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31<sup>st</sup> March, 2008

Dear Ms Ferguson

## **LOCAL HEALTHCARE BILL – CONSULTATION DOCUMENT**

I am writing on behalf of Fife Council's Liberal Democrat Group with comments on the above consultation document.

Fife Council's Liberal Democrat Group is pleased to provide comments on the above consultation as follows:-

- 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?**

We believe that there is a role for independent scrutiny where there are major changes of health service proposed. We do not think that this will necessarily achieve the aim of better engaging and involving local communities and believe that there is a contradiction in having an unelected panel of experts potentially reviewing a decision of Health Boards which may in future be made up of Elected Members.

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

We are not sure that there is a need for any additional guidance on public consultation as this is something that Health Boards should be undertaking at present and this activity should be 'overseen' by the Scottish Health Council. Health Boards should, of course, be able to demonstrate that they have undertaken proper public consultation.

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

There would be benefit in appointing more lay members to NHS Boards but we are doubtful whether appointing individuals from particular pressure groups would help achieve this. We believe that the best approach would be for the appointment of more elected Councillors to Health Boards.

**4. In particular, would adding more local authority Councillors help achieve the aim? Could local authorities have a role in scrutinising public and community engagement?**

We believe that having more local authority Councillors on Health Boards is the best way of addressing this issue. There are currently differences in the number of local authority members on NHS Boards at present ranging from six on Greater Glasgow and Clyde Health Board to three on many others, but some areas such as Fife have only one. Local authorities should, of course, be involved in responding to NHS consultations but we do not think there is a role for them in scrutinising arrangements as we understand that this is the role of the Scottish Health Council.

**5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement?**

We are not sure whether there has been any review of the way in which the Scottish Health Council undertake this at present and would suggest that this be carried out.

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

Again, we are unsure as to whether there has been any review of the way in which PPFs work at present but they are a valuable way of engaging members of the community in CHPs.

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

We would expect that any major changes in health service provision would be discussed in Community Planning Partnerships and in particular this would be the appropriate forum for discussing ways in which public engagement might be enhanced.

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

Consideration could be given to greater use of patient or public panels which many local authorities now have. There would however be a need to ensure that people responding in this way had appropriate information about the proposed changes.

We would hope that if NHS Boards are engaging regularly with their users and communities, this would be the most effective way of ensuring public engagement.

**9. What eligibility criteria should candidates meet?**

See above. We believe that there should not be direct elections for NHS Boards but rather existing locally Elected Members of Councils should take on this role.

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

It would be necessary to ensure that there was a proper geographical and political representation of the Councillors who were appointed based on existing proportional arrangements.

**11. Should candidates have to submit profile statements and declare any interests?**

See answer above, not appropriate if Councillors are appointed to Boards.

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

See above, no.

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

See above, all properly elected Councillors would be eligible for selection as members of Health Boards.

**14. Who should be allowed to vote in the election?**

See above, n/a.

**15. How often should elections be held?**

See above, n/a.

**16. Should directly Elected Members form a majority of the members of a Board?**

Yes, but further thought needs to be given to the role of the Executive Directors.

**17. Should the existing categories of appointed Board members remain in place?**

Yes, though a review of present arrangements should be undertaken. In the event of the Scottish Government deciding to have directly Elected Members of NHS Boards, it would be very important for local authorities to continue to have representation on the Boards in order to strengthen joint working arrangements. In most Boards, the Board member is the Chair of the Social Work and Health Committee which is obviously the key link.

- 18. Among the appointed 'stakeholder' members on NHS Boards are local authority Councillors. What should be their role if directly Elected Members sit on Boards?**

See above. This is not the approach we would favour and as I have indicated in the previous answer, the role of stakeholder members would remain important.

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

Not necessary as long as there was appropriate geographical representation of Councillors on the Board.

- 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?**

Yes, this could be a problem but members would need to be reminded that they have a responsibility to implement the national health policies.

- 21. Should safeguards be introduced to prevent unrepresentative/ disproportionate representation of a political party?**

This would not be necessary if the arrangements we have proposed are introduced.

- 22. Would you favour a simple 'first past the post' voting system?**

This is not the method we would advocate but if direct elections are to be held, these should be undertaken through proportional representation.

- 23. How should voters be allowed to cast their votes?**

By either postal ballot or at a polling station.

- 24. Should directly elected Board members be remunerated?**

Yes, as there is a significant time commitment and work involved in being a member of a Health Board.

- 25. Are pilots a good idea?**

Yes. It would be worth piloting this idea but careful consideration will need to be given to the criteria that are used to decide whether the pilots have been successful.

- 26. How many pilots should there be?**

Two or three.

**27. How should pilot areas be selected?**

Based on different types and sizes of Board.

**28. How long should pilots run for?**

A minimum of two years.

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

This requires further careful thought as different answers are likely to be given by senior managers in NHS Boards as to the effectiveness of more Elected Members but the views of the public and the Elected Members themselves should be taken into account.

**30. Should NHS Boards continue to provide generally consistent levels of performance across Scotland?**

Yes, though some freedom needs to be given to NHS Boards to exercise local discretion based on local needs and priorities. This could, however, lead to a continuation of postcode 'prescribing' which has been a concern.

**31. Should current guidance on governance, priorities and performance standards be set out in future in legally-binding form, to ensure that elected Boards comply with them?**

There is a need to be clear about what the role of Board members will be. If these measures are not put in place, then there could be a risk of great fragmentation of service provision.

**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 would be a difficult decision to make if members were directly elected but there would need to be some safeguards, eg if members did not attend meetings or were involved in serious misbehaviour that would be justification for removing them.

**33. Should NHS resources be used to support direct elections?**

No, this would not be necessary if more Councillors were appointed to Boards.

Yours sincerely



Councillor Tim Brett  
on behalf of Fife Council's Liberal Democrat Group