



Llywodraeth Cymru
Welsh Government

Mr Jeremy Patterson
Chief Executive
Powys County Council

Chief.executive@powys.gov.uk

2 February 2015

Dear Mr Patterson,

PREPARING FOR THE ESTABLISHMENT OF A NEW POWYS COMMUNITY HEALTH COUNCIL

I am writing to inform you that we are starting to plan for the establishment of a new Powys Community Health Council (CHC) from 1 April 2015. This is subject to the passing of the Amendment Regulations and Establishment Order which have been out to consultation from 10 November until 9 January 2015. The proposal is to abolish the existing Montgomeryshire and Brecknock and Radnor CHCs on 31 March 2015 and replace them with a single CHC for Powys from 1 April 2015. For information, a link to the original consultation is below:

<http://wales.gov.uk/consultations/healthsocialcare/community-health-councils/?skip=1&lang=cy>

<http://wales.gov.uk/consultations/healthsocialcare/community-health-councils/?lang=en>

The consultation did not raise any issues which would prevent this important work commencing and therefore, it is necessary to start planning for this now, as we will need to initiate an appointments process for members to the new CHC. The establishment of a new CHC means that we will need to appoint members afresh and this will mean your Authority will need to select new members to be on the CHC from 1 April 2015. The Minister for Health and Social Services has given his approval to run the appointments exercise concurrently with the approval of the amendment of the Regulations in order to secure the various appointments by 1 April 2015 or shortly after.

The appointments of your Authority's current members of Brecknock and Radnor CHC and Montgomeryshire CHC will need to be brought formally to an end on 31 March 2015. Of course, present members will be eligible to apply to the new CHC subject to the overall 8 year maximum term.

As you may know, local authorities in Wales are responsible for appointing one quarter of the members to CHCs in Wales. For the new Powys CHC, your local authority will appoint six members to the new CHC.

Currently local authority appointees to CHCs must all be elected councillors. One of the changes proposed in the consultation is to amend the Regulations so that local authorities need to appoint "at least one" elected councillor, with the remaining members to be of the local authority's choosing. It is hoped that this will ease the burden on elected members who may not always have the time to attend to CHC business, whilst at the same time allowing local authorities to be represented.

In order to assist local authorities with the appointment of representatives to CHCs, we have prepared a revised membership pack which includes:

- Information pack for prospective members,
- Key fact guide for appointing authorities, including where to send nominations, etc. and
- Process flow chart

This information is enclosed and I hope you will find it of assistance. We are aiming to make the CHC application process more straightforward in the hope that it will encourage more people to apply.

In the meantime, we would be grateful if you could initiate this work as soon as possible to ensure the appropriate arrangements are in place by 1 April 2015.

Yours sincerely,

Gill Cashman
Healthcare Quality Division
Directorate of Public Health
Department for Health and Social Services



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Community Health Councils in Wales

Appointment of CHC Members by Local Authorities

Information for Candidates

2015

Background

1. Community Health Councils (CHCs), supported by the Board of Community Health Councils, represent the independent voice of patients and the public who use the health service in Wales. All people are likely to experience the health service in their lives, to varying degrees and in different ways.
2. CHCs play an important role in influencing the way that health services are planned and delivered, to ensure the best possible health and wellbeing outcomes for all people in Wales, now and in the future.
3. CHCs strive to represent all people in Wales; we welcome applications for membership from people from a range of backgrounds, experiences and interests.
4. There are currently eight Community Health Councils. These are listed in Annex 1 together with a description of the areas that they cover. Each CHC is made up of a number of local committees which correspond to the number of local authorities in the CHC area. Each local committee can have 12 members.
5. A quarter of CHC members come from the **local authorities in Wales**. Local authorities can nominate 3 people per local committee. For example, in Aneurin Bevan CHC, there are 5 local committees, so there will be 15 local authority members altogether.
6. From 1 April 2015, at least one of the people appointed by the local authority should be an elected councillor of the authority and the others can be persons of the local authority's choosing. Local authorities will make their appointments in accordance with their own procedures, constitutions, governance arrangements and the legislation applicable to them.
7. Local authority members should:
 - bring the perspective of the local authority to the CHC debate
 - demonstrate that they have wider understanding of the local authority's issues, ensuring that these inform the CHC debate in that locality
 - maintain effective links with the local authority which appoints them
8. The Board of CHCs works at national strategic level, advising and assisting all Community Health Councils in Wales.

What do Community Health Councils do?

9. CHCs are the independent voice of the people who use health services. CHCs:
 - are concerned with all aspects of the health service.
 - help people get the services they need for themselves and those that they care for, by offering information and advice about health and related services in the local area.
 - listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them.
 - act as the public voice in letting managers of health services know what people want and how things can be improved.
 - must be consulted by the providers of local health services about changes in health services within their area.
 - consult the public directly on some issues to make sure that they are properly reflecting public views to the local health service providers or the Welsh Government.
 - help, advise and support people who wish to make complaints about NHS services. The help and advice is completely free, independent and confidential.
 - try to make sure that people in their area get good services from the NHS and its contracts and they try to act as the "honest broker".

What do Community Health Council members do?

10. Some of the jobs of the CHC, such as dealing with complaints, are carried out by the full time staff of the CHC. The role of CHC members is to provide a viewpoint from the public's perspective. Members are involved in the following activities:

- Monitoring the quality of the NHS services by:
 - regular visits to hospitals, clinics and GP surgeries
 - conducting surveys of patients views,
 - engaging and consulting with the public on major changes in services,
 - promoting the development of new services and ideas,
 - talking to and advising local NHS authorities on new services,

- assisting people to make the best use of NHS services,
 - enabling local people's views about health services to be heard.
- Members (in groups) regularly visit and monitor local NHS services, talking to both patients and staff.
 - Following visits, members of the group will produce a monitoring report
 - Members attend regular CHC/Local Committee meetings which are open to the public.
 - They are encouraged to join sub-committees in areas of interest to them.
 - They read and comment on a wide range of documents.
 - They look at local NHS proposals and contribute to recommendations.
11. If you are appointed as a member, you will be given training and support by your local CHC in order to enable you to carry out these activities. The Chair and other members and CHC staff are there to help you. The CHCs have well established procedures already in place to support the activities of the members.
12. The most important job of CHC members is to give a wide range of opinions and represent the viewpoint of the public. Everyone who uses health services has something to contribute.
13. In order to fulfil their role effectively members are asked to agree to abide by a Code of Conduct. The Code covers issues such as the values of CHCs, personal conduct, confidentiality and equal opportunities. A copy is at Annex 2.

What are we looking for in Community Health Council Members?

14. Members do not need to be experts in the work of the NHS. We are looking for individuals who have a genuine interest in helping their local community to improve the services that are provided by the NHS from the patients' and public point of view. We want people who have a genuine interest in the community and health matters. In your application, please inform us what has motivated you to apply to become a CHC member.

Equality and diversity

15. Community Health Councils operate under Powys teaching Health Board's Equality and Diversity Policy and its vision for equality and diversity is as follows:

'It is our vision to achieve equality in both employment and service delivery. To value and respect our staff, Members, service users and the diverse communities we serve to ensure that every person using our services or working for the organisation feel that they have been treated fairly and with dignity and respect.'

What skills and experience do you need to be a Community Health Council Member?

16. All new members are given training in the work of the CHC. Members do not need to have special skills or qualifications; however there are some skills and experiences that would be useful for CHC members to have. We have listed below the key skills that we feel are important. The application form asks for examples to illustrate that you have some of the skills listed below:

- An interest in the local area, including an understanding of local issues
 - living or working in the area and being involved with the community in some capacity e.g. voluntary work, local group etc.
- A commitment to the work of the CHC
 - a genuine interest in improving health services for you community
 - reliable punctual and professional in attendance and conduct at meetings
- Experience of working with other people in a team
 - you may be a volunteer or committee member or you may work or have worked as part of a team during your employment,
 - communicating with others to solve a problem.
- Being able to listen to others and to exchange views
 - working with people from other backgrounds or cultures in your employment or in a voluntary group,
 - being part of a committee e.g. parents school group, church or other religious group, village fete committee.
- Working with people from different backgrounds and cultures

- draw from employment or other activities where you have interacted with a broad variety of people who may have come from a different background or culture different from your own.
- Being able to solve problems and learn new information
 - solving problems in the home, workplace, local group or similar.
 - taking a training course, learning a new skill or gaining a qualification.
- An understanding of the importance of high standards in public life. (The seven principles of public life are set out in Annex 3)
- A clear understanding and commitment to equality issues.

17. You may have skills in all or some of these areas. It is important to tell us about them in your application. We suggest that you put each skill under a separate heading as listed above and provide examples wherever possible

18. You should also let us know if you have skills in other areas which might be useful to the CHC. These could include:

- planning and development - this may include the development of the activities of the CHC and contributing to policies and standards. and possible attendance at strategic meetings with the Local Health Board;
- monitoring and evaluation – Community Health Council members may be asked to provide their views and suggestions for improvement of NHS services in the context of the benefit for patients;
- NHS premises inspections – members are requested to visit premises and record their observations which will be featured in a report. Inspections involve talking to both patients and staff
- community consultation and engagement – this might include: conducting surveys, seeking views and consulting people on changes in services, so that local peoples' views about NHS services are heard;
- raising awareness – this includes making people aware of the work of the Community Health Council by: seeking out affordable and popular advertising venues, contributing to publicity materials and reports on the CHC activities.

Who cannot become a member?

19. Some people are not eligible to apply to be part of a CHC. These include:
- People who have been convicted of an offence in the past 5 years and served a prison sentence (suspended or not) of 3 months or more.
 - Un-discharged bankrupts.
 - People who have been dismissed from paid employment with the health service (apart from being made redundant) or have been terminated from a public appointment within the health service.
 - Chairs, members, directors or employees of the health service in the same district as the CHC.
 - General Medical Practitioners or General Dental Practitioners or their employees who work in the same district as the CHC.
 - People who are candidates for, or are serving Members of, the National Assembly for Wales, the UK House of Commons and/or the European Parliament.
20. The maximum period of service on a Community Health Council is 8 years.
21. Applicants should be people who conduct themselves at all times in a manner which will maintain public confidence. In particular applicants are required to declare whether they are aware of anything in their private or professional life that would be an embarrassment to themselves or to the Welsh Government if it became known in the event of appointment.
22. Successful candidates will be subject to a Disclosure and Barring Service (DBS) check (formerly known as CRB check) on appointment.

How much time do I need to spend in my role as Community Health Council member?

23. We are looking for people who are able to ideally spare time totalling 3-5 days a month. This could include daytime or evening activities which will vary in length and may not last a full day. The CHCs can be flexible in consideration of working or care arrangements etc. CHCs welcome people who have less time than this to spare but have a lot to offer the CHC.

24. All members should attend the quarterly full Council meeting and most members go on at least one CHC visit to a health service site each month. This will vary depending on the requirements of the individual CHC.
25. There may be opportunities to join specialist sub-committees that may focus on a particular service such as mental health or services for the elderly or may focus on a particular location.
26. Please be aware that some time is also needed for preparation before visits and to complete reports.

Will I be paid?

27. CHC members are volunteers but can claim expenses for travel and other reasonable expenses. Members are entitled to claim:
 - Care expenses, e.g. childcare or care for another relative.
 - Actual loss of earnings up to £3,000 per annum.
 - Out of pocket expenses, e.g. mileage and public transport costs, in accordance with the Community Health Council's policy and procedure on travel, included at Annex 4.

Will I receive training?

28. New members will receive induction training, and further training throughout their membership. CHCs will organise this at a convenient time for members.

Some details about these appointments

29. These appointments will be made by your local authority. Appointments will be for a term of between 1 and 4 years with the possibility of reappointment for a further term, subject to satisfactory performance. Nominations will be made by the relevant local authority and letters to confirm appointments will be issued by the Welsh Government.
30. If you are appointed you will receive an annual assessment by your CHC Chief Officer. This is an informal process used to discuss any problems or areas of concern that either of you may have during your term of office.

The selection process

31. It is the policy of the Welsh Government to promote and integrate equality of opportunity into all aspects of its business including appointments to public bodies. Local authorities have therefore been asked to welcome and encourage applications from all groups and ensure that no eligible candidate for public office receives less favourable treatment on the grounds of: age, disability, gender, marital status, sexual orientation, gender reassignment, race, colour, nationality, ethnic or national origins, religion or religious affiliation. The principles of fair and open competition should apply and appointments will be made on merit.

Further Information and Queries

32. For further information on the application process and to apply, please contact your local authority Democratic Services Officer.

33. If you would like more information about CHCs please contact the Board of CHCs on: ☎ 02020 235558 or ✉ enquiries@waleschc.org.uk or visit their website on <http://www.wales.nhs.uk/sitesplus/899/home>

Application

34. Applications should be made to your local authority. Apply by providing a copy of your CV and a personal statement. In your statement, you should try to state any experience relevant to CHC work as set out in paragraphs 15 to 17 above. You will also need to complete a set of monitoring forms which can be found in the application pack as follows:

- Conflict of interest
- Political Activity Question
- Equality & Diversity monitoring

Annex 1: Community Health Councils and their local committees

Name of Community Health Council		Local Committees within the CHC
1	Aneurin Bevan Community Health Council	i. Blaenau Gwent ii. Caerphilly iii. Newport iv. Monmouth v. Torfaen
2	Abertawe Bro Morgannwg Community Health Council	i. Bridgend ii. Neath Port Talbot iii. Swansea
3	Betsi Cadwaladr Community Health Council (known locally as North Wales Community Health Council)	i. Anglesey ii. Denbighshire iii. Conwy iv. Flintshire v. Gwynedd vi. Wrexham
4	Cardiff and Vale of Glamorgan Community Health Council	i. Cardiff ii. Vale of Glamorgan
5	Cwm Taf Community Health Council	i. Merthyr ii. Rhondda Cynon Taf
6	Hywel Dda Community Health Council	i. Carmarthenshire ii. Ceredigion iii. Pembrokeshire
7*	Brecknock and Radnor Community Health Council	the district of Radnorshire and Brecknock which forms part of the Principal Local Government Area of Powys
8 *	Montgomeryshire Community Health Council	The district of Montgomeryshire which forms part of the Principal Local Government Area of Powys including the communities of Llanrhaeadr-ym-mochnant, Llansilin and Llangedwyn.

*It is proposed that the two CHCs in Powys will be abolished from 31 March 2015 and replaced with a single CHC for Powys.

Annex 2: Code of Conduct for Community Health Council Members

Community Health Council members are committed to local NHS services and give significant personal time to this. Individual members play an important role in securing the effectiveness of their CHC. The guidance that follows aims to ensure that CHC members are aware of the expectations and responsibilities placed on them and the standards to which they should adhere as they take part in this important and valued aspect of public life. The Code applies to all CHC members whether they are appointed by the Minister for Health and Social Services, by local authorities, or by the voluntary sector. It also applies to co-opted members of CHCs.

INTRODUCTION:

1. Community Health Councils (CHCs) are statutory bodies independent of local health services, which have a duty to represent the interests of the public in the health service. They are made up of members who give their time without pay. They monitor the functions of the health service in their districts with the aim of ensuring that steps are taken to identify the health needs of the community they serve.
2. The CHCs effectiveness depends in part on the public's perception of their reputation and standing. In particular CHCs are likely to be more effective if they have a reputation for speaking with authority on the basis of their direct experience and knowledge of the views and opinions of patients and the local community.
3. It is important that, before their appointment, potential CHC members understand what will be expected of them when they undertake this important public role. Therefore, prior to proposing, nominating or supporting any potential CHC member, the appointing body (Local Authority, Voluntary Organisation or the Minister for Health & Social Services) should make this Code of Conduct available to them, together with broader information about the expectations and responsibilities of CHC membership. Once elected or appointed CHC members should act in accordance with this Code and the expectations, responsibilities and standards described in related information provided by the establishing body, the appointing body or the CHC itself.
4. Before appointment, all new CHC members should sign a declaration stating that they will act in accordance with this Code. Existing members are also expected to adhere to the Code. Failure to abide by the Code will be treated seriously by the establishing body acting on behalf of the Minister for Health & Social Services and could, in certain circumstances, result in termination of membership.

VALUES THAT UNDERPIN THE WORK OF CHCs

5. Values that underpin the work of CHCs include:
- (i) Accountability. Everything done by the CHC should be able to stand the test of scrutiny by the public, the Assembly and the courts.
 - (ii) Integrity. This should be the hallmark of all personal contact between CHC members and individual members of the public in order to provide confidentiality and anonymity where appropriate and in the use of all information acquired in the course of CHC duties and discussions.
 - (iii) Openness. There should always be sufficient openness of CHC activities to promote the confidence of the public, patients, health organisations and the Assembly.

LIABILITY OF CHC MEMBERS

6. The following indemnity is given to CHC members:

“An individual CHC member who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in execution of purported execution of his or her CHC functions, save where the person has acted recklessly”

7. CHCs need to be able to demonstrate that they are operating effectively and in a professional manner in discharging their statutory responsibilities. They should have:
- (i) Clear rules of procedure (e.g. standing orders);
 - (ii) Clear arrangements for handling financial matters;
 - (iii) Clear statements about equal opportunities policy;
 - (iv) Clear arrangements for disclosing potential conflicts of interest and recording them; and
 - (v) Clear procedures for the handling of complaints about the CHC, its staff, or individual members.
8. It is the particular responsibility of the Chief Officer and the Chairman of the CHC to ensure that such systems are put in place and business conducted accordingly. However, all members have a responsibility to contribute to the development of such procedures and to respect them when they are in place. Once nominated or elected to the CHC they should abide by those procedures, actions or decisions that are agreed by the CHC corporately even if this conflicts with their personal view.

PERSONAL CONDUCT

9. CHC members should conduct themselves in a manner, which maintains the integrity of the CHC and its standing in the Community, the NHS and other bodies with which they communicate. Members are expected to conduct themselves with courtesy and consideration for others, whilst retaining the ability to be constructively critical where this is appropriate. Members should normally only act as a representative of the CHC, whether in a public forum or in private or informal discussion, with the prior knowledge and approval of the CHC Chairman and/or Chief Officer. Members should not use their CHC status to gain media or other attention to further their personal, organisational, commercial or party political interests. The CHC (Access to Information) Act 1988 which has been amended by the Health (Wales) Act 2003 and the Health and Social Care (Community Health and Standards) Act 2003 should be observed. Members should also familiarise themselves with the provisions of the Data Protection Act 1998 and the Freedom of Information Act 2000.

RELATIONSHIPS IN PUBLIC LIFE

10. CHC members will come into contact with members of the public in their daily lives and should of course take the opportunity to publicise the work of the CHC. However, because of their position on the CHC, members may on occasion be asked for specific advice e.g. on medical matters or potential complaints about the health service. To protect the reputation of the CHC and to ensure that neither the CHC nor the individual member run the risk of legal liability for giving inaccurate information, CHC members should not personally take on patient's queries or complaints, but refer them to a CHC officer or complaints advocate.

CORPORATE RESPONSIBILITY

11. CHC members have a responsibility to respect and promote the corporate or collective decision of the CHC, even though this may conflict with their personal view. Training on Corporate Governance will be given as part of the induction process for CHC members.
12. CHC members are of course ultimately free to comment as they wish as individuals. However, if they decide to do so they should make it clear that they are expressing their personal view and not the CHCs view. This applies particularly if the CHC has yet to decide on an issue or has decided in a way with which they personally disagree.

FINANCIAL ACCOUNTABILITY

13. The Chief Officer has responsibility for advising members on financial issues, ensuring compliance with relevant financial procedures and for the overall management of the CHC budget. However, members have

a responsibility to consider the financial opportunities and constraints when they agree on the CHCs priorities and activities.

14. Members should obtain authorisation from the Chief Officer before incurring expenses on CHC business and be able to account for them. Unauthorised expenditure may be challenged by health service auditors and in extreme cases can damage public respect for the CHC and can leave the individual member open to legal proceedings.

IMPARTIALITY

15. Members are nominated or elected to the CHC to represent the interests of the whole of the population covered by the CHC. They should actively seek to make contact with minority and disadvantaged groups in order to be able to represent all sections of the community regardless of their own interests or preferences. However, they should always aim to act impartially and not be influenced by personal, social, political, and professional or business relationships, and should declare a potential conflict of interest where they may have one. They should not pursue causes or problems of particular individuals, groups or nominating bodies to the exclusion of their wider responsibilities. Neither should members seek preferential treatment for themselves, their families or friends, nor act in a way that could give the impression that they are doing so.

DECLARATION OF INTERESTS:

16. It is important that potential members consider whether there is or will be the possibility of a relevant and material conflict of interest arising if they join the CHC, e.g. a position of authority in a voluntary or other body which may be providing services under contract to the health service, or other pecuniary interest. The criterion to be considered is: would others consider that a direct or indirect interest exists. If this is a possibility they should discuss the issue with the body through whom their membership will be arranged and if necessary seek advice from the Chief Officer of the relevant CHC prior to joining.
17. If a new member has a conflict of interest, or the possibility of one exists or becomes apparent during the term of office this should be declared and recorded immediately it is identified. The onus to declare an interest lies with the member. Members could be challenged for not disclosing an interest if one came to light. Each CHC should hold a register for this purpose, open to public inspection on request. If a conflict or interest arises during the course of CHC business, the member should declare the interest immediately. The CHC will then need to consider in each individual case, in light of the degree of conflict, if it is appropriate or not for the individual member to take part in the relevant parts of the discussion. Members having any concerns about actual or potential conflicts of interest should discuss them with the CHC Chairman, advised by the Chief Officer.

CONFIDENTIALITY

18. An essential part of the CHCs monitoring role involves determination of health service users' satisfaction with the quality of care and treatment received. However for the execution of this function members do not require information about individual patient's identity, illness, condition, or nature of treatment and should not seek it. If patients willingly disclose such information in the course of discussions, members should receive this in the strictest confidence.
19. Under the NHS (Wales) Act 2006 and subsequent regulations, the CHC has certain responsibilities with which members should comply. The principles underlying the Act are that meetings of CHCs, joint committees and committees should, in general, be open to the public including the press. Equally, CHCs should abide by the "Code of Practice on Openness in the NHS", which sets out the principles for responding to requests for information and those circumstances in which it may be withheld. CHCs should also abide by the provisions of the Data Protection Act.
20. CHCs may from time to time receive information that is not covered by the NHS Code of Openness (e.g. preliminary working documents from health service bodies produced at the stage of formulating policy, prior to formal consultation and decision making). CHCs should have an agreed procedure with any health bodies, which might make information available in confidence. If the CHC has agreed to receive such information in confidence members should respect this confidence and not disclose the information to unauthorised persons or bodies without consent of the body, which provides the information. In certain circumstances, however, the duty to maintain confidence could be overridden, for example by statutory requirement, common law or where the public interest favours disclosure. In cases of doubt CHCs should seek legal advice as to the confidentiality of the information. Members should not report information of a confidential nature to their appointing bodies.
21. Any member, who disagrees with a proposal being presented to the CHC in confidence by a health body, should raise this with the CHC including the Chairman and Chief Officer of the CHC, who may agree to take up the issue with the relevant health body. The CHC should have an agreed procedure with the health body for dealing with such situations and members should comply with it.

CASUAL GIFTS AND HOSPITALITY

22. Members should be very careful about accepting any offer of a gift or hospitality made to them because of their CHC membership. Articles of low intrinsic value, such as diaries or calendars, modest and reasonable hospitality, (e.g. a working lunch) or small tokens of gratitude may be accepted, but anything of greater value or

significance should be politely but firmly declined. If in any doubt members should consult their Chief Officer prior to accepting any gift. The CHC should consider establishing a hospitality register.

EQUAL OPPORTUNITIES

23. Members' behaviour should accord with the spirit and the detail of the CHC's statement of equal opportunities policy. In particular, the Chairman and Chief Officer should make it clear that racist, sexist, homophobic and other discriminatory remarks and behaviour will not be tolerated. The CHCs agenda and work programme should reflect its equal opportunities policy.

DEALING WITH THE MEDIA

24. Every CHC should have written guidelines for dealing with the media, e.g. some CHCs prefer direct comments to the media to come from either the CHC Chairman or the Chief Officer. Members should be familiar with and abide by their CHCs policy and procedures for handling enquiries from the press.

25. When speaking as a CHC member, whether to the press, in a public forum or in a private or informal discussion, members should ensure that they reflect the current policies or view of the CHC. They should do so only with the prior knowledge and approval of the CHC Chairman and/or Chief Officer but when this is not practicable they should report their action to the Chairman or Chief Officer as soon as possible.

26. Members should make sure that the comments are well considered, sensible, well informed, in good faith, in the public interest and without malice, and that they enhance the reputation and status of the CHC.

STAFF AND MEMBER DISAGREEMENTS

27. Disputes between CHC staff and members, which cannot be resolved informally, should be dealt with under the CHC complaints procedure.

INVESTIGATION OF COMPLAINTS AGAINST CHC MEMBERS

28. Any complaint against a CHC member, including failure to abide by the code, should initially be investigated in accordance with the CHCs complaints procedures.

TERMINATION OF MEMBERSHIP

29. Termination of membership which can be brought about in the following ways;

- (i) through resignation

- (ii) failure to attend a meeting or committee of the Council for 3 months (unless the absence was due to reasonable cause)
- (iii) if the Minister for Health and Social Services (having consulted the Council and, where appropriate, the relevant appointing body) is of the opinion that it is not in the interest of the health service for the person to continue as a member
- (iv) if the member is no longer eligible to continue because they fall within one of the disqualification criteria set out in the Regulations.

30. Termination of membership under points ii and iii above are extreme measures which will be taken rarely. The Welsh Government will expect CHCs to resolve membership matters locally as far as possible before steps are taken to refer matters to the Welsh Government.

Annex 3: The seven principles of public life

Selflessness: Take decision solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their family, or their friends.

Integrity: Not place themselves under any financial or other obligation to outside individuals or organisation that might influence them in their performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards or benefits should make choices on merit.

Accountability: Are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Have a duty to declare any private interest relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Should promote and support these principles by leadership and example.



Llywodraeth Cymru
Welsh Government

Community Health Councils in Wales

Appointment of Members by Local Authorities

Key fact guide for local authorities

2015

- Please read the “Appointment of CHC Members by Local Authorities: Information for Candidates” document for complete background to the work of Community Health Councils (CHCs) in Wales and the role of CHC members.
- This document also contains details of the skills and experience most useful for CHC work which members should be able to demonstrate.
- As well as demonstrating the above general skills, local authority members should also be able to:
 - bring the perspective of the local authority to the CHC debate,
 - demonstrate that they have wider understanding of the local authority’s issues, ensuring that these inform the CHC debate in that locality,
 - maintain effective links with the local authority which appoints them.
- The local authority will be responsible for appointing one quarter of the CHC membership for its area.
- For most local authorities, this means appointing 3 members. The exception is Powys County Council which will need to appoint 6 members to the new Powys CHC.
- At least one of the local authority’s CHC members should be an elected councillor. The remainder can be people of the local authority’s choosing.
- Local authorities should invite applications for CHC membership by publicising the opportunity widely on

its intranet, in-house magazines and newspapers or other available mechanisms

- Applications can take the form of a CV and personal statement.
- At the time of applying, applicants are also asked to complete an equality & diversity monitoring form, a political activity form and conflict of interest form.
- Local authorities should put in place an appropriate selection process and then ratify their nominations through their normal channels.
- The names, addresses and monitoring forms (as above) of the local authority's chosen candidates should be sent to the Membership Officer, at the Board of Community Health Councils, 3rd floor, 33-35 Cathedral Road, Cardiff, CF11 9HB.
- The CHC Board will then take actions as set out in the Process Flow Chart (form NLA/v1.0) to finalise the local authority's CHC membership appointments with the Welsh Government.

NEW MEMBER PROCESS CHART – Local Authority Appointments

FORM NLA/V1.0

- Welsh Government (WG) ■
- CHC (local) ■
- CHC (Board Office) ■
- Local Authority (LA) ■

