LOCAL HEALTHCARE BILL CONSULTATION LOCAL HEALTH CONCERN

Comment re Section 1 - current framework of appointed NHS Boards.

Question 1: The introduction of Independent Scrutiny Panels will prove invaluable where major change is involved. There is some doubt about handling changes of a less major nature, however elected members could force debate on an issue which caused local concern

Question 2: Currently Boards come up with their planned way ahead, give few options and use manipulative methods to ensure they achieve their aims. They listen to public comments, usually ignore these comments and then fail to communicate with the public giving legitimate reasons for failure to take notice.

Question 3: More lay members are not the answer. Where members are appointed Boards and Health Department can ensure appointed members will follow agreed policies under the threat the members will not be re-appointed.

Question 4: Local Authority Councillors are by and large Political. All evidence suggests they are in position to represent the Local Authority viewpoint in areas like Social Work and Public Health Promotion. It is likely each Council Rep will only be voted in by approx 2% of Health Boards population. The public do not see them as a Health Rep in any form.

Question 5: The revamped Scottish Health Council has been further removed from public accessability. Many see this Organisation as being there to "Tick the Box" of Health Board activity. They are seldom critical of Boards activity and are no longer carrying out a proper watchdog role.

Question 6: The concept of Public Partnership Forums is laudable but the structure and democracy of these Groups varies throughout Scotland. They are normally dealing with Primary Care issues and ignoring the Acute Sector. Public Reps on some CHP's and Acute Sector Patients Forum are subject to selection by Panels primarily made up of Health Board employees.

Question 7: Community Planning Partnerships are not in place or constitued to deal with health issues hence having CHP Public Partnership Forums.

Question 8: The problem at present is that Appointed Board Members are primarily accountable to Board Chairs and the Health Minister. Elected Board Members while contributing to the effective working of the Board would be in a position to ensure the views of their Electorate were given due consideration.

There is evidence of Public Members being placed on various committees who can be trusted to back Board views but give impression of public involvement.

Elected Board Members whilst responsible for the efficient running of the Organisation would be free to ensure that the public's views were put forward and could argue case without fear of deselection. They could also ensure where public views could not be met the Board must give full reasons using Independent Scrutiny Panels as required.

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SECTION 2 - SYSTEM OF RUNNING ELECTED HEALTH BOARDS

Question 9: Candidates must live in Health Board area or sub-division of area being voted on and could not work for the NHS in Scotland.

Question 10: In respect of equality and diversity - no special measures should be taken re elected members. All those entitled to vote are equal and should have the right to stand or otherwise.

Question 11: Candidates should provide a profile statement giving interests, experience, membership of Political Party, Pressure Group or Clinical Voluntary Group eg Diabetes UK. There may be a case for the Scottish Health Department to check these details prior to any candidate profile being issued.

Question 12: No candidate should be allowed to stand under a Party ticket - Question 11 would indicate those who were Party Members.

Question 13: Disqualification - conditions should be same as Local Authority/Scottish Parliament. However no person who has held Council or Parliamentary office should be allowed to stand withing 4 years of relinquishing office. There may be a case for any candidate giving false information in his profile statement to be disqualified.

Question 14: The same rules as the [illegible] Local Authority Election could vote for Health Board.

Question 15: Elections should be held every 4 years with Local Authority Election.

Question 16: Elected Members should hold the same number of positions as the currently appointed members do. This would be less than 50% of the Board which would continue to have the same number of Executive positions and Stakeholder positions as at present. There is a strong case for the Chairman to be appointed as per current arrangements.

Question 17: Re existing members, any lay member should have to stand for election. Positions as at present for Executive Members - CH Executive, Clinical Directors, Finance Director and staff reps should stay.

The Local Authority should have one Councillor/Local Authority area who could bring in Council Official with non-voting rights. They would deal with liaison between NHS, Council on Social Work, Public Health and Transport as applicable.

Question 18: The role of Councillors would be only on matters where NHS/Council responsibilities overlap. They cannot be classed as Public Reps on NHS matters.

Question 19: If Boards split into Electoral Wards re Elected Members it should be on a population pro rata basis ensuring this did not make the Board too large.

Question 20: If Pressure Groups or Clinical Pressure Groups had representatives elected it would prove their cause had considerable support (democracy). Although these members would have to contribute to good management they would be free to criticise decisions,and situations where Government Dictats led to poor local service delivery.

/Question 21

Question 21: Political Parties could not put up a Party candidate. Any Pressure Group (Clinical or otherwise) could be restricted to one candidate per Board.

Question 22: As no Parties could stand and restrictions at Question 21 all candidates could be classed as Independent. As such First Past Post should be adopted.

Question 23: Voters could vote in person or by post if elections were concurrent with Local Authority Elections.

However Candidate Profile Distribution could prove difficult if Electorate of 200,000 or more. Candidates would expect printing costs/distribution of profile statements to be met.

Question 24: Remuneration - Elected Members should receive loss of earnings as applicable, travel and communication meals expenses only. No salary should be paid. The removal of £7k/year salaries would help offset Election costs. Many who currently get involved with NHS Events do so under an expenses basis.

Questions 25-29: Pilots - it would take up to 4 years to assess how these Boards work in practice. To pick any 5 areas for Pilot would leave other areas waiting 4 years. This is not acceptable.

Hopefully from consultations will get set up correctly, making amendments after 4 years if required.

Questions 30-31: Government would still set general targets/ rules but must allow some local discretion. Governement would have to accept criticism of dictats/targets. obviously Government could overrule Board decisions but would then have to justify to local population.

Questions 32: Government could not remove Elected Members. Members would be subject to the same rules as Local Councillors currently are.

Question 33: The cost of Elections would come from the Scottish Government, if estimate of £5m out of a £10bn budget, would be well worth expense.

Additional: Any candidate engaging in publicity over and above profile provided should have to declare expenses and have limits applied. (If no remuneration involved - candidates unlikely to spend much of their own money).

We note no allowance has been made for a mid term by election caused by members death, ill health or leaving area. We assume the legislation would be same as for local elections

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The recent situation of Health Board antics in Lanarkshire/Ayrshire really proves the need for truly Independent Board Members to be in post.