



SAMH Response to the Local Healthcare Bill Consultation

SAMH

SAMH is the leading voluntary sector organisation in its field in Scotland and is dedicated to mental health and wellbeing for all. SAMH provides both direct services and an independent voice on all matters of relevance to people with mental health and related problems.

SAMH has over 80 services throughout Scotland which address a range of individual needs including supported housing, home support, crisis support, training, employment and structured day services. Our services support people who have experience of mental health problems and other forms of social exclusion including homelessness and addictions.

The SAMH Centre for Research, Influence and Change promotes the development of legislation, policy and practice that is based on the real life experiences of people with mental health and related problems and respects their human rights. The Centre also provides an information service, offering general mental health information and specialist legal and benefits advice. Both the Centre and the wider organisation are committed to challenging the stigma and discrimination experienced by people who live with mental health problems.

GENERAL COMMENTS

SAMH welcomes the opportunity to comment on this consultation. We are concerned about the minimal role patients, carers and the public play in existing decisions about how health services are designed and delivered and welcome the commitment to tackle this. We do however not believe that direct elections to NHS Boards are the solution to this problem.

CONSULTATION QUESTIONS

Section 1 – Strengthening existing policies / independent scrutiny - (Questions 1-8)

- 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?*

As noted in our response to the Independent Scrutiny consultation SAMH believes that a key role of expert panels (the preferred option for independent scrutiny) should be to ensure that full account has been taken of the local

circumstances in appraising the options and reaching decisions relating to major changes of local NHS services.

The views of local people and organisations must be sought, listened to and acted upon and full consideration given to the impact of the proposed changes on different groups and communities. While the consultation document on independent scrutiny partially addressed this, we believe that further consideration needs to be given to how expert panels will engage with the public. In addition we believe acknowledgement and consideration must be given to how local plans shape and fit with national plans and strategies, thus ensuring a fairness and consistency of approach.

Finally SAMH would like to see consideration given to the way in which the independent scrutiny agenda is set. The most controversial service changes are often around Accident and Emergency, and Maternity Services and independent scrutiny may focus on these areas. While this is important attention must also be given to other remits and both a local and national perspective taken when setting the agenda.

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

There are numerous documents which provide guidance on public consultation including; "Building strong foundations - Involving people in the NHS", "National standards for community engagement", and "Informing, engaging and consulting the public". We believe that it is effective support in the application of these documents rather than additional guidance that is required.

In particular SAMH believes NHS Boards would benefit from additional support to encourage greater engagement of people with mental health problems. It is important that people have the opportunity to become involved in a range of ways and have their views heard.

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?

SAMH does not believe the appointment of additional lay members to NHS Boards would be an effective way of securing greater public and patient involvement. NHS boards already have between five to nine non-executive lay members, which accounts for approximately a half to two thirds of all board members.

Simply recruiting more lay members is unlikely to improve the engagement of local communities. We believe it is more important to consider the role of board members and how NHS boards engage with the public rather than the number of lay members.

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

A senior elected Councillor nominated by each of the Local Authorities in whose area the NHS Board provides services currently sits on the Board as a non-executive stakeholder member. We don't believe that adding an additional local authority councillor to an NHS board would ensure that the needs of local communities are heard more effectively. In our experience local authorities tend to struggle in a similar way to NHS boards in involving local communities in the planning and provision of services.

Local authority councillors however also have a role to play in ensuring that there are linkages in services between local authorities and NHS boards. Joined up working has been achieved with varying levels of success across Scotland and we therefore believe that additional support and scrutiny in this area is required. This is particularly important in light of the recent abolishment of the Mental Health Specific Grant for local authorities.

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?*

The Scottish Health Council has been set up to help improve the way that people are involved in decisions about health services. It is responsible for scrutinising local NHS Boards to ensure they are working with, and listening to, people in their community. We believe that it is important that this scrutiny includes consideration of the quality of consultation as well as facilities for consultation.

The Scottish Health Council's function could be further developed to include a devolved role on NHS boards. The benefit of this would be that they could feed in the work of local advisory councils. At present the local advisory councils are the 'eyes and ears' of the Scottish Health Council and are tasked with engaging with local people and reporting back. There is then a 'break in the chain' in terms of how this is fed into NHS boards. It is recognised however that given the Scottish Health Councils role in scrutinising NHS Boards public engagement and involvement any position on an NHS Board could be problematic and would need carefully managed.

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

Public partnership forums (PPFs) are an important part of the process of ensuring that local people are involved in the planning, design and monitoring of local services. SAMH would like to see the development of public partnership forums to include a national structure, which would give more weight to their voice. This would provide a means for articulating a national

voice on issues that may not have sufficient weight to be heard in individual areas.

PPFs across Scotland are at variable stages in their development. They are dependent on the support of the community health partnerships (CHPs) and on the willingness of the CHPs to allow the development of their role. We are concerned about this dependence and would like to see a review of PPF processes to ensure that there is an opportunity for them to develop their roles independently of CHPs.

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

SAMH believes a consistent and inclusive public engagement framework must be developed which community planning partnerships can use. This should be a single framework with significant local flexibility that allows national support organisations, pressure groups and local individuals to be constructively involved in all aspects of planning, not just redevelopments.

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

We believe a national database of patient, carer and public involvement groups should be developed and maintained, acting as a resource for all planning functions in the Scottish Government, NHS Boards and regions. Further to this, we would like to see, a system devised which ensures that a range of views are obtained from the public and fed into planning assumptions / decision making processes, prior to decisions being made which impact on the delivery of local NHS services in Scotland.

Section 2 – Direct elections to territorial boards - Questions 9-33

SAMH believes that direct elections to territorial NHS Boards would not achieve the aim of bringing about greater patient and community involvement in planning and delivery of local health services. We have therefore chosen not to provide detailed comments to the questions in this section.

At present boards have between five to nine non-executive lay members whose appointment is based on merit, through the application of an independent and open assessment in accordance with the OCPAS Code of Practice. It is not clear what additional benefit recruiting “lay members” through an election process would bring.

The governance responsibilities of NHS Board members are substantial and include overseeing a significant budget. Members on an NHS Board are responsible for not only major service changes but also for the planning and delivery of effective, sustainable, efficient and good quality NHS services across their areas. NHS Boards are required to act as a team, whilst allowing

each member to have a voice and individual say in the decision making process. Board membership is therefore developed by attracting different skills, knowledge and experience, and creating a synergy through carefully selecting a range of individuals. This would not be possible through direct elections.

In addition under direct elections it would be difficult, if not impossible, to avoid candidates from special interest groups or political parties from attempting to secure a dominant position on a board. If successful the board member could use their position to secure board decision that favoured their "single issue" or political position. This could undermine both the governance and credibility of a board. We are also concerned that this would diminish the opportunity of those who may find it difficult to have their voice heard, which can include people with mental health problems.

The consultation document estimates the initial cost of elections across the 14 NHS Boards to be around £5million. This does not include the recurring cost every time elections are held. This is a substantial amount of money for something, which SAMH believes, is unlikely to meet the aim of bringing about greater patient and community involvement. The money, whether taken from NHS resources or elsewhere, could be better spent.

CONCLUSION

SAMH wholeheartedly supports greater public and patient involvement in the planning and delivery of local NHS services in Scotland, and we know from experience how critical this is to the development of patient centred services. We do however feel that direct elections to NHS Boards do not currently offer the best means of ensuring that the voice of the public is heard and therefore do not support this approach.