

Consultation Response Form - By 6 March

Your name: S G Milsom

Organisation (if applicable): Cymru Older Peoples Alliance (Reg Charity 1174518)

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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? Please use the text box to note it, if so.

Para 4 – Whilst CVB are clear their role is about “voice” the sentence “The functions of the Citizen Voice Body do not extend to inspection of premises or services” – needs strengthening beyond the term “inspection” to include related terminology for evaluation to avoid confusion and duplication e.g. regulation, review etc. The Code needs to go further by exemplifying what is included in the CVB remit and what is covered by other organisations.

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?

Whilst it is good that CVB can support self-funders the Code should be clarified i.e. those in social care who have their own contractual arrangements with providers not through commissioned services which makes clear CVB visits involving them are a matter of choice and agreement – unless they have made representations themselves.

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?

Whilst para 19 and 27 briefly mention families this needs further emphasis. Many older people in Care Homes and receiving Domiciliary Care are reliant on the family and /or friends, particularly if they have reduced or limited capacity. Their involvement as appropriate should be on a firmer basis than stated e.g. use of the term “must”. Unless an individual has made representations, visits to their own homes would seem problematical – on what basis would they be selected? How would it involve family carers? How would a “randomised” visit plan fit in with the CVB purpose and avoid duplication with other agencies? This needs clarification in the Code and procedures.

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? Please use the text box to note it, if so.

The principles outlined seem appropriate and a sensible way of allowing the CVB to develop its own detailed procedures, However the detail is important and there should be a requirement placed on CVB to consult stakeholders and the public about its procedures before they are introduced and when they are subject to any significant change in the future. No mention is made of avoiding duplication with in particular Care Standards Inspectorate and the Commissioner for Older People. Whilst Memorandum of Agreement may well be covered by this issue, the arrangements should be transparent so individuals and representative bodies are clear about how it will all work

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? Please use the text box to note it, if so.

Why is this provision restricted to the NHS? Local Authorities need to change social care services, particularly in the next few years to comply with their duties e.g. on early intervention and prevention. If feasible, the guidance should be extended to Councils.

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.

If it is not a legal requirement then it will not happen. In the current economic climate and pressures on the NHS, good practice can be easily ignored and a “patchwork “of practice result. Also, without a legal basis then there can be no direct accountability. The requirement to comply with the Guidance must be put on a legal basis.

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.

Examples would be useful covering how the CVB role and processes will work alongside the statutory roles of Care Standards Inspectorate. Especially on co-ordinating visits so for e.g. older people in care homes and families are not overwhelmed by officials asking them about their care. Additionally, an example of how the similar statutory role of the Commissioner for Older People will work with CVB processes and include guidance about first point of contact on Health and Social Services.

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. Please use the text box to explain your reasoning.

Older People are a group included in legislation (Equalities Act 2010) as having protected characteristics. Cymru Older People’s Alliance has recently published a framework for engagement of older people –

[New Publication: Framework for engagement of older people in development of age friendly communities. - Cymru Older People's Alliance \(copacharity.com\)](https://www.copacharity.com/)

We would want CVB to utilise this framework and adhere to its principles so that engagement with older people is conducted on a fair and consistent basis

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. Please use the text box to explain your reasoning.

The expansion of CVB into social care services is a significant development that needs to be handled with priority and on a co-productive basis. There are numerous risks and additional costs that could result so an evidenced based implementation with a realistic timescale is needed involving service providers and individuals (especially older people) from the outset.

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)

Compliance with the "More than Just Words" principles and implemented by CVB on a practical basis is essential. Given that both NHS and Social Care is not provided sufficiently in Welsh to meet the needs of older people this is an issue that CVB could gather evidence and make representations about.

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)

Ensuring CVB have the resources to recruit and train Welsh speakers

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:

The CVB is taking a collaborative and co-productive approach to its set up and development. This is very much welcomed as is the intention to involve older people's representatives. Their efforts in this respect should be supported by Welsh Government.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: