

Voluntary Health Scotland – Response to the Health Boards (Membership and Elections) (Scotland) Bill consultation - August 2008

1 Introduction

Voluntary Health Scotland (VHS) welcomes the opportunity to respond to the Scottish Government's consultation on the Health Boards (Membership and Elections) (Scotland) Bill.

VHS (www.vhscotland.org.uk) is the first strategically-focused intermediary body for health-facing third sector organisations in the UK. Established in 2000, VHS articulates the common concerns and aspirations of its 300 members and promotes a broad vision of health in Scotland which it shares with the Scottish Government, the NHS and a wide range of stakeholders.

The third sector's vision of health is one where:

- Health and wellbeing are defined broadly, to support all aspects of people's lives
- Opportunities for a healthy life are considered as a human right
- People have the power to express their own health needs and to participate in the planning and delivery of health services
- Access to services which maintain health and care for ill-health is fair and equitable
- Services are delivered as close to home as possible
- Commitment to partnership working in the pursuit of health for all is sustained

Voluntary Health Scotland and its members support the principle of democratic participation in the governance and activities of health services. Within this principle, there exists a variety of views as to how democratic participation should be framed and managed. To inform this response, VHS consulted its members during the months of July and August 2008.

Our response is also informed by earlier discussions which took place at SCVO's dialogue event which took place in March 08 and by our submission at that time. Specific responses to individual questions are laid out below.

2 Responses to consultation

Question 1: Do you support the principle of direct elections to Health Boards?

The majority of VHS members who responded indicated that they were in favour of direct elections to NHS Boards. Some few respondents did not support the process and another small group were ambivalent. One respondent expressed the view that "ensuring the requirement for a broad spectrum of relevant expertise" was most likely to be achieved by direct elections.

Question 2: What are the practical benefits of having elected members on Health Boards?

Respondents listed a number of benefits in having directly elected members on Health Boards. These included:

- The potential for ensuring that “the patient voice has a stronger place in the governance and management of the NHS and that consultation is more meaningful than it currently is”
- Greater accountability of Boards, with “less potential for complacency”
- “Clearer community accountability; no more quangos”
- “Elected members will ensure that there is a balance of skills and knowledge at all levels”

Those few not in favour of direct elections could see no benefits at all in such a system.

Question 3: Would the benefits outweigh the costs arising from running such elections and supporting elected members?

VHS members’ responses to this question indicated concern about the costs. We note that the estimated cost of 2 pilot elections to Health Boards, using STV and with an anticipated 60% turn out would be £2.1m. And that across all Boards this would amount to about £13m.

VHS believes that there are considerable further hidden costs in setting up and administering direct elections. These include: advertising and extensive promotion of the value and process of elections to secure a broad geographical reach and to ensure access to all Equality Groups; the considerable costs of the commitment to train newly elected Board members; and the equally considerable costs (again, bearing in mind the needs of Equality Groups) of reimbursement of travel and out-of-pocket expenses for elected members with caring responsibilities.

Nevertheless, the costs probably fall considerably short of the costs of the PFPI Programme over the last six years, the success of which has been questionable in the eyes of many community groups.

In their responses to this present consultation, VHS members, while largely supporting the principle of direct elections had some doubts as to whether the benefits would outweigh the costs. Respondents stressed the need for ongoing costs to be closely monitored and some felt that elections would be an expensive way of seeing Boards dominated by “a few knowledgeable and politically astute individuals.”

Finally, some respondents expressed concerns about resources being diverted away from patient care and frontline services.

Question 4: What are the risks of having elected members on Health Boards?

In spite of voicing in principle support for direct elections, VHS respondents were sceptical of the capacity of either the process itself or of elected members to achieve truly democratic representation or to include marginalised groups and issues. Some comments were:

- “It would create more expensive bureaucracy”
- “It’s quite likely that people won’t get to know about it, and only a handful of people will put themselves forward; Some people with good skills may feel excluded from coming forward”
- “Board members are likely to treat a lay member as a token gesture”
- “The ‘unpopular’ issues – sexual health, HIV, drug misuse – may struggle to be given their place and agendas and resources devoted to more ‘popular’ concerns”
- “There is no guarantee that elected members will represent anybody but themselves and this does not increase public involvement”
- “What will happen if a lay individual with a single issue concern gets elected? These people are likely not to be able to participate in the full range of Board issues”

Question 5: Do you think that elected members’ scope for action will be affected by Health Boards’ continuing accountability to ministers?

Within the health-facing third sector in Scotland there is a generalised belief that health services should be accountable both to ministers and to the people they serve and whose taxes have enabled the NHS to exist.

Although VHS did not receive much comment on this issue from its members, some felt that elected members’ scope for action *would* be affected by Boards’ continuing accountability to ministers. One respondent said: “Yes, and this is correct” and another took the view that “this may not be a bad thing if we want to maintain a truly national service”. Less positively, one respondent believed that “all scope for action will be determined by government direction and priorities”.

Question 6: What alternatives to direct elections exist as a means to increasing public involvement in the NHS?

Most VHS members (and the respondents to this present consultation among them) recognise that this and earlier Governments in Scotland have put very considerable resources into public involvement in the NHS, mainly through the PGPI Programme, a key feature of which is now the network of PPFs allied to CHPs.

We are also aware of the role and remit of the Scottish Health Council and its related functions of providing development assistance to Boards, alongside those of assessment of and progress on PFPI.

Despite this, we at VHS hear frequently of lack of purchase by the PFPI Programme and by the SHC on the more intractable areas of public involvement – in particular, the inclusion of people from excluded groups – minority ethnic communities, isolated older people, homeless people and young adults not in work or training, those from the deaf community and migrant communities.

Another concern is that of not being involved sufficiently early in policy and planning processes, resulting in lay participants feeling sidelined and inadequate.

While publicising the process of direct elections to such groups and encouraging individuals to stand for election presents a challenge, we believe that it can be done, through the many routes and channels in the third sector – channels which can be less daunting to excluded groups than the doors of the NHS. Voluntary Health Scotland is ready to help with facilitating this process.

There are in addition good guidelines for NHS Boards in pursuing public involvement – in particular the SGHWD's own Advice Note on involving the public in CHPs and the *Fair for All - The Wider Challenge* strategy produced by the last Government, the general principles of which remain in force. The general view is that the principles contained in these documents have not been fully taken on board by all NHS staff.

As one respondent to this present consultation said: "We should not be talking alternatives but about what already exists. All NHS employees should receive awareness training and public involvement should be part of everyone's role, and not just a tick-box exercise".

Several respondents reinforced our view that VHS is a key agent in helping to make public involvement better. And one respondent provided the imaginative solution of "allocating to each CVS the opportunity for holding a local election to elect their representative" ...thus providing..."an affective platform for public involvement in direct elections."

Question 7: What do you think of the composition of Health Boards as set in the Bill?

Overall, there are fewer Voluntary Health Scotland members in favour of a majority of directly elected members than there are those against this composition. The concern appears to stem from the perception that over-strong domination by one or two "single issue" members could skew the agenda away from focusing on addressing inequalities and the range of issues which determine these.

One respondent commented: "Maybe there is scope to have an additional lay person without any knowledge of NHS structures or the PPFs and CHPs - this way the general questions would keep people focused".

And another added: "This is fine if one works on the assumption that those elected will come from a variety of backgrounds and interests but I am concerned about how minority interests will be represented". Clearly there are

fears that the confident and vociferous could overshadow the voices of minorities, in numbers as well as dominance.

Question 8: What are your views on 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?

Voluntary Health Scotland supports the argument that it is reasonable and sensible to view the nominated councillors and elected members as forming the majority of Health Board members. Some VHS members, however, expressed concerns that democracy would not be sufficiently maintained if nominated members were in the majority.

Those who responded were mostly happy with the proposal to extend the franchise to 16 and 17-year olds, although VHS would like to stress the necessity of having some type of educational programme to support the extended franchise – introducing this aspect of citizenship into senior high school PSD curriculum, for example.

VHS supports the proposed constituency boundaries being that of the area covered by the Health Board. We are also satisfied that STV as a method of voting would introduce the required element of PR and minimise the number of wasted votes.

Question 9: Do you agree with the arrangements for piloting direct elections as set out in the Bill?

Voluntary Health Scotland believes that it is important to pilot a process as potentially expensive and untried as this. Evaluation of the pilots is likely to reveal the extra hidden costs of direct elections and also to indicate where the voices of marginalised groups have been excluded.

All VHS respondents to this consultation were in favour of pilots, one respondent saying: “These are vital because I do not see generally a great appetite amongst the general public for elections and it will be important to see if this particular model works or not”.

Voluntary Health Scotland would be happy to advise on ways of ensure that excluded groups were both brought into the voting arrangements and had the opportunity to stand as candidates.

Question 10: Finally, what do you think of the practical implications and costs of bringing the Bill’s provisions into force?

Overall, Voluntary Health Scotland believes that whilst the cost of introducing the Bill is of some concern its introduction will compliment the existing PFPI Programme and as one respondent commented: “If it remains true to its original intent and doesn’t get hijacked by party politics both locally and nationally then the benefits will in the medium to long term, far outweigh the costs”.