

THE ROBERT GORDON UNIVERSITY

LOCAL HEALTHCARE BILL

Thank you for the opportunity of responding to the consultation. Please find below the University's views on the proposals within the Bill.

Consultation Questions

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?

The system certainly improves the level of scrutiny but it remains unclear as to whether better involvement and engagement of local communities will be achieved. The process needs to be perceived as being helpful and proactive rather than a means of reversing decisions. It would be important that those involved understand the "bigger picture" and can rise above narrow areas of interest.

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

Detailed information of the range of methods of engagement that should be evidenced during a consultation process could be provided to Boards to assist them in achieving high quality input from the community.

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 should be remembered that the non executive members of the Boards are lay members and will have been patients themselves or know many people who have used services. Increasing the number of members on the Boards may improve representation but this needs to be balanced against the difficulties of ensuring that a Board with a large membership works effectively.

4. In particular, would adding more local authority councillors (one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve the aim?

The inclusion of Local Authority Councillors has been beneficial and strengthened the working of the Boards and their committees. Increasing the number to two per LA could further enhance this contribution.

Could local authorities have a role in scrutinising public and community engagement?

I think they are too closely involved with the Health Boards to be able to perform this objectively and effectively.

5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so, what additional responsibilities could the Council take on and what would the benefits be?

Yes. There needs to be greater involvement/representation at local level and they could be more proactive than their current role enables them to be. They could have local surgeries and be charged with ensuring that hard to reach groups were able to have their views heard key to engaging with the wider

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

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

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

All of the above are dependent on the effectiveness of the system by which members of the public are recruited to these fora. Often it is the same people on all of these committees and the hard to reach group remain unrepresented. More innovative methods of accessing and then attracting the involvement of these communities needs to be developed. Perhaps more could be done through GP practices who could nominate individuals from the area that they serve. Perhaps accessing people at other places where they gather e.g. Bingo halls and public houses could assist in getting a wider spread of the population involved.

It is essential that those who come forward are fully supported and receive development/training so that they are able to cope in meetings and gain sufficient confidence to make their views heard.

Section 2

9. what eligibility criteria should candidates meet (e.g., should they be resident in the Board area? Should there be any other qualifications?)

They should be resident in the Health Board area and represent a specific part of that area.

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

Through the eligibility criteria and the allocation of "seats" for specific groups.

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?

A profile would be necessary to make clear what that person could bring to the Board while a declaration of interests would allow a tendency for single issue representatives either to be advised of their role on the board or discouraged from putting themselves forward.

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

Yes as this would further politicise health which is unhelpful. Otherwise the number of councillors could be increased as they are normally of a political persuasion and they have been elected.

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

Criminal record

14. who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?

Residents of the health Board area.

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?

4 yearly but at a different time from local elections.

16. should directly elected members form a majority of the members on a Board?

No.

17. should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?

Yes but the composition of the stakeholders should be reviewed.

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?

It is not evident what the difference would be. It could be argued that there would be duplication of roles.

Should NHS Board areas be divided up into electoral wards?

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?

It would depend on the composition and balance of membership of the Board but if elected members were in the majority they could challenge corporate decision on the basis that they have a mandate from the people who elected them and therefore they do not have to think of the "big picture".

21. Should safeguards be introduced to prevent unrepresentative / disproportionate representation of a political party or special interest group on a Board, and if so what form might such safeguards take?

Identify these aspects as criteria for non eligibility.



22. Would you favour a simple "first past the post" voting system, a proportional representation approach or another type of system?

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

By postal vote

24. should directly elected Board members be remunerated? If so, at what rate - the same as appointed members currently receive?

Yes they should be remunerated but at the same rates as currently in place.

25. Are pilots a good idea?

Yes

26. how many pilots should there be?

One third of the total number of Boards

27. how should pilot areas be selected?

By type of Board – urban, rural and mixed

28. how long should pilots run for?

Minimum two years

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

That the board meets its targets and demonstrates effective governance

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?

The only benefit of elected Boards would be the freedom to exercise a local mandate that was not influenced by what was happening in other parts of Scotland.

31. should current guidance e.g. 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?

If Boards comprised of all elected members then this may be necessary to ensure compliance with the general direction of travel of NHS nationally and full accountability for the use of public funds.

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?

No, this would be inappropriate. Same rules that apply to Local authority should be used.

33. should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections

No. If direct elections are deemed necessary then funding must be found from elsewhere and should not come from funds that should go to delivery of services.