

Response to the Consultation Document **Local Healthcare Bill**

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?

A. There needs to be a lot of work done in engaging and involving local communities in order to listen to their views and involve them in decision making process through their local health service or the local government.

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

A. How and when people should be informed about the health issues and there should be a continuous dialogue between the NHS Boards and the communities to empower them to be more active and to voice their concerns. Additional guidance on diverse communities should be made available in relation to the diverse ethnic minority needs and cultures as we live in a very diverse multicultural society and there is a definite need to involve diverse ethnic minority communities on the NHS boards to provide that extra engagement. We need to embed equalities through every health policy and agenda in order to get a effective health service which is accessible to all, if we are talking about mainstreaming equalities.

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?

A. This is a an opportunity for the NHS Boards to envolve direct representation from pasiensts or other groups because they would be able to underpin the some of the issues that had been ignored from the patient perspective or from the communities as how their needs had been met. In addition, the NHS Board need to avoid gate keepers, who do not represent the views of the communities but their own.

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 scrutinizing public and community engagement?

A. Public authorities are as guilty in this, as they are not very good at engaging with the communities they prefer just driving the agenda. It is good to have councilors those who are very much in touch with communities.

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?

A. The Health council can be more engaged with communities through health forums, community councils, and scrutinizing health policies and matching with evidence whether what is deployed by the health authorities is true on the ground, they can be getting feed back from the patients and there should be an independent system set up for people to take their issues without feeling marginalized and their issues not been dealt with. There should be a feed back system to the communities as how their complaint or issue has been dealt with.

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

A. At present there is very little involvement of public into these forums and within the Health partnerships and community planning partnerships, there should be more engagement and raising awareness of how people could join these forums and have their say. There should be different mechanisms set up rather than one size fits all for communities to participate and make sure the public money is used transparently and our health service are made equally best to that of Europe where health service is better and we should use some countries health sector models as a good example e.g. Germany, France, Sweden and other European countries.

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

A. At present the community planning partnerships are not very effective even in their own local areas and are not active in engaging with communities or have diverse representation on their boards. There is a definite need to build a two way communication dialogue with community planning partnership and the NHS. In order to see it effective there needs to be some measures put in place to evidence the working partnerships and also some sort of enforcement tied to the funding to the community planning partnerships to be accountable in engaging with the communities.

8. What other measures could be introduced to increase effective engagement

and involvement of the public with the NHS in Scotland?

- A. A route for public to coordinate their voices into NHS in Scotland through various mechanisms where people and their opinions can be valued and it's not a talking shop, and a need for government to take positive actions in engaging the public.**

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

- A. Eligibility of candidates should be according to their area and their merit and these people should be provided training if they do have the potential to sit on boards or they should be sign posted to other areas of health where they can support the NHS in their capacity rather than eliminating them from the process.**

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

- A. Diversity of candidates must be promoted through diverse communities and organisations, some times some diverse groups may need some extra support to get to that level to feel its for them and feel confident to participate at that level.**

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. Candidates should submit profiles about themselves and their capabilities in the sector and relevant qualifications and skills and experience they may have which can bring extra benefits and skills to the boards or forums or advisory groups etc.**

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

- A. everyone deserve an equal chance regardless of their status or party they belong to along as they work towards making the health service more effective for the communities they serve.**

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

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

A.No

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?

A. there should be a common aim and mission of the group and people should work towards that.

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?

A.Yes, these should be made clear in MEMORANDUM

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

A. we need to be more open and combine different mechanisms

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?

A. Either

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

A.There should be remuneration for all elected members both direct and indirect

25. Are pilots a good idea?

A. Yes, if it works, it can be rolled out to other areas

26. How many pilots should there be?

A. depending on the region, it should be both rural and urban

27. How should pilot areas be selected?

A. North and south including the rural areas

28. How long should pilots run for?

A. at least a year to 2yrs to see if its effective

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

A. there should be regular evaluations and equality assessments of the pilot schemes to map the progress or its effectiveness over the period of the pilot and identify what worked and what didn't

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?

A. Board should continue to provide general consistent levels of performance across Scotland in relations to policies and its priorities and it depends what local discretion is. Boards should be made more accountable at the same times.

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?

A. At least there will be some sort of enforcement for people to follow standards and not work outwit the legal systems or practices, the

advantages of this system will inform people to work in a set structure which will carry enforcement but the disadvantage may be that some people give their time and effort and are passionate in what they do may not suite them and scare them of the legal issues in relation to any negligence in their practice and people don't like to be held responsible at times.

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?

A. yes, if the board members are not working within the structures or are putting their interest first, or are not very transparent and accountable for their actions.

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

A. Direct elections: this depends on the budgets and other factors of the NHS whether they can use resources to support direct election or not, this needs more debate and information