

## Consultation on Local Health Care Bill

### Response from Renfrewshire Council

#### General Comments

The council supports moves to enhance democratic accountability within the NHS, and believes that this can be achieved by building on current arrangements. In particular adding more councillor representation to Boards would be a significant step in increasing local democratic accountability

The proposals for direct elections would introduce an additional layer of governance, would have implications for current arrangements whereby local members already sit on Boards, would not necessarily increase local democratic accountability more than by increasing existing member representation on Boards, and would involve significant resourcing that would potentially result in a reduction of funding for front line services.

#### Option 1...Making things better

- 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?**

Yes. The introduction of independent scrutiny panels increases scrutiny of NHS plans and processes, and should assist with wider engagement.

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

Once final proposals for scrutiny panels have been agreed, then additional guidance will be required to clarify how panels will relate to existing consultation processes.

- 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?**

The appointment of single issue or representative candidates would potentially require a broad level of representation to ensure all relevant interests were represented on Boards, and this runs the risk of becoming very cumbersome. It also opens the possibility of single issue representatives being able to have a disproportionate influence on issues that should be open to consultation with user groups through other channels. It does not necessarily introduce increased local democratic accountability

- 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?**

There are clear opportunities for representation on Boards to be enhanced through the involvement and experience of local councillors, not only in relation to the overall governance of the Board, but also in relation to acting as wider representatives of communities covered in the Board area, including matters to do with public engagement. This would increase local democratic accountability and build on the current position where local members are already represented on Boards

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?**
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?**

The above 3 matters all have a potentially positive role to play, and would complement the proposal to increase local member representation on Boards

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

The role of the Concordat and Single Outcome Agreement, within the context of Community Planning, should lead to a greater accountability for the NHS in relation to key local outcomes linked to community partnerships and local outcomes.

**Option 2...Directly elected members to NHS Boards**

**Note: Option 1 is the council's preference, and comments in relation to option 2 should be read in this context**

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

A residence qualification would be preferable

10. **How could equality and diversity of candidates be promoted?**

Boards would be expected to promote diversity of directly elected members

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?**

Yes

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

Yes. There is already local authority representation, and election to NHS Boards should not be on the basis of party affiliation

- 13. In what circumstances might someone be disqualified from seeking election**
- 14. Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?**
- 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?**

There should be consistency for the above 3 matters with current arrangements for council elections, but it may not be helpful hold NHS elections on the same day as other elections in order to reduce confusion. However different dates would probably introduce additional costs

- 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 as above the role of current member representatives would need to be clarified in relation to directly elected members

- 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?**

This will require clarification, but in broad terms it should continue as at present

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

In order to preserve simplicity and reduce costs electoral wards should be avoided if possible

- 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?**
- 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?**

In regard to the above 2 issues there is the possibility that small groups of special interest could assume positions of disproportionate dominance, and this would not be helpful, and as such safeguards would be required.

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

There should be consistency for the above 2 matters with current arrangements for council elections

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

There is no strong justification for additional remuneration

- 25. Are pilots a good idea?**
- 26. How many pilots should there be?**
- 27. How should pilot areas be selected?**
- 28. How long should pilots run for?**
- 29. What criteria should be used to assess and evaluate the pilots?**

In regard to the above 5 issues the council believes that pilots would potentially introduce delay in the implementation of final proposals, and would cause some inconsistency and potential confusion in relation to accountability in the interim period when some areas had pilots and others did not. The options for pilots outlined are potentially complex and it is not clear whether results will be of assistance. If it is agreed that direct elections should be implemented then it would be preferable if, after due legislative process, there was agreement on national implementation of a standard model.

- 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?**

Yes. Health services should not be subject to postcode lotteries in regard to the level and nature of services available. However Boards should have the freedom to determine, within national properties and targets, local responses in relation to local issues.

- 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?**

Yes. Current guidance should be reviewed and confirmed as appropriate. This will introduce consistency of expectation across all Boards, and enhance public accountability.

- 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?**

Yes in agreed circumstances relating to criminal convictions, misuse of powers, and matters that would fall within disciplinary procedures.

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

No, this should be separately funded by the Scottish Government. Election costs should be kept to as low a level as possible consistent with effective processes.