Proposed Direct Elections to National Health Service Boards (Scotland) Bill

Alternative responses to questions – based on 100% direct elections to NHS Boards, (with all officers holding advisory positions and being responsible to elected board members, and local authorities being given responsibility for running boards)

1. *Do you support the principle of direct public elections to appoint NHS Board members?*

We have considered the proposal for direct elections to NHS Boards and are pleased to be able to contribute to the consultation. We embrace the principle of empowering communities to participate in the decision making processes for local services, and would wish to propose building on the current arrangements, while ensuring that direct elections to NHS Boards *add to,* and do not undermine the element of democratic mandate which is currently provided by the system of local authority representation.

The existing NHS Boards include local authority elected members who can influence Board-wide decisions based on the views and wishes of the population they represent. The point that other representation needs to be at a more local, geographical level rather than on a Board-wide basis is well made on page 7. The Scottish Executive has already recognised that NHS decision-making processes need to be brought closer to local communities and the framework for achieving this has been laid out in the 2003 White Paper "Partnership for Care". Under the terms of the White Paper, all Scottish NHS Boards are currently working closely with local authority partners to develop Community Health Partnerships. These must include Public Participation Forums (PPF), to ensure direct community access to service planning and resource allocation. Local Partnerships are expected to submit their proposals to the Minister for approval by December 2004.

Current moves to change the emphasis to a more holistic, social model of healthcare, (e.g.White paper – Partnership for Care), should be supported by a strategic planning & monitoring level (i.e. NHS Boards), which fully reflects the priorities of local service users. Under the present system, elected Councillors fulfil this role to some extent, but do not have a majority voice on the boards. While accepting that the democratic representation of local communities can be organised in a number of ways – we do not believe that the present arrangements can secure this.

The relationship between PPF members and the proposed directly elected NHS Board members is unclear from the proposal for the Bill, but the 2003 White Paper has certainly set up expectations within local communities that the PPFs will have real influence on planning and budget allocation. We would wish to ensure that any new structures did not disempower PPFs, but rather *developed* these structures at the level of NHS Boards.

To achieve the greater degree of local control and accountability which we, (and the White paper), recommend, we would propose that *all* positions on NHS Boards should be subject to direct election, with officers and other health professionals attending in an advisory capacity. The current arrangements for local authority representation should stay in place, but should be augmented by arrangements for direct elections for the remaining Board places.

We would propose that a number of democratically elected representatives should join the current local authority elected members, and that the NHS Boards themselves should be directly accountable to the local authorities in the areas which they serve. The latter element should be addressed through creation of a mechanism whereby the local authorities served by a NHS Board could come together to consider the performance of the Boards. The current arrangements for Police Boards are an example of how this might work in practice (It is also recognised nevertheless that there would need to be a clear strategy to deal with governance arrangements [e.g. relationships with health professionals via the Royal Colleges etc]. This is an area where local authorities led processes would require to develop new ways of working.)

We would nevertheless wish any new system to address the concern that elected NHS Board members, as proposed by consultation for the Bill, could stand on platforms which promote essentially moral judgements. This could influence clinical practice and resource allocation. For example, the retraction from methadone prescribing or abortion counselling services may be used as platforms for election to Boards, without due regard to:

a) The ethical dilemmas this would raise for clinicians with a pre-existing duty of care, or
b) Equity of provision across partnership areas.

To this end, we would suggest a structure which makes provision for the direct election from bodies which can provide a clear mandate for their representatives, (e.g. Community Care Forums, Public Participation Forums).

In the light of the comments above – we believe that the case for direct elections should focus on a structure for making all Members of NHS Boards subject to election at a local level, rather than by Ministerial appointment, but that this structure should take account of the concerns noted, and should create clear lines of accountability, (including opportunities for direct representation on Boards), between the Boards and the Public Participation Forums.

2. *What proportion of seats on NHS Boards should be decided by direct election?*

It is proposed that 100% of the seats be subject to direct election. The overall size of the Board should remain at a manageable level, so the next stage would be to consider the practicality of the electoral units to be adopted and the number of board members that will generate. This may depend on the number of local authority areas covered by each NHS Board. (It is not suggested that there should be any restructuring of the boundaries of either local authorities or NHS Boards – rather, there should be some flexibility of membership numbers to take account of local circumstances.) The Board should continue to provide for at least the current level of local authority representation, but this should be augmented by direct election.

3. *Size of representative areas*

It is suggested that the representative area should be the local council area - or that part of it that lies within the Health Board area. Numbers of board members might then have to be assessed proportionately - perhaps in terms of electorate - as it would be unfair for a local area which had only a few hundred people to have the same representation as a council with many thousands of electors in the health board area. As stated above – one option would be to elect some representatives from existing structures, such as Community Care Forums or Public Participation Forums.

4. *How should elections to NHS Boards be determined?*

We would strongly recommend postal ballot to ensure as high as possible a return figure. Voter apathy is all too apparent in traditional elections and turnout for an election of this sort could be low.
Voting in person involves a complicated machinery of school and hall closures and the considerable expense of setting up polling stations. Since this would be the first ballot of its kind, there is no need to observe the traditional practice of polling places.

5. *Should all elected posts on a NHS Board be put up for election in the same cycle or do we want a system that staggers changes to the membership of the Board?*

Staggered elections would mean more elections and more expense to the public purse. They would be less necessary if board members were allowed to serve numerous terms, as some existing members would be re-elected and any new board would be likely to have a mixture of experienced and new members.

6. *How often should elections to NHS Boards take place?*

It is suggested that a first stage would be to examine the election timetable to avoid clashes with other scheduled elections such as the Scottish Parliament/local government elections or the European elections. If the vote is to be by postal ballot, the elections could be held at the latter end of the year, thus avoiding the traditional election months of May and June.

7. *What term should elected members serve?*

The term should match the term of the board.

8 *Should candidates standing for posts on NHS Boards require to gather nominations?*

For individual representatives, the answer should be No. Parliamentary and local government elections no longer require candidates to be nominated by a proposer, seconder and assenters, but only require the nomination form to be completed by the candidate and one witness who is purely a witness to the candidate's signature. The rules on this should be consistent with accepted electoral practice.

For representatives of organisations such as Community Care Forums and Public Participation Forums, the answer is Yes. They would be nominated by the members of these organisations. Decisions would be needed regarding any limit on the number of nominations which could be accepted from individual organisations – and whether these nominees should participate in the mainstream ballot – or compete for ring fenced places on the Board.

9. *If yes to Qu 9, please state from whom the nominations should be received.*

N/A

10. *Should any of the following factors be taken into account in disqualifying individuals from standing as candidates for NHS Boards?*

Criminal record – Yes
Declaration of bankruptcy – Yes
Individuals with a recognised conflict of interest – Yes (This might include serving members of local authorities, MSPs, MPs and MEPs)

Recognised conflicts of interest would have to be carefully defined.

11. *Should the number of times that an individual is allowed to stand be limited?*

Any limit should be at least 2 terms – and possibly more – to ensure a continuing pool of experience. (See also response to question 5)

12. *At what age should individuals be allowed to vote in elections to NHS Boards?*

The age is currently eighteen for other elections. The age limit for NHS Board elections should be the same to ensure that the same electoral register could be used. If the national age changed, then the age for NHS Board elections should also be changed.

13. *At what age should individuals be allowed to stand as candidates for NHS Boards?*

Again this should be the same as the age limits for candidates in local elections i.e. currently 21 but reducing to 18 under the Local Governance Act.

14. *Should any of the following restrictions be placed upon the use of publicity?*

It is suggested that there should be restrictions as follows:

- Restricting description on ballot paper to simply the candidate's name and address
- Allowing the candidates to provide a statement of their views and intentions to be distributed with postal ballot papers
- Do not allow candidates to spend any election expenses