ABSTRACT
The Scottish Parliament’s Health and Sports Committee is calling for evidence on the general principles of the Health Boards (Membership and Elections) (Scotland) Bill, introduced by the Scottish Government on the 25th June 2008.

This report outlines the response by Angus Council to the call for written evidence. A copy of the Bill and supporting papers have been placed in the members’ lounge.

1 RECOMMENDATIONS
It is recommended that the Social Work and Health Committee
i) notes the content of this report and the attached response to the request for written evidence.
ii) instructs the Director of Social Work and Health to forward this response on behalf of Angus Council to the Scottish Government.

2 INTRODUCTION
In February 2008 the Scottish Government commenced a consultation with a range of stakeholders on its intention to introduce legislation in a Local Health Care Bill to provide for direct elections to NHS Boards. Members are referred to Report No 351/08 presented to Angus Council on 27 March 2008 outlining the Council’s response to the consultation paper.

Subsequently the Health Boards (Membership and Elections) (Scotland) Bill was introduced by the Scottish Government on 25 June 2008. The Health and Sport Committee is calling for written evidence on the Bill. The main purpose of the Bill is to alter the composition of health boards to include directly elected members and provide a statutory basis for the presence of local councillors as health board members. The Bill also makes provision for the holding of elections to health boards and provides that these provisions are to come into force on a pilot basis.

The proposals in the Bill are as follows:

Membership and Accountability
- Directly elected members, together with councillors nominated by local authorities and appointed by Ministers, will form the majority of the members on each Health Board; the elected members will be remunerated at the same rate as current non-executive Health Board members.
• The appointment of the chairman of each Health Board will continue, as at present, to be a Ministerial appointment following the standard public appointment process.
• Health Boards will – as at present – be accountable to Ministers and will be required to comply with regulations and with Ministerial directions.

Elections, Franchise and Method of Voting

• The elections will be held on a fixed 4-year cycle.
• Each Health Board will be a single ward for the purposes of elections.
• The electoral system will be single transferable vote (STV).
• The franchise will be extended to include 16 and 17 year olds.
• The Bill will provide that pilots must precede full roll-out of elections. The number, location and length of pilots and the date of commencement will be included in subordinate legislation.
• The pilots must be evaluated, and a report on the evaluation laid before Parliament, before decisions are taken on full roll-out. If the decision is taken to support full roll-out this will not require further primary legislation.

The Health and Sport Committee has invited views on the following points:

• whether you support the principle of direct election to health boards;

  in particular –

  • what the practical benefits of having directly elected members on health boards would be;
  • whether those benefits would outweigh the costs arising from running such elections and supporting directly elected members;
  • what the risks are of having directly elected members on health boards;
  • whether directly elected members’ scope for action will be affected by health boards’ continuing accountability to ministers; and
  • whether alternatives to direct election exist as a means to increasing public involvement in the NHS.

The Committee is also interested in hearing views on the following points, regardless of whether or not you support the principle of direct election –

• the composition of health boards as set out in the Bill;
• the arrangements for elections as set out in the Bill including the franchise, voting system and designation of each health board area as a single ward;
• the arrangements for piloting direct election as set out in the Bill; and
• the practical implications and cost of bringing the Bill’s provisions into force.

It should be noted that the proposals set out in the Bill would result in an NHS Board composition whereby the nominated local councillors and directly elected members added together would form a majority of elected representatives on each Health Board. A number of individuals, in addition to local councillors will continue to be appointed to the board. It should also be noted that currently it is not a requirement that local authorities are represented on Health Boards. The Government however considers the link between local authorities and Health Boards as vital and therefore is proposing in this Bill that it should be formalised in statute.

3 ANGUS COUNCIL RESPONSE

The proposed Council response is attached to this committee report and reiterates the Council view as set out in Report no 351/08 ie that Local Health Boards should be constituted as joint boards, their composition consisting of a majority of local councillors whose number reflects the political balance within each of the constituent
councils and a minority of lay/stakeholder members appointed by the Scottish Government.

The response emphasises that engagement and involvement of the public in NHS Board matters is fundamentally important however suggests that this can be achieved under the auspices of the local community planning partnerships. Similarly the question of accountability is raised and the Council’s response suggests that NHS Boards should be subject to strengthened accountability to Ministers through the Single Outcome Agreement (SOA). The SOA process will bind community planning partners to a shared vision of the outcomes they wish to achieve and therefore will not only strengthen local authority accountability to the electorate and Scottish Government but will introduce a new degree of accountability on the part of other partners including the NHS.

The Council’s response notes the proposals with regard to the franchise, voting system, designation of each health board area as a single ward, and arrangements for piloting direct elections.

With regard to the costs associated with the pilots and the roll out of elections the Council expresses significant concern that the resources being mentioned ie £2.86 million for pilots and £13.05 million for the roll out of elections should be directed at front line service provision.

4 FINANCIAL IMPLICATIONS

There are no financial implications arising as a result of the recommendations contained in this report.

5 HUMAN RIGHTS IMPLICATIONS

There are no Human Rights implications arising as a result of the recommendations contained in this report.

6 EQUALITIES IMPLICATIONS

The issues dealt with in this Report have been the subject of consideration from an equalities perspective (as required by legislation). An equalities impact assessment is not required.

7 CONSULTATION

The Chief Executive, the Director of Corporate Services, the Head of Law and Administration and the Head of Finance have been consulted in the preparation of this report.

8 CONCLUSION

This report sets out the written statement from Angus Council to the Health and Sport Committee with regard to the Health Boards (Membership and Elections) (Scotland) Bill. The Council’s position that it does not support the direct elections to NHS Boards is reiterated and concern expressed that the resources to meet the costs of elections should be directed at front line service provision.

R Peat
Director of Social Work and Health
NOTE: The undernoted background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

"Health Boards (Membership and Elections) (Scotland) Bill – June 2008. The Scottish Government"
Angus Council does not support the principle of direct election to Health Boards. The Council would suggest that Local Health Boards should be constituted as joint boards with a composition which consists of local councillors whose number would reflect the political balance within each of the constituent councils. In addition, lay/stakeholder members would be appointed by the Scottish Government. This would help achieve the aim of increasing public involvement in the NHS.

Angus Council does support the aim of better engaging and involving local communities, however we do not agree that directly electing individuals to Health Boards necessarily is the solution to better engagement and involvement. A statutory duty to encourage public involvement is already in place and we would suggest that NHS Boards should be challenged to find out what the barriers to effective public consultation may be and produce actions plans to address the findings in their own local area.

One of the risks of having directly elected members on NHS Boards would be that you do not achieve equitable representation across groups. Lay members representing patients or other groups may bring their own agenda to the table and unless clear guidance on their role and remit is given and reinforced regularly they may not be effective members of the Board.

We are of the view that public engagement and involvement in the NHS could be enhanced if the profile of the Scottish Health Council was heightened. Also more publicity is required about the role and remit of Public Partnership Forums (PPFs). They should be encouraged to find ways of engaging the public using open and effective methods which best suit the needs of each local community.

Establishing a joint board would enhance the commitment to a community planning partnership (CPP) approach and support the Single Outcome Agreement agenda. NHS Boards are key members of the CPPs and their accountability to Ministers should (as with local authorities) be through the Single Outcome Agreements.

Community Planning Partnerships will currently vary in their impact on local communities however they can and should ensure that public engagement is a focus of their community plans and report on the effectiveness of this for all activity and not just NHS planning.

In our response to the Local Healthcare Bill consultation paper Angus Council noted that local councillors should form a majority of members on NHS Boards. We would continue to push this view. We are also of the view that NHS Board executive officers should not be appointed as Board members. Rather we see their role as providing advice to the Board.

Having noted our position above, that is, not supporting the principle of direct election to NHS Board, we note the proposals with regard to the franchise, voting system, designation of each health board area as a single ward, and arrangements for piloting direct elections.

Angus Council is extremely concerned about the estimated costs of both the piloting of elections and of the full elections. It is proposed that the total cost of pilots ie £2.86 million, and the roll out of elections ie £13.05 million will be met from existing budgets. Angus Council would rather see these resources being directed at front line service provision.