027

Shetland NHS Board

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Your Ref
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Dear Ms Ferguson

LOCAL HEALTHCARE BILL CONSULTATION

Shetland NHS Board appreciates the opportunity to comment on the above draft Bill, and the visit by Robert Kirkwood to facilitate discussion was useful to focus thoughts and ideas on this important topic.

Overall, it is felt that the values of the NHS must not be undermined nor any changes made without full consideration of the far-reaching effect on a service admired by many other countries. Nevertheless, there are examples of other systems which may be perceived by the public to be more democratically accountable and work well, and any changes should consider several of these models carefully.

Generally, from an Island perspective, the question must be asked 'Are there too many bodies of governance of public services for such a small population and could a community planning partnership model deliver services to national standards more efficiently and be more responsive to local needs?'

Whatever method of selection or governance is applied in future, the value in the current mix of Lay, Stakeholder and Executive Board Members must be protected; this is the current system's strength, as those who bring advice to the Board table also have to vote and support a decision, and are jointly accountable. This is the advantage of NHS Boards over other systems.

Turning to the consultation questions:

Scrutiny

Independent scrutiny should be proportionate to the change proposed, especially in relation to options available, eg. should GPs take up their right to opt out of out of hours cover in a rural community, there is no range of options to consider. Any additional guidance feels like over-prescription, especially when choice is limited by Government policy, as demonstrated by the example above.

The appointment of more Lay Members, if directly representing patient or other groups, could lead to a dominating element of support for some services, to the detriment of others. If more Lay Members are seen as the way forward, the current public appointments system is wide-ranging in seeking interested people and ensures appointees have the skills and experience necessary.

The need to satisfy any perceived democratic deficit could be met by increasing the number of Councillors on a Board. However, this would have to be made clear at the time of Local Authority elections to ensure electors knew they were also voting for a number of NHS Board Members as well as Local Authority Members. However, the present system could be considered democratic by Boards being accountable to a democratically elected Ministerial team.

The replacement of Local Health Councils by a Scottish Centralist model has been a retrograde step. The local interest and direct patient input was lost. Although, locally, we have a good relationship, the national requirements result in a bureaucratic burden on small Boards in preparation of monitoring reports. Having said that, further guidance to the Scottish Health Council on <u>proportionate</u> input would be valuable.

Methods locally and nationally of raising public awareness need attention by working with the media, communities, individual planning groups, and Community Health Partnerships and Boards must play a part according to local circumstances. One size may not fit all.

Community Planning Partnerships require local NHS Boards to be at the forefront in participation with their partners, working with mutual respect and heightened awareness of each agency's responsibilities and challenges. Openness and trust is the key.

Electoral Process, Procedures and Systems

Candidates' eligibility must require residence in a Board for a minimum fixed period, eg. 2 years, and there should be no interference in the name of diversity and equality – the electorate must decide. Candidates should be subject to the same regulations and procedures as current candidature for Local Authority elections require, and the same Voters Roll form the electorate qualified to vote. However, a longer term of office would be preferred, eg. 6-8 years.

The Board does not see Island Boards as part of a cohort of Special Boards in the NHS but the unique setting of Island Boards may merit consideration regarding localised governance arrangements in partnership with other public agencies in the longer-term. In the meantime, we must be treated as any other geographical Board, otherwise the local electorate could feel discriminated against and disenfranchised.

If elections are held, we would make further important points:

a) Mixed membership of Elected, Executive and Lay should be retained to ensure the value of joint accountability of Executive Members continues. This is the strength of NHS Boards over other systems.

027

b) If the aim is to demonstrate democracy, Elected Members must hold the majority.

c) Ministerial control may be reduced as a result and central control would therefore need relaxation, with more emphasis on setting standards and targets and monitoring same on an annual basis. Boards' autonomy could be exercised more than at present in relation to national initiatives but Boards would also have to answer more to the local electorate.

d) Local Authority Councillors' role would be even more crucial in the many areas of service where joint working is essential, particularly in direct joint service issues such as community care delivery and planning. However, the wider community health and safety agenda requires true joint working at local level to reach optimum success and best use of available public resource.

e) Electoral wards, whilst probably not geographically necessary in Shetland, could increase candidate coverage and avoid the needs and views of one area dominating the Board's discussions. The emergence of disproportionate groups or political representation could be a threat, however the electorate currently deals with this in local and national elections.

f) A postal ballot in the interests of saving money would be preferable. Alternatively, linking these to local elections would ensure best value in local areas. The Board would strongly object to diverting current resources from patients to support elections, but the cheapest method must be adopted, and the cost met nationally without detriment to patient services, either in money or staff time.

g) There is an issue with current remuneration, which is not seen as attractive enough to secure enough candidates to give a wide choice, especially in Island Boards.

Evaluation and Standards

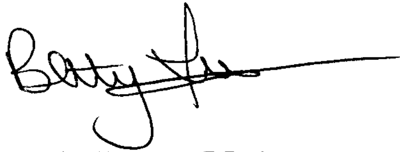
It is difficult to see how any change to the current system could be evaluated in the short-term. The timescale required to evaluate success or otherwise of a pilot would negate the value, eg. it could take five years to actually see any difference. At the outset, it would be necessary to describe the limitations of the current system and the benefits expected by such a change so that real outcomes can be transparently measured, ie. the evidence base must be quantifiable.

National standards in public services are important therefore NHS Boards' performance should meet national standards across Scotland but more local flexibility and discretion in how these standards are met could be useful.

If members are elected, Ministers' powers to remove them must be restructured and similar sanctions applied to NHS Board Members as to members of other democratically elected bodies.

Lastly, we note that lack of accountability may be more of a perception than a reality. This is especially so in an Island area where close links exist with the public and other agencies on a day-to-day basis and the Board is a key partner in a community planning partnership. However, we realise that this may not be the case in every area and therefore understand the need for consideration of change which may have a positive effect. Whatever is decided politically, it will be important not to tamper with the NHS in any way that is detrimental to patients, either through the necessary diverting of resources or the upheaval major change can cause. This often means a negative effect is felt before front line staff and patients can feel the longer-term benefits.

Yours sincerely



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