NHS Highland
Citizen's Panel
27th February 2008

SCOTTISH GOVERNMENT CONSULTATION - LOCAL HEALTHCARE BILL

SECTION 1 "MAKING THINGS BETTER"

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?
Not discussed.

2. How could additional guidance to NHS Boards on making public consultation as effective as possible help achieve this aim?
• **The existing Patient Participation Groups, Public Partnership Forums, Patients' Councils and similar community led groups should be supported to be as effective as possible.** • **Action for Scottish Government – provide more guidance for Patients Councils, PPGs and support in this.** • **NHS Boards are developing extensive experience of approaches to patient and public involvement.** • **Let people know how they can get involved – NHS Highland has good information through "Network News" (monthly newsletter for HealthVoices (PPF))** • **HealthVoices is good at offering opportunities to get involved, but should develop closer links to what's happening in the Community Health Partnerships/localities.**

3. Would the appointment of more lay members to NHS Boards – perhaps to directly represent patients or other groups – help achieve this aim? How might this be achieved?
• **Majority (of Board members) are already lay members – with individual views, not representing groups but the public as a whole. If coming from a client group perspective, not in the best interest of Boards as a whole.** • **Are there enough people currently on Boards with the expertise to carry out all the necessary roles? If not, need to include more lay people.** • **Disadvantaged communities may need specific approaches**

4. In particular, would adding more Local Authority councillors help achieve this aim? Could Local Authorities have a role in scrutinising public and community engagement?
• **Local Authority members are important to maintain focus on joint services.**

5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? What additional responsibilities could the Council take on and what would the benefits be?
• **Strong "NO"** • **They would have to develop expertise in evaluation to be able to support Boards.** • **No Local Advisory Council in any part of Scotland has a full complement of public members.** • **SHC has local staff but not sure what they are doing – don't have expertise in public involvement. Little info on SHC website about their actions.** • **SHC is not yet doing what they should be doing yet – so can't develop from this** • **Need evidence of what they ARE doing** • **Redefine role / give clarity** • **Can't scrutinise AND support – would be better if their time was spent scrutinising, but this also needs to be clarified** • **SHC could support the Local Authorities to develop good practice eg in Equality Impact Assessment** • **Some evidence provided of support SHC are giving to communities**

6. How could Public Partnership Forums associated with CHPs encourage greater public engagement?
• **PPF members are actively involved in many ways, and on many themes or services. CHPs and Boards should continue to promote and support PPF members' involvement, but should also recognise the need to promote opportunities for direct and indirect involvement of patients, carers and others who are not PPF members.** • **Strengthen public participation on CHPs** • **Put more resource in to developing and supporting PPFs** • **Accept different formats of input.** • **Need better communication of the topics or reports to be considered.** • **Give more accountability to CHPs, get them more involved** • **CHP meetings are open to the public, as are Board meetings, but people don't go.** • **Example of recent election to get PPF members onto key committees (CHP Committee) – only one name came forward for one CHP area. How do we get more people coming forward?**

- **People want to get involved in local matters when they see a risk.**
- **Needs a degree of need from communities to become involved**
- **Needs more publicity of PPFs**
- **Caution – certain groups can be 'picked' as the voice of a particular client group, when they aren't actually speaking on behalf of people**
- **Voluntary sector members also on each CHP – they need to be feeding back to the wider voluntary groups.**
- **Regular press releases, articles about CHPs and local services.**

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

Not discussed.

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

- **Patients Councils work at ground level and feed up. Way forward is to strengthen and develop patients' councils, PPGs, and similar community-led, small groups working within the NHS.**
- **Set baselines for performance**
- **Needs different structure if no hospitals in a local area**
- **When Local Health Councils stopped, the money was taken away and therefore Boards had to find the resource for public involvement. There should be additional investment in public involvement staff.**

SECTION 2 "A NEW APPROACH"

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

- **Must be full time resident in the Board area. ie not necessarily those on the electoral role as this can include those who have property here but aren't here for the majority of the time**
- **NHS patients / users of service – recognised this means everyone resident in the Board area.**
- **Need an appropriate skills base for a balanced debate at Board level – cannot be achieved from direct elections.**
- **Need to know what people's experiences and skills are – these need to be relevant to the work of the Board**
- **These positions carry responsibility for public funds and delivery of public services. Needs clear role description, describing the range of skills and experience required, and active performance management process.**

- **Whilst recognising the need to be as inclusive as possible, it is the performance of the Board which is critical here and therefore must set strict criteria and individuals must meet this.**
- **Needs to be open and transparent, otherwise could be discriminatory**

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

- **Equality & Diversity issues are being considered through the Public Appointments consultation**

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

- **Yes – majority view**
- **Must meet standards set out for other public positions.**

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

- **Mixed views on this**
- **Yes - exclude political candidates – Board members should be working for communities, should not bring more politics into the NHS**
- **LA Councillors are appointed for 4 years and they therefore act to gain re-election, not in corporate interest.**
- **No - individuals can be a 'member' of a political party and declare this, but not stand as political candidate, nor show party colours during debates**
- **LA Councillors are citizens too, and should not be excluded**
- **Councillors / MSPs – should be one from each party or none at all**
- **LA Councillors already on Board as lay members who don't represent their political parties**

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

- **It was noted there is already a standard list of exclusions which apply to LA elected members. Would there be a requirement for any additional ones for health boards? Suggestions include:**
  - **Clinician or other professional who has been found guilty of some misconduct and struck off by their professional organisation (eg General Medical Council, Nursing & Midwifery Council)**
  - **People with criminal convictions which makes them of questionable character eg Benefits fraud**
  - **People with a record of bankruptcy**

• **It was suggested that the current standard list of exclusions be reviewed – there might be a health condition which has led to someone being on that list of exclusions and these excluded groups have a 'hidden voice' and diversities that should be heard and considered for 'whole' community health.**

14. Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?
• **Yes.** • **Don't need any barriers as already low number of the eligible population votes.** • **Everyone on electoral role** • **What are the rules for local authority elections** • **Would potential elected members be allowed to canvas? How would this be financed? Guidelines would be required around this.**

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?
• **To maintain continuity, it was suggested that some members be appointed for 3 years, and others for 4 years.** • **It was noted that it would then become very difficult to manage elections – individuals already asked to vote in a number of local, Scottish, UK, European elections at different times.** • **Terms would need to be clear – ie position offered for one term, with option to renew for second term. (8 years max)** • **Suggested have a transition period – replace some current members with directly Elected members**

16. Should directly elected members form a majority of the members of a Board?
• **Mixed views.** • **Needs a mix of expertise amongst Board members for quality debate.** • **Each Board member needs to have voting rights – elected and employed members.** • **If there is not a majority of lay members, then they could be over-ruled by clinical staff – in which case, why have them?** • **Could be a majority consisting of the directly elected PLUS other lay members (eg LA Councillors)** • **Need the right balance – not a large majority.**

17. Should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?
• **Yes. Boards require the right mix of skills, knowledge, and experience brought by executives combined with the skills, challenge and governance brought by non executives and stakeholder members.** • **Needs clinical and other expertise** • **One suggestion that "stakeholders" also include special Health Boards to ensure integrated working.**

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?
• **They should continue, particularly for any joint pieces of work eg Joint Futures** • **Would end up with elected Board members including directly elected and LA appointed – would be important to clarify their roles.** • **Perhaps directly elected members would attend with full voting powers; whilst those elected Council members would attend without voting powers.** • **LA Chief Executive should be on Health Boards for joint working, but this should work both ways ie Las have NHS Board member.** • **Local Authority members would be paid twice – once by LA and also by Board.** • **Existing LA board members 'represent' the LA but they don't always act in that role**

19. Should NHS Board areas be divided up into electoral wards?
• **Yes.** • **One suggestion is that they follow CHP boundaries and votes would be within CHPs for own CHP candidates. Although recognised that some CHP areas are vast and a single CHP member may not be sufficiently responsive to many, different communities.** • **Alternative view is to mirror LA boundaries. Would need to adjust for different levels of population.** • **Each Board should be allowed to determine their own electoral areas eg it would look very different in Highland from the major cities.** • **First step is to determine how many elected members are required, then define the geographical areas to return the required number.** • **It was noted there is already a community voice on the CHPs through the election of PPF members.**

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?
• **There is a definite risk of elections on the back of single issues.** • **Better if done by wards? More of a single issue risk.** • **Need to be careful that groups are still allowed to be heard, even if not on Boards.** • **Without corporate focus, can divert away from function of the Board.**

21. Should safeguards be introduced to prevent unrepresentative / disproportionate representation of a political party or special interest group on a Board? What form might such safeguards take?
• **Yes** • **This is difficult but important.** • **Example given from school Boards in England – where people focus on different things and divert from the Board's agenda**

22. Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system?
• **Mixed views with support for "first past the post" and proportional representation.**

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?
• **On-line is not inclusive, not everyone has internet access.** • **Polling stations not physically accessible to all, and the use of schools as Polling Stations is disruptive to education.** • **There should be choices – different access points to promote inclusion (eg online, polling station, postal), but recognised that this will be confusing for voters** • **Postal voting is fairest option, as long as sufficient time is allowed. Each electoral member could receive in the post a profile of the candidates, a letter encouraging them to vote, a ballot paper and a freepost envelope.**

24. Should directly elected Board members be remunerated? If so, at what rate – the same as appointed members currently receive?
• **Yes, to be consistent, although it was questioned if people can be independent if being paid by the Board?** • **One suggestion is to cover expense and pay an honorarium at the year end, if the individual has achieved personal performance targets / pieces of**

work. This was also seen as a potential barrier for some, and was not supported by full group • Payment encouraged people who would otherwise lose income – helps achieve a range of skills and expertise to the Board. • The level of expertise that is required should be remunerated. • Disagree with paying twice for LA members on Boards. • It was noted elected members could decline payment

25. Are the pilots a good idea?
• **Mixed views.** • **Pilots are important to test aims, process etc, and can be tailored for individual areas. One size doesn't fit all – differences between geographical areas, and implications.** • **Clarify what is being piloted – the whole concept, the processes, the finer details?** • **Alternative view that if going to introduce this, get on with it. Pilots are a waste of money. Implement and learn / adapt from experience.**

26. How many pilots should there be?
• **Difficult to do a 'one size fits all' – therefore do an urban and a rural Board.**

27. How should pilot areas be selected?
• **Not discussed.**

28. How long should pilots run for?
• **Not discussed.**

29. What criteria should be used to assess and evaluate the pilots?
• **Have clear aims, objectives and an outcome date for the pilot** • **Public should be fully away what the pilot is for ie to test and maybe roll out direct elections; or as the start of a national roll-out**

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?
• **Group favoured local discretion and flexibility. There should be a baseline to meet and maintain but if fully set nationally, innovation can disappear.** • **CHPs implement national policy locally and meet governance targets, but there should be opportunity for CHPs to do more – currently have flexibility about HOW to implement but not WHAT they implement** • **Extra financial flexibility is needed locally – to meet government policies but also to develop new to meet recognised local needs. Quite often national targets take over the local needs. NHS has 'hands tied' to address new needs and it means shifting resource from one service to another.** • **National targets are political targets.**

31. Should current guidance eg 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?
• **Clarification of question from Andy Smith – if there are 14 Boards with a mandate that is more local than national, then different qualities and standards might arise. Is this good or bad?** • **If party politics are in the mix, this can become dangerous.** • **There needs to be a baseline for Boards to meet, with local differences (80:20 mix)** • **What would the punishment be if Board's don't comply? Sack Chair? Dissolve Board?**

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?
• **Yes. All Board members should be subject to review, and there needs to be a mechanism to remove members who are not performing.** • **This should also include changes to personal circumstances which move the member onto the list of exclusions (ref exclusions to stand as candidate).** • **Reasons for removal should include non-attendance** • **2 scenarios – removal of Chair / other individual member, or potential for full Boards to be disbanded.** • **Current system – nothing is said as to why someone's appointment is terminated – needs openness**

33. Should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections?
• **Emphatic "NO".** • **Huge practicalities of running an election and significant cost.** • **Various existing elections already running – complex for public. The more complex the electoral process, the more it costs.** • **If Scottish Government able to pay for elections, why are they not putting this money into patient care?**

Who is in favour of Direct Elections to Health Boards? **YES = 0**
NO = 10
ABSTAIN = 2

From the discussion today, there has been no evidence to suggest that the present system should change. Feeling of 'fait accompli' – not real ability to influence