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ABERDEEN CITY COUNCIL

12 March 2008

Claire Ferguson
Scottish Government
Directorate General Health and Wellbeing
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Dear Ms Ferguson

LOCAL HEALTHCARE BILL CONSULTATION DOCUMENT

I would like to submit the following responses to the above consultation. There follows a response from Aberdeen City Council and a response from myself as Depute Returning Officer.

Aberdeen City Council Response

It is the view of Aberdeen City Council that adding more local authority councillors to NHS Boards would be a better solution than to introduce direct elections to NHS Boards. Additional councillors should be nominated by the local authority.

When the Local Healthcare Bill Consultation Document was discussed at the Policy and Strategy Committee on 4th March, the Committee wished to make the additional following point concerning the membership and operation of NHS Boards. The distinction between executive and non-executive members on NHS Boards should be removed and there should be a return to the situation where NHS Boards had a membership which was separate from officials. Officials of the health service who are currently the executive members, such as the Director of Finance, the Nurse Director and Medical Director, should not be board members. Those who are currently the non-executive members of NHS Boards, should be responsible for the overall running of the NHS Board and make the policy decisions that are then implemented by the officials of the health service. In this way, you have a similar situation to how local government is run, with elected members having overall responsibility for the running of the Council and appointed officials implementing those decisions.



GORDON EDWARDS
CORPORATE DIRECTOR



Depute Returning Officer Response

Question 15. How often should elections be held, and when? Local authority elections are held every 4 years. Should elections to NHS Boards follow the same pattern?

The timing of the elections should be considered carefully, so as they do not overlap with the period for any other fixed major elections.

Question 19. Should NHS Board areas be divided up into electoral wards.

Without commenting on the exact make up of wards, any division of NHS Board areas into wards should be consistent with existing electoral boundaries. This would ensure the elections are more straight forward for the Electoral Registration Officer and Returning Officers would administer the elections for their own existing area.

Question 22. Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system?

The choice of voting system will have an effect on electoral administration and this should be considered. For example, use of a system of proportional representation may require additional resources in terms of communications and counting.

Question 23. How should voters be allowed to cast their votes? By postal ballot or at a polling station? Or either, depending on the voter's choice?

Consideration should be given to the level of security checking required for postal votes at these elections. Should the same levels of security checking be used as at other statutory elections, including use of personal identifiers, this will require appropriate resources.

Question 33. Should NHS Resources be used to support direct elections? What do you think is a reasonable amount to spend on elections?

If Returning Officers are asked to administer these elections, the full costs must be met. This should not be based on local negotiations with NHS Boards. The Returning Officer should produce a reasonable estimate of what the election will cost and this sum should be paid in advance to The Returning Officer, either from the NHS Board or via The Scottish Government.

Yours sincerely



Hazel Spalding
Depute Returning Officer