

APPENDIX TO REPORT NO 351/08**ANGUS COUNCIL RESPONSE – 27 MARCH 2008****LOCAL HEALTHCARE BILL****General**

Angus Council supports the view that further democratisation of the NHS is required. The detailed thoughts and comments of Angus Council are set out within this response. We feel it is necessary to highlight the need to ensure consistency within this proposal for a Local Health Care Bill with the proposals for Independent Scrutiny which were recently consulted on.

Section 1 – Making Things Better- Consultation questions

- 1. Do you think the current proposals for independent scrutiny of service change proposals help achieve the aim of better engaging and involving local communities?**

Angus Council has responded in support of the current proposal for independent scrutiny of service change. The aim of better engaging and involving communities will without doubt be helped by the proposal for independent scrutiny however it should be remembered that this will only be one aspect of the delivery of health care services and will not be truly representative of the views of all communities

- 2. How could additional guidance to NHS Boards on making public consultation as effective as possible help to achieve this aim?**

Additional guidance to NHS Boards may not be the solution given that a statutory duty to encourage public involvement is already in place. It is suggested that NHS Boards should be challenged to find out what the barriers to effective public consultation might be and produce action plans to address the findings in their own local area. The findings and action plans should be made public with monitoring undertaken and reported on publicly by each NHS Board.

- 3. Would the appointment of more lay members to NHS Boards – perhaps to directly represent patients or other groups – help achieve the aim? How might this be achieved?**

Consideration would have to be given as to how many lay members would be considered appropriate and how representation can be equitable

across groups/ interested patients/ It should be remembered that patients are a transient population and that consistency of membership representing patients could be an issue.

The appointment of lay members can be fraught with difficulty and if not carefully managed can be seen as being tokenistic. Lay members representing patients or other groups may bring their own agenda to the table and unless clear guidance on their role and remit is given and reinforced regularly they may not be effective members of the Board.

- 4. In particular, would adding more local authority councillors one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve the aim? Could local authorities have a role in scrutinising public and community engagement?**

The Council would support the view that adding more local authority councillors from each local authority area a Board serves would help achieve this aim.

The Council would go further and suggest that Local Health Boards should be constituted as joint boards with a composition which consisted of local councillors whose number would reflect the political balance within each of the constituent councils and lay/stakeholder members appointed by Scottish Government.

- 5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so, what additional responsibilities could the Council take on and what would the benefits be?**

The Scottish Health Council could consider its role with regard to information and accessibility. A higher profile within local areas about their role with regard to community engagement and involvement may assist the work of NHS Boards. This could have a positive impact in local areas with a greater understanding of what public involvement is about and who it is aimed at.

- 6. How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement?**

Again more publicity is required about the role and remit of PPF's. They have to find ways of engaging the public using open and effective methods which best suit the needs of each local community.

7. How could local Community Planning Partnerships best ensure improved public engagement with NHS planning?

Community Planning Partnerships will vary in their impact on local communities. They can and should ensure that public engagement is a focus of community plans and report on the effectiveness of this for all activity and not just NHS planning.

8. What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland?

Quick and effective resolution of concerns and issues in local areas would perhaps encourage the public to have a greater involvement with the NHS in Scotland. Openness and transparency in all aspects of health delivery with clear and understandable reporting would also assist the public to see how they can play a part in the development of services at a very local level.

Section 2 – A New Approach – Consultation Questions

9. What eligibility criteria should candidates meet (e.g. should they be resident in the Board area? Should there be any other qualifications?)

Lay/Stakeholders should be resident in the Board area for which they may be applying. They should be willing and able, through a process of application and interview, to show that they have a range of skills, but not necessarily qualifications, which will allow them to carry out the role and function of an NHS Board member. A clear job outline and person specification is suggested to ensure selection is equitable.

10. How could equity and diversity of candidates be promoted?

Through an open and transparent selection process which takes account of people's skills and ability.

11. Should candidates have to submit profile statements and declare any interest and/or relevant qualifications/skills/experience, for example membership of a political party or a pressure group?

As noted in Q9 an application should be submitted which identifies areas of skill and ability along with relevant qualifications if any and membership of any professional bodies and/or political party/pressure group. Clear guidance should be issued with applications to ensure that only those

genuinely interested in the work of the NHS Board are encouraged to apply.

12. Is there a case for excluding candidates standing as a representative of a political party?

If it is agreed that local councillors should serve on Boards there is a clear case for excluding lay/stakeholder candidates standing as representative of local parties.

13. In what circumstances might someone be disqualified from seeking election?

Certain types of criminal conviction may require to be considered for disqualification. This would require careful thought and sound legal advice.

14. Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?

The Council would suggest that local councillors be appointed to Boards and that lay members be appointed by the Scottish Government. In these circumstances there is no need to hold further elections.

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?

Not applicable.

16. Should directly elected members form a majority of the members on the Board?

Local councillors should form a majority of members of the Board.

17. Should the existing categories of appointed Board Members (lay members, stakeholder members and executive members) remain in place?

The Council would favour only lay and stakeholder members remaining in place.

18. Among the appointed "stakeholder" members on NHS Boards are local authority councillors. What should their role be if directly elected members sit on Boards?

The Council does not favour directly elected members sitting on the Board. Executive officers should provide advice to the Board.

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

Not applicable.

20. Would the emergence of groups or individuals with particular views be a difficulty or a potential threat to good governance and direction of the NHS in Scotland?

This would not be a helpful approach in encouraging greater public involvement and engagement. It is hoped that good recruitment and selection processes would, wherever possible, avoid this becoming an issue.

21. Should safeguards be introduced to prevent unrepresentative/disproportionate representation of a political party or special interest groups on a Board, and if so what form might such safeguards take?

If local authority councillors are appointed to the Board it would be on the basis of party balance and this would provide sufficient safeguard.

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

Not applicable.

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

Not applicable.

24. Should directly elected Board members be remunerated? If so at what rate – the same as appointed members currently receive?

Consideration should be given to remunerating lay/stakeholder appointees.

25. Are pilots a good idea?

We agree pilots are a good idea if they have a clear remit, timeframe and agreed outcomes before they commence.

26. How many pilots should there be?

We suggest that no more than three pilots in a range of different geographic and demographic locations are considered.

27. How should pilot areas be selected?

We suggest that volunteer NHS Boards should be sought in the first instance.

28. How long should pilots run for?

This will be dependant on how long the selection process will take but should be long enough for sound evidence of effectiveness and/or issues to be identified and any possible remedial action considered before rollout.

29. What criteria should be used to assess and evaluate the pilots?

Clear evaluation criteria should be established before the pilots begin. External evaluation could be considered but could also be costly. Account would need to be taken of the views of the public as to the impact and effectiveness of the pilots from their perspective.

30. Should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? Or should elected NHS Boards have the freedom to exercise local discretion and flexibility?

If NHS Boards are to be effective partners they should, in line with the move towards Single Outcome Agreements, be afforded a level of flexibility which allows them to respond to local need. This does not mean that they should not be accountable nationally but that this accountability, as with that of their local authority partners, is through their duly elected members who would be expected to take a governance and performance monitoring role at a local level.

31. Should current guidance e.g. on governance, priorities and performance standards be set out in future in legally binding form to ensure that elected Boards comply with them? What would be the advantages and disadvantages of this?

Legislative compliance would bring an element of external scrutiny which is currently experienced by local authorities. This would ensure that Board members are aware of the powers and duties related to their position and could prevent inappropriate membership. This could also lead to a level of

confidence in the public about the activity of Boards and their requirement to comply with relevant legislation.

32. Ministers currently have powers to remove members. Should they be able to remove elected members? What sort of reasons might justify such a power being used?

This power should be used in exceptional circumstances which should be clearly laid out when Board members are appointed.

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

The use of public funds to support direct elections is not seen as a good use of public resources.