

Local Healthcare Bill: Consultation Questions

SECTION 1: <i>Making Things Better</i>		Commentary
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?	NHS Dumfries and Galloway has commented on the separate consultation paper for Independent Scrutiny.
2	How could additional guidance to NHS boards on making public consultation as effective as possible help achieve this aim?	Currently NHS Dumfries and Galloway works closely with the Scottish Health Council to ensure that the arrangements for information, engaging and consultation meet the standards required. This Board does not feel that further guidance is necessary.
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?	It is important that Boards have a balance of skills, and that the Board is able to take a region wide view of priorities and change. Additional lay members to directly represent patients or other groups will not ensure the widest views are heard. It is incumbent upon Boards to have robust processes that involve the public and patients and that Board members test and challenge the level of engagement when proposals are presented for consideration and decision.
4	In particular would adding more local authority councillors (one councillor form each local authority whose area a Board serves is currently appointed to that board) help achieve the aim? Could the local authorities have a role in scrutinising public and community engagement?	The role of the local authority members is an important role. However increasing the number would not achieve the goal of ensuring wider public involvement. NHS Dumfries and Galloway is currently reviewing services and whilst councillors are important stakeholders we have been engaging the public at meetings and discussions across our region and will be returning later to consult on the same basis.

5	Should we develop further the role of the Scottish Health Council to bring about more effective management and involvement? If so, what additional responsibilities could the council take on and what would the benefits be?	As indicated NHS Dumfries and Galloway currently engages the Scottish Health Council on change proposals. Our experience would suggest that further clarity for the Health Council might bring greater understanding about the levels of engagement necessary for different degrees of change.
6	How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement?	Public Partnership Forums can encourage greater public engagement by ensuring networks are developed into the wider communities of interest and great awareness of the PPF and its role.
7	How could the local Community Planning Partnerships best ensure improved public engagement with NHS planning?	NHS Dumfries and Galloway has a Public Involvement Strategy that is agreed between Community Planning Partners.
8	What other measures could be introduced to increase effective engagement and involvement of the public of the NHS in Scotland?	NHS Dumfries and Galloway has used participatory appraisal to develop our healthy understanding and to conduct a needs assessment for minority ethnic communities. It is also important that we support children and young people and have worked within the Integrated Children's Services model to consult with young people.
<i>SECTION 2: A New Approach</i>		
9	What eligibility criteria should candidates meet (e.g., should they be resident in the Board area? should there be any other qualifications?)	<p>If elections to Boards were held then individuals should</p> <ol style="list-style-type: none"> 1) be resident in the Board area 2) be registered on the electoral roll 3) be independent of any political affiliation or specialist interest group. <p>Whilst eligibility criteria are important there would need to be specific exclusions such as those defined within the New Zealand system.</p>

10	How could equality and diversity of candidates be promoted?	NHS Scotland has a clear position with regard to equality and diversity and this should be explicit by welcoming candidates from all backgrounds.
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?	The New Zealand system sets out criteria for nomination. This includes interests/qualifications/skills and a conflict of interest statement.
12	Is there a case for excluding candidates standing as representatives of a political party?	If elections to Boards were to be held, this Board believes that there would be a case for making such elections non political. Boards must be able to consider matters of equality and access based on the needs of the population. Members elected on a political platform will potentially introduce conflict locally between competing parties and may introduce a political tension with the government of the day.
13	In what circumstances might someone be disqualified from seeking election?	Again the New Zealand model suggests disqualifications such as criminal record, mental incapacity and bankruptcy.
14	Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?	If elections to Boards were to be held it would be important to have a similar structure to existing election rules. However this will exclude young people and may disadvantage minority ethnic groups.
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?	Currently Board members are appointed for 4 years (with some exception). It would be appropriate for elected members to serve the same period.
16	Should directly elected members form a majority of the members on a Board?	If elections to Boards were to be held there are differing views as to the percentage. It is suggested that 50% would be a fair balance. It needs to be clear if that would be a percentage of the total Board if the make up remained as it is now. If that was

		the case then a 50% model may result in more elected members than appointed members, depending on the number of executives on the Board.
17	Should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?	Whilst views differ slightly on this point the general consensus was that the existing make up of Boards offered a balance of expertise and skill.
18	Among the appointed "stakeholder" members on the NHS Boards are local authority councillors. What should their role be if directly elected members sit on the Boards?	The role of the local authority councillor is an important role. This supports the shared agenda between local authority and Health Boards. The local authority appointed councillor speaks as the voice of the council, whereas a directly elected member is likely to answer to her / his own constituency, however that is defined.
19	Should NHS Board areas be divided up into electoral wards?	Whilst recognising the difficulty of geography this Board believes the approach should be to minimise the number of discrete electoral areas to reduce narrow parochial interests becoming dominant.
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?	We believe that a wide range of views should be sought however the emergence of groups or individuals with particular views could be a threat to good governance and direction for the NHS Scotland. It is for this reason that, if there were to be elections to Boards, we believe there should be a small number of geographical areas and those standing should be doing so for the wider benefit and not for personal or special group interests.
21	Should safeguards be introduced to prevent unrepresentative/disproportionate representation of a political party or special interest group on a Board, and	Safeguards should be in place to prevent unrepresentative representation. The requirement for eligibility criteria is key along with a clear code of practice for members. Ultimately a

	if so what form might such safeguard take?	member could be removed if they were acting against the code of practice. The New Zealand model empowers the appropriate Minister to remove any Board member, elected or appointed where they breach the guidelines that are in place.
22	Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system?	If elections were to Boards were to be held, a simple first past the post system would be appropriate.
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?	If elections to Boards were to be held, a range should be offered to encourage voting.
24	Should directly elected Board members be remunerated? If so, at what rate – the same as appointed members currently receive?	All elected and appointed non executive members should be remunerated at the same level.
25	Are pilots a good idea?	NHS Dumfries and Galloway does not see the value of piloting elected members on Boards.
26	How many pilots should there be?	NHS Dumfries and Galloway does not see the value of piloting elected members on Boards.
27	How should pilot areas be selected?	NHS Dumfries and Galloway does not see the value of piloting elected members on Boards.
28	How long should pilots run for?	NHS Dumfries and Galloway does not see the value of piloting elected members on Boards.
29	What criteria should be used to assess and evaluate the pilots?	NHS Dumfries and Galloway does not see the value of piloting elected members on Boards.

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?	Delivering a National Health Service in Scotland is a strength of our healthcare approach. Generally consistent performance levels and national policies and priorities should continue. However consideration could be given to allowing Health Boards some discretion and flexibility in delivery.
31	Should current guidances 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?	2.5.3 of the consultation paper states that the current accountabilities to Scottish Ministers and the Scottish Parliament remain unchanged, and the current legislation gives Scottish Ministers the power to regulate and direct Boards. The current arrangements on governance and performance standards are adhered to and performance delivered with some success in Scotland. Elected members standing for the correct reasons should ensure these approaches to governance and delivery. A legislative approach could be cumbersome and bureaucratic.
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?	As previously stated the New Zealand model allows the Minister to remove elected members in exceptional circumstances. It would seem appropriate to have similar powers for a narrow range of exceptional circumstances.
33	Should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections?	NHS Dumfries and Galloway does not support the use of NHS resources to support direct elections. Electoral expenses should be kept to a minimum.

In conclusion NHS Dumfries & Galloway believes that the current model for NHS Boards offers a balance of expertise and skill to decision making and also ensures that decisions are considered with a region wide perspective.

The current range of patient involvement and the scrutiny role of the Scottish Health Council ensure that there is an appropriate and wide ranging engagement with all stakeholders including young people and minority ethnic groups/communities.

Whilst we have commented on the option of elected members on a Board we do not consider that this will develop public engagement in a way that current arrangements could continue to do.

Alongside independent scrutiny panels for significant change an feels as if the NHS in Scotland has a range of effective mechanisms for information engaging and consulting the public and patients.

I trust these comments will assist in further consideration of this issue.

John Burns
Chief Executive
NHS Dumfries & Galloway