



**Corporate Services**

Director: Nigel Stewart

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Your Ref:  
Date:                              28 March 2008

Dear Ms Ferguson

**LOCAL HEALTHCARE BILL CONSULTATION**

Argyll and Bute Council has considered carefully the Consultation Paper on a possible Local Healthcare Bill. This letter conveys the Council's views.

Patient focus and public involvement should be the core drivers of decision making in the NHS.

**Section 1 – Making Things Better**

Public Partnership Forums have been developed as vehicles for more proactive public and patient involvement in the work of CHPs and Health Boards. The development of CHP level and locality level PPFs should focus on developing the degree of input on local and strategic health matters.

The decision making processes are more obscure at higher levels and this is an area that requires to be opened up so that it is more democratically accountable. More than 50% of the seats on a Health Board should be held by Councillors appointed to the Board by the Councils within the Health Board area. The Chair of the Board should be appointed by the Board from amongst those Councillors. All other Board Members should be non-executive Board Members appointed by Scottish Ministers representative of the patient and broader community within the health board area.

This has the potential to add a number of dimensions to the work of Health Boards: in terms of accountability, democratic involvement, community engagement, closer development with Community Planning Partnerships.



## Section 2 – A New Approach

The Council supports the democratisation of NHS Boards to bring greater accountability and control of NHS Boards, but does not support a process of electing directly members of health boards. The Council is concerned that the consultation on the question of direct elections is based on muddled thinking. The premise is that democratisation of the NHS is to take place against a backdrop that Boards are to be accountable to Ministers and Parliament. Of course all public authorities are ultimately accountable to Parliament but the members of authorities who are elected are accountable to their electors. That is the essence of democracy. In the Council's view:

- a NHS Boards can best be opened up to greater accountability through increasing the number of elected Councillors on NHS Boards rather than through direct elections.
- b Directly elected Members of Boards could not be accountable at the same time to Ministers and their electorate, if they are appointed by the latter?
- c Directly elected Members of Boards could not be accountable to their electorate for delivering NHS services at levels determined and funded by Ministers?
- d It is a backward step to have potentially rival democratic processes if elected NHS Board members are not Councillors?
- e A potentially rival democratic process militates against joined up government for the delivery of health and social care.

In the Council's view the answer lies in a solution that satisfies the key elements of democratic accountability; public involvement; joined up government and community planning.

The Council accordingly proposes that more than 50% of the seats on a Health Board should be held by Councillors appointed to the Board by the Councils within the Health Board area. The Chair of the Board should be appointed by the Board from amongst those Councillors. All other Board Members should be non-executive Board Members appointed by Scottish Ministers representative of the patient and broader community within the health board area.

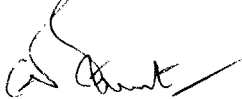
This arrangement would assist all aspects of ensuring joined up working between the NHS Board and the Councils including through the community planning process. As well as being NHS Board members those Councillors would be the Council's representatives on the relevant CHP and would take the lead in other health and social care partnerships at that level. No doubt one of them would be the Council's health and social services spokesperson, and/or the chair of the relevant Council Committee, and be a member of the Council's Executive, however termed.

The Council believes that accountability and control of NHS Boards can be achieved without embarking on all of the electoral processes, procedures and systems envisaged in the consultation paper.

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These processes and procedures will be expensive. It is unsatisfactory to create a democratic public electoral system in which those who are elected are accountable to someone else. The public, who consider there are already too many electoral systems, would consider the money which will be required to run the proposed elections would be better spent on patient care, when there are already elected Councillors who could represent them on NHS Boards.

Yours sincerely



**Nigel Stewart**  
Director of Corporate Services