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### **Health Board Elections (Scotland) Bill: Call for Written Evidence**

Thank you for the opportunity to submit comments on the above Bill, as part of the Health Committee's evidence-gathering at Stage 1 of the Bill process.

NHS Greater Glasgow and Clyde opposes the Bill and set out below are the reasons for that position. I have summarised below our key points and then expanded on these in the body of this response.

1. Accountability - there is a clear line of accountability through the Minister for Health and Community Care to the Scottish Parliament - there cannot be dual accountability to local communities through directly elected members.
2. Democratic Representation - as well as the democratic oversight provided by Ministers the addition of local Councillors to NHS Boards and CHP Committees provides a substantial and direct democratic input to NHS business and reflects increasingly integrated decision making. If there were also directly elected Board members there is potential for confusion and conflict between members from different "electoral" systems.
3. Public Involvement - NHS Boards have a substantial emphasis on public involvement and engagement which is subject to clear performance management.
4. Responsibility - by what method would directly elected members be held accountable for their decisions if these are damaging to the public interest - will there be surcharges as there are for local Councillors?

Expanding these summarised points:-

#### 1. Accountability

We believe there are clear and effective accountability arrangements at present.

NHS Boards are clearly accountable to Scottish Ministers on behalf of the Scottish Parliament and the public. NHS Boards are set up as agents of Scottish Ministers and are empowered to locally implement Ministerially-approved national strategies and initiatives.

Scottish Ministers have the responsibility for taking decisions on NHS Board plans that have been consulted upon. There is a clear obligation on Boards to consult with

all interested parties on proposals that entail major service changes, transfer of services, or hospital closures.

Scottish Ministers appoint all Non-Executive and Executive Members of an NHS Board - all nominations having previously been subject to an open and competitive process which identifies those who can make a valuable contribution to the work of NHS Scotland. Non-Executive Members are expected to tackle a wide range of demanding responsibilities, balancing national priorities while addressing the health priorities and healthcare needs of their area. They are expected to demonstrate a strong personal commitment to the NHS and an understanding of, and interest in, government health problems and how they impact locally.

Accountability to Scottish Ministers is achieved in a variety of ways and covers:-

- (a) Local implementation of national strategies, directives, guidance and good practice.
- (b) Robust performance management arrangements covering key health indicator targets, guarantees (waiting times) and priorities. Monthly and quarterly reporting mechanisms are in place to consistently monitor an NHS Board's performance across all performance targets.
- (c) Regular meetings between the Minister and NHS Board Chairs cover issues of performance and developing policy issues.
- (d) The Annual Review meeting, for each NHS Board, held in public and chaired by the Minister for Health & Community Care. These meetings scrutinise an NHS Board's performance over the previous year and the Minister's assessment is made available in a public letter and included NHS Boards' Annual Reports, to let the public see the outcome of the performance of each NHS Board. The review is preceded by a Board submission covering all elements of its performance.

## 2. Democratic Representation

It is not correct to suggest that NHS Boards as presently constructed have no democratic representation. In addition to line responsibility to Ministers and the Parliament, the following have ensured democratic accountability.

“Our National Health - A Plan for Action A Plan for Change” in 2001 introduced representation from Senior Councillors, with a lead responsibility for health from each Local Authority in an NHS Board's area, to sit as Non-Executive Members on the NHS Board. NHS Greater Glasgow and Clyde has 7 Local Authority Councillor Members - more than 25% of the Non-Executive cohort on the NHS Board. This has been an extremely useful addition to the NHS Board and the Councillors represent the NHS Greater Glasgow and Clyde area as Non-Executive Directors and not just their own Councils or ward areas. Like all non-executive Directors they are appraised annually.

The White Paper 'Partnership for Care' introduced, for the first time, Community Health Partnerships. The initial model has been developed further within NHS Greater Glasgow and Clyde and currently six Community Health & Social Care Partnerships (CHCPs) have been set up - five in Glasgow City and one in East Renfrewshire.

Each CHCP Committee is chaired by a Local Authority Councillor and each Committee has four additional Councillors as Members. This, therefore, involves 30 locally-elected Councillors sharing responsibility with healthcare professionals, staff

and public representatives for the development and evolution of integrated community-based health and social care for these areas.

Local Authority Councillors are used to taking 'big picture' and difficult decisions and being accountable for them. They understand the need to take decisions within the legislative framework and the need to avoid surcharging for incompetent/negligent decisions. They also sign up to and adhere to the Codes of Conduct embedded in the Ethical Standards in Public Life etc. (Scotland) Act 2000.

### 3. Public Involvement

The recent steps taken nationally, to place more emphasis on earlier and better engagement with the public, has been put in place as a result of criticism of NHS Boards' performance in this area in the past.

The Patient Focused Public Involvement (PFPI) efforts have developed significantly within NHS Boards in the last few years and national annual assessments are undertaken by the SEHD; these clearly show that improvements have been made in this area.

The NHS Reform (Scotland) Act 2004 places a statutory duty on NHS Boards to involve the public and the establishment of the independent Scottish Health Council (SHC) and local advisory council has led to NHS Boards' engagement with the public being more independently scrutinised and assessed.

The SHC monitors the effectiveness of the NHS Boards' public involvement and has a role in commenting on the adherence to national guidance when consulting the public on service change. If the SHC is not satisfied with the public involvement process, it can recommend to Scottish Ministers that the consultation be improved and undertaken again.

As part of the initiatives to respond to the statutory duty to involve the public, NHS Greater Glasgow and Clyde appointed a Community Engagement Team to make contacts with Community Council groups interested in health and other stakeholders, to involve them in developing healthcare strategies and increase involvement in implementing change by taking account of local services and needs. There has been a significantly increased visibility, within local communities, of the Community Engagement Team and a greater sharing of views and local healthcare plans. The Head of Community Engagement has direct contact at all levels of the Board's operations. The Board holds regular "Our Health" public events that attract upwards of 200 attendees. There is a contact base of over 3,000 actively interested individuals and groups who receive regular communications. The Board's newspaper "Health News" is distributed to over 300,000 people at least once per quarter.

In setting up Community Health (and Care) Partnerships (CH(C)Ps), the regulations require the establishment of Public Partnership Forums for each CH(C)P (10 in NHS Greater Glasgow and Clyde), in order to strengthen patient and local community involvement in the planning and operation of the locally-based Community Health (and Social Care) services. We expect these to provide highly effective local engagement.

The Freedom of Information (Scotland) Act 2002 has provided the public with greater rights to information on health services.

### 4. Responsibility

NHS Board members can be removed with immediate effect by the Minister if their conduct is inappropriate. Local Councillors can be surcharged if their decisions do

not properly meet their responsibilities. The proposals within the Bill are not clear about how directly elected members who act against the public interest and fail to cooperate with key Board responsibilities - for example to set a balanced budget - will be dealt with.

#### 5. Membership of NHS Board

If the Bill was introduced and if NHS Boards are to retain the representation currently achieved within their composition, then NHS Boards may need to further increase in size. Currently, Greater Glasgow and Clyde NHS Board comprises 32 Members (27 Non-Executive Members and 5 Executive Members). Of that number, 17 existing appointments are currently mandatory (Chair, Employee Director, representatives of the University, Clinical Forum, CH(C)P Professional Committee, 7 Local Authority Councillors, Chief Executive, Medical Director, Nurse Director, Director of Public Health and Director of Finance) and, therefore, 18/19 elected representatives would require to be elected under the proposals in this Bill. This would lead to an NHS Board of 35/36 members and, at the same time, not retain any of the experience of the 15 independent Non-Executive Members currently sitting on the NHS Board.

To even retain 5/6 independent Non-Executive Members would take the NHS Board to over 40 Members - an unworkable number in terms of conducting effective business at Board level.

#### 6. Finance

The Financial Memorandum sets out the annual estimated costs for the first elections under the Bill as between £600,000 and £1.2m.

Currently none of this expenditure is budgeted for and, therefore, any costs of introducing Health Board elections would require to be found at the expense of services to patients and, therefore, would have a detrimental effect on patient services.

#### 7. National Health Service

The NHS is a national health service delivered on a local basis, with national targets, guarantees, strategies, initiatives and policies which require to be delivered by all NHS Boards for the good and benefit of the population of NHS Scotland. Under the proposals, locally-elected NHS Boards might take decisions which do not accord with national policy and this could lead to different services in different areas, post-code services and a skew in performance against national targets.

The elections could encourage 'single issue' candidates who are not able to represent people on the full range of NHS services or the full NHS Greater Glasgow and Clyde area. The big picture and national concept of the service could be lost and could lead to the detriment of some services to patients. There is no single issue solution and pressure/campaign groups could engineer significant representations at the elections which could result in such groups having a significant proportion of places on the NHS Board at the expense of consideration of the wider health issues.

#### 8. Wider Public Sector Reform

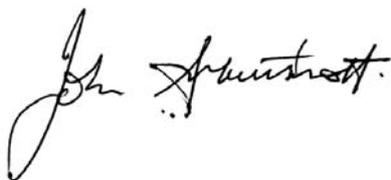
The Bill proposes a piecemeal change for one part of a large service interconnected with many other public sector organisations. It sits out of context with the broader picture contained in the recently published 'Transforming Public Services - The Next Phase Of Reform'.

The NHS is part of a wider spectrum of public service and other organisations delivering joined-up services to the public; with these interconnections and

partnerships come responsibilities for delivering high-quality, sustainable and safe services. It is very clear that the service works best when acting in concert with partner authorities.

9. Conclusion

NHS Greater Glasgow and Clyde does not support this Bill for the reasons set out above.

A handwritten signature in black ink, appearing to read 'John P. Arbuthnott'.

**PROFESSOR SIR JOHN P. ARBUTHNOTT**  
Chairman