomy and consent as central principles.

Many individuals prioritised the right to choose a nominee and retain control over care decisions, even when delegating administrative or financial tasks. 62% called for regulations to enshrine the right to nominate with robust but proportionate safeguards and highlighted the need for accessible mechanisms to change or revoke nominees. Over half of the respondents supported the options for family members, friends, and trusted informal carers to serve as nominees, provided appropriate checks were in place.

Third sector organisations advocated for user-led services, charities, and payroll providers to act as nominees, stressing the importance of clear eligibility criteria, accessible formats, and peer support. Half of third sector respondents highlighted the need for independent advocacy and standardised safeguarding measures.

The majority of Local authorities focused on governance, guidance or Codes of Practice aligned with social care to support practical implementation, offering to share tested systems and seeking clarity on responsibilities. All Health Board responses prioritised detailed operational guidance, statutory duties, or alignment with the Mental Capacity Act.

Across all sectors, safeguarding, transparency, and accountability were recurring themes, with calls for clear responsibilities, regular oversight and flexibility. Respondents agreed that success depends on comprehensive, co-produced regulations and guidance rooted in lived experience, robust governance, and accessible tools to empower recipients and practitioners.

**Question 10: We will work to ensure that the Regulations as proposed in this consultation document are supported by guidance to help both direct payment recipients and practitioners understand how the system should operate. What specific topics or issues should the guidance cover to further support the proposed Regulations?**

### **Summary of responses**

53 respondents answered this question.

Many respondents across all sectors strongly supported clear, accessible, and practical guidance to accompany the proposed regulations on direct payments. There was an emphasis on the fact that guidance should empower recipients to use direct payments confidently and safely, with plain-language materials that distinguish regulation from guidance and include practical templates, case studies, and easy-to-navigate formats. Eight respondents across a number of sectors called for bilingual and Easy Read versions, visual resources, and digital accessibility.

Among individuals, the majority prioritised rights-based guidance, autonomy, and practical tools for managing care and challenging decisions. Some highlighted clarity on eligible uses, appeals and safeguards, while others raised gaps such as support for younger adults with brain injuries. Within the third sector, 50% advocated for accessible formats, independent advocacy and peer support, with some calling for standardised eligibility criteria and clearer safeguarding measures.

A clear majority of responding Local authorities emphasised the need for guidance aligned with social care, strong coverage of employer responsibilities, and proportionate risk management. Many offered to share tried and tested systems and provide examples to support decision-making.

All local Health Boards prioritised detailed operational guidance on eligibility, assessment, governance, and contingency planning, with many raising points about resources and statutory duties. One comment outlined the need for “clarity regarding the HB statutory duty and legal framework that any guidance to assess an individual’s or their agreed representative to receive and manage funds are assessed for financial appropriateness”. Care sector providers, professional bodies, higher education, and public bodies called for clear, practical guidance, training, and proportionate processes.

Across all sectors, there was consensus that success depends on comprehensive, co-produced guidance rooted in lived experience, robust governance, national consistency, and accessible tools to empower recipients and support practitioners.

**Question 11: What are your views on the likely impact of the proposed content of the Regulations on particular groups of people, particularly those with protected characteristics under the Equality Act 2010? What effects do you think there would be?**

**Summary of responses**

48 respondents answered this question.

Respondents across all sectors viewed the proposed regulations as having the potential to advance equality, inclusion, and autonomy for people with protected characteristics if implemented appropriately. Many highlighted the importance of accessible, co-produced guidance and ongoing monitoring to ensure equity is achieved in practice.

Among individuals, some saw direct payments as empowering, enabling greater choice, control, and independence especially for disabled people, older adults, and those with complex or fluctuating needs. A few raised concerns about digital exclusion, administrative burdens, and the risk of excluding people lacking capacity or financial literacy. Others highlighted the need for trauma-informed approaches and support for those who have never had capacity to appoint a representative.

Within the third sector, many emphasised the need for culturally competent, accessible information and independent advocacy, particularly for ethnic minority people and those with learning disabilities. Some called for proactive outreach, peer support, and safeguards against discrimination.

Local authorities generally viewed the regulations as a positive step toward increasing choice and control, particularly for disabled adults, older people, and carers. 66% reported no negative impacts from their experience with Direct Payments and highlighted the value of inclusive practice and clear communication. A few also noted the importance of addressing digital exclusion and ensuring accessible support. The need for practical solutions was raised for those lacking capacity and ongoing Equality Impact Assessments were advocated. Overall, feedback was supportive, focusing on autonomy, accessibility, and continuity between social care and health care.

All Local Health Boards and the majority of care sector providers saw the introduction of direct payments as a way to increase choice and control, some stressing the need for strong safeguards, clear eligibility criteria, and support for those with mental health needs or learning disabilities. 80% raised considerations about digital exclusion and the need for accessible, multilingual support. A few stressed the importance of clear inclusion/exclusion criteria, practical workarounds for those lacking capacity, and ongoing Equality Impact Assessments.

Across all sectors, there was broad agreement that the regulations' positive impact depends on careful, inclusive implementation, accessible guidance, and regular monitoring to ensure that equality is embedded in both design and delivery.



**Question 12: What, in your opinion, would be the likely effects of the proposed content of the Regulations on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.**

### **Summary of responses**

42 respondents answered this question.

A majority of respondents anticipated that the proposed regulations would have a positive or neutral effect on the Welsh language, provided that bilingual provision is embedded throughout implementation. Some highlighted that direct payments could enhance opportunities for Welsh speakers to receive care and support in their preferred language, particularly by enabling individuals to recruit Welsh-speaking personal assistants and access services tailored to their linguistic and cultural needs.

Among individuals and third sector organisations, 30% stressed the importance of all statutory materials, guidance, and support services being available in both Welsh and English, with some calling for Easy Read, audio, and visual formats to ensure accessibility for people with learning disabilities or sensory impairments. Some respondents noted that direct payments could help normalise the use of Welsh in care settings, especially in rural areas where agency provision in Welsh is limited.

Local authorities and health boards generally reported no anticipated negative impacts, citing compliance with the Welsh Language Act and existing bilingual practices. Many recommended that health boards and support organisations ensure active offer principles, monitor uptake of Welsh-medium services, and provide ongoing training for staff.

A few respondents raised concerns about administrative burden, digital exclusion, or the risk of Welsh being treated as an afterthought and suggested that individuals should be able to opt out of receiving materials in Welsh if not desired.

Overall, there was broad agreement that the regulations present an opportunity to promote the Welsh language in health and social care, provided that bilingualism is treated as a core requirement and not merely an optional extra.

**Question 13: In your opinion, could the proposals be formulated or changed so as to:**

- **have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English; or**
- **mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?**

### **Summary of responses**

33 respondents answered this question.

The majority of respondents anticipated that the proposed regulations would have a positive or neutral impact on the Welsh language with no anticipated negative effects. At least half highlight bilingual provision should be embedded throughout implementation. Many reported that direct payments already enabled individuals to recruit care staff who speak Welsh or other preferred languages, supporting greater choice and cultural alignment, particularly in rural areas where Welsh-speaking agency staff may be scarce.

Among local authorities and Local Health Boards, many were supportive, citing compliance with the Welsh Language Act and established bilingual practices. A few recommended further Welsh language training for care coordinators or ongoing monitoring of Welsh-medium service uptake to ensure language choice is respected throughout care planning.

Many third and public sector groups strongly supported funding for Welsh-language information, peer support, and workforce development. Some emphasised the importance of accessible formats, such as Easy Read and audio materials, to ensure inclusivity for people with learning disabilities or sensory impairments.

Individual respondents expressed a range of views from support for bilingualism and cultural dignity to questions about administrative complexity and the need for choice.

Overall, there was broad consensus that embedding bilingualism into care planning, funding, workforce development, and digital infrastructure would promote equitable access and cultural dignity, provided that flexibility and choice are maintained for all service users.

**Question 14: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, including other impacts of these proposals such as cost which you would like to share your views on, please use this space to let us know.**

### **Summary of responses**

46 respondents answered this question.

58% of respondents highlight issues around cost, sufficiency, implementation, and system infrastructure. Some emphasised that the true cost of direct payments must

reflect not only wages for personal assistants and nurses, but also on-costs, training, recruitment, contingency planning, and where live-in care is required, additional housing and utility expenses. Others were keen to ensure packages are genuinely adequate for people with complex needs, and called for joint working between health, housing, and social care to avoid cost-shifting and ensure legal compliance.

The majority of respondents from health boards, raised points about the tight implementation timeframe and lack of piloting. Some local authorities expressed the need for robust digital systems, clear contractual frameworks, and strong governance, highlighting the importance of the risk of duplication, administrative burden, and the need for practical, accessible guidance and support for both recipients and providers.

Responses across a number of sectors noted the importance of co-production, ongoing monitoring, and annual reporting to ensure the system remains equitable and responsive. There was support for a clear appeals process, safeguarding protocols and recognition of the emotional impact and administrative burden involved for the recipient of direct payments when managing them. Across all sectors, there was consensus that success depends on factors such as adequate funding, partnership working, and a staged, well-supported implementation to deliver safe, person-centred care.

## **2.2 Welsh Government analysis and response**

The Welsh Government remains firmly committed to improving the interface between Continuing NHS Healthcare (CHC) and Direct Payments, in accordance with the [Programme for Government](#). Our efforts to fulfil this commitment are reflected in the enactment of the Health and Social Care (Wales) Act in March 2025, as well as the development and laying of Regulations for direct payments in relation to continuing NHS healthcare in the Senedd. We welcome the fact that a majority of respondents expressed support for delegating the function of making direct payments to Local Health Boards, a measure intended to further support this commitment.

The option for an individual to receive direct payments for CHC means that they will receive support that is more tailored to their individual needs. As identified by respondents, the proposal will also support enhanced voice and control for recipients of CHC and parity between health and social care. Throughout the consultation, there was a high degree of support for flexible, person-centred processes that integrated co-productive processes.

Many respondents provided feedback in relation to operational aspects of the proposal, including the need for robust governance, practical tools and templates, comprehensive training for staff and recipients, and consistency in access and approach. The consultation also provided a clear indication of the range of themes felt to be crucial to the practical implementation of the proposals, including organisational capacity; resource implications deriving from new systems and the risk of excessive bureaucracy. Notably, some respondents emphasised the

importance of balancing governance and risk management with clear, accessible and proportionate processes. We recognise that addressing key considerations pertaining to practical implementation is essential for the successful introduction of direct payments for CHC. To support this, we will continue to facilitate key stakeholder groups, including ones which bring together CHC Leads in all Local Health Boards, to explore and resolve priority implementation issues.

A financial allocation of £150,000 has been approved for this (2025-26) financial year to support Local Health Boards' preparatory activities, including a dedicated role for coordinating implementation of direct payments for CHC. This funding forms part of a three-year transitional package detailed within the 2025 Act's [Explanatory Memorandum and Regulatory Impact Assessment](#).

As highlighted in the consultation responses, there is significant opportunity to learn from existing models such as the variety of social care direct payments approaches adopted by local authorities across Wales. Local authorities have indicated their willingness through the consultation to share their expertise with Local Health Boards. To facilitate such learning, Welsh Government is engaging with all local authorities to gather insights into the specific approaches and practices implemented in each locality. These insights will inform and strengthen the implementation of CHC direct payments, supporting seamless transitions between the direct payment systems and ensuring consistency and best practice across Wales.

The consultation consistently underscored the importance of clear, accessible, and comprehensive guidance to address potential operational challenges, supported by ongoing information, advice, and assistance. The Welsh Government is actively developing this guidance in collaboration with stakeholders to ensure it is practical, inclusive and effective for implementation.

Welsh Government is committed to ensuring the direct payments model delivers meaningful benefits for those in receipt of support services. Insights gathered through the consultation continue to shape both legislative measures and further preparatory work, supporting the effective introduction of direct payments for CHC.

The Welsh Government welcomes the broad support expressed by respondents regarding part 3 of the consultation, our proposed amendments to the regulations (and relevant code of practice, as necessary) governing direct payments in social care, specifically in respect of a nominated third party being able to administer the payments on behalf of a recipient. These amendments will harmonise legislative provisions with existing practices and support policy intentions to maximise choice and person-centred care arrangements. Respondents recognised the potential of this measure to support autonomy, accessibility and continuity of care, but some respondents emphasised that nominating a third party must be a personal choice.

The consultation further identified several key themes pertinent to the successful implementation of the proposals, such as the necessity of practical support mechanisms, comprehensive guidance or a code of practice, accessible tools, and clear governance arrangements. The responses also addressed eligibility, in particular who may be nominated, and emphasised the need for robust but proportionate safeguards.

Feedback received in response to part 3 of the consultation will continue to inform the way amendments to the regulations governing direct payments in social care will be drafted in respect of this proposal, and any amendments to the relevant code of practice which may be required.

## **2.3 Next steps**

The Regulations for direct payments in healthcare are scheduled to be laid before the Senedd in January 2026. Subject to the Regulations being approved by Senedd Cymru, they will come into force on 1 April 2026.

This will give eligible adults the opportunity to request a direct payment for their CHC support, enabling greater choice and control over care arrangements. While the option to request a direct payment will be available from April 2026, implementation in individual cases will depend on meeting eligibility criteria and completing required processes.

In anticipation, preparations are being made for the introduction of direct payments for Continuing NHS Healthcare, including the development of guidance to support stakeholders' understanding of the regulations. The outcomes of the consultation exercise are informing this preparatory work.

Implementation will include ongoing engagement with CHC Leads, local authorities, and third sector partners, alongside ongoing monitoring, evaluation, and annual reporting to ensure equity and effectiveness.

Any future extension of direct payments in healthcare, beyond Continuing NHS Healthcare, will require further policy decisions and consultation.

With regards to the proposals pertaining to social care direct payments, officials continue to take forward work to integrate the proposed amendments, as outlined in the consultation document, into the regulations (and relevant code of practice as necessary) governing direct payments in social care. Specifically in respect of a nominated third party being able to administer the payments on behalf of a recipient. These amendments will be informed by the feedback received as part of this consultation. Corresponding amendments will be made to the code of practice on meeting needs under Part 4 of the [Social Services and Well-being \(Wales\) Act 2014](#), where appropriate.

## **Annex A: List of consultation respondents**

1. Age Cymru
2. All Wales Direct Payments Forum
3. All Wales Forum of Parents and Carers for People with Learning Disabilities
4. All Wales People First
5. Aneurin Bevan University Health Board
6. Association of Directors of Social Services (ADSS) Cymru
7. Betsi Cadwaladr University Health Board
8. Carmarthenshire County Council
9. Cardiff Council
10. Cardiff University
11. Carers Wales
12. Ceredigion County Council
13. City and County of Swansea
14. Conwy County Borough Council
15. Cwm Taf Morgannwg University Health Board
16. DEWIS
17. Disability Wales
18. Flintshire County Council
19. HC-One Wales
20. Home Service Solutions Ltd
21. Hywel Dda University Health Board
22. Llais
23. Learning Disability Wales
24. Leads of Complex and Long Term Care, LHBs in Wales – joint response
25. Marie Curie
26. Merthyr Tydfil County Borough Council
27. Older People's Commissioner for Wales Office
28. Pembrokeshire County Council
29. People Places Lives
30. Powys County Council
31. RCT People First
32. Rhondda Cynon Taf County Borough Council
33. Royal College of Psychiatrists
34. Swansea Bay University Health Board
35. Swansea Disability Forum
36. Torfaen County Borough Council
37. Ty Hafan
38. Welsh Local Government Association
39. Wrexham County Borough Council

A total of 18 further respondents were individuals, including those who identified as direct payment recipients. Seven respondents answered anonymously or declined to give permission to share their details.