

WEST LAMBETH HEALTH AUTHORITY

NAHA CONSULTATIVE DOCUMENT - ACTING WITH AUTHORITY

West Lambeth Health Authority has considered the above Document and wishes to comment as follows:

Section 10 - Recommendations for Action

Composition of DHA's

- 10.1 West Lambeth fully supports this proposal and feels it is long overdue particularly with regard to Job Description. Without a Job Description a potential member has no idea of what being a Health Authority Member means.
- 10.2 West Lambeth feels that it is not important whether the Consultant representative is from outside or inside the District. What is important is, that if a Consultant is appointed from within the District he/she should ensure that they represent the District's interests as a whole and not their own particular specialty.
- 10.3 West Lambeth agrees with the recommendation that the reference in HC(81)6 to nominee(s) of the appropriate university with a medical school in the region as 'university representatives' should be deleted.
- 10.4 West Lambeth agrees with the recommendation that in deciding whom to appoint it is more important that nominees should have appropriate personal qualities, such as a commitment to the NHS, an ability to operate on committees, and an awareness of the complexities of health authorities' environment, than that they should possess the characteristics currently specified.
- 10.5 It is felt that the Trade Union representative should be drawn from within the District and not from outside as recommended by N.A.H.A.
- 10.6 West Lambeth supports the recommendations in (i) and (iii) but feels that this Section should refer to the need for representation from ethnic minority Groups.
- 10.6(ii) West Lambeth does not support the abolishment of the 65 year age limit.

Appointments Procedure

- 10.7 West Lambeth supports the proposal that the selection process should be made more rigorous and should be opened up to increase public knowledge of and confidence in the system of governing the NHS at local level.
- 10.8 West Lambeth supports the proposal that when a round of appointments is due to be made, this should be advertised as widely as possible, not just among nominating bodies but also in local newspapers, radio and TV and in a variety of forms.
- 10.9 This District agrees that self-nominations should be encouraged in order to widen the choice available to RHAs.

- 10.10 West Lambeth supports the proposal that the standard lists of organisations invited to submit nominations should be expanded so as to include a wider range of bodies.
- 10.11 West Lambeth supports the proposals but would also recommend that Regional Health Authorities should establish a District Working Party in each District which should be involved in the initial interview for prospective members.
- 10.12 West Lambeth fully supports the recommendation that DHAs should be given an opportunity to comment, at an early stage, upon existing members' record and upon 'gaps' in their present membership and, later in the process, to meet shortlisted nominees before they are interviewed by the RHA.

Members Training

- 10.13 West Lambeth supports the recommendation that a more comprehensive and ambitious programme for members should be drawn up and suggests that this should include guidance on equal opportunities.
- 10.14 - West Lambeth supports these recommendations.
- 10.19

Support Services

- 10.20 West Lambeth supports the recommendation that members should periodically review the support that they receive in order to decide whether it is appropriate to their needs. Such reviews should include the information provided, official support, secretarial and other facilities.

Conduct of Meetings

- 10.21 West Lambeth supports the recommendation that Authorities should review regularly the content and the organisation of their meetings. This should include: the function or purpose of the Authority meeting; the use made of committees and working groups and of informal seminars; the structure of their agendas; members' requirements in relation to papers; and their domestic arrangements (for example, location of meetings, seating plan, size of the officer contingent).

Members' Remuneration

- 10.22 West Lambeth supports the recommendation that all members should be informed of the arrangements for claiming travel and subsistence expenses and financial loss allowances. Their attention should specifically be drawn to the definition of 'financial loss' which includes additional expenses incurred in connection with the performance of health authority duties.
- 10.23 West Lambeth supports the recommendation that an additional expense allowance should be provided to compensate members for those expenses they incur.

10. RECOMMENDATIONS FOR ACTION

Role of Members

- 10.1 A revised version should be issued of the guidance on the role of the DHA and its members contained in Appendix 1 of 'Health Services Management: the Membership of District Health Authorities' (HC(81)6) which should include a job description of the tasks members are likely to be called upon to perform.

Composition of DHAs

- 10.2 Every effort should be made to appoint as consultant member a consultant from outside the district.
- 10.3 The reference in HC(81)6 to the nominee(s) of the appropriate university with a medical school in the region as 'university representatives' should be deleted.
- 10.4 In deciding whom to appoint it is more important that nominees should have appropriate personal qualities, such as a commitment to the NHS, an ability to operate on committees, and an awareness of the complexities of health authorities' environment, than that they should possess the characteristics currently specified.
- 10.5 It should be specified that the trade union nominee should be someone with knowledge and experience of the health service drawn from outside the district (such as an employee of another authority - ie, on the same basis as the nurse member - or a union official not representing staff within the district).
- 10.6 The selection criteria for appointment set out in HC(81)6 should be amended as follows:
- (i) the expectation in terms of commitment of time should be recast as "a minimum of 16 hours and an average of 24 hours a month, spread between attendance at meetings, service on appointments and other panels, visiting, and reading and preparation at home"; it should also be made clear that members are expected to give some priority to NHS business;
 - (ii) The age-limit of 65 for appointment should be abolished because it deprives the NHS of the services of people who have a valuable contribution to make, particularly in view of the importance of this age-group as users of services.
 - (iii) RHAs should bear in mind a reasonable balance of occupation as well as age and sex; the reference to experience of management and administration in business or the public sector should be deleted and the reference to "mental health and handicap" should be replaced by a more general phrase such as "experience of health care".

Appointments Procedures

- 10.7 The selection process should be made more rigorous and it should be opened up so as to increase public knowledge of and confidence in the system of governing the NHS at local level.
- 10.8 When a round of appointments is due to be made, this should be advertised as widely as possible, not just among nominating bodies but also in local newspapers, radio and TV and in a variety of forms.
- 10.9 Self-nominations should be encouraged in order to widen the choice available to RHAs.
- 10.10 The standard lists of organisations invited to submit nominations should be expanded so as to include a wider range of bodies.

- 10.11 All shortlisted nominees (but not serving members seeking re-appointment except in special circumstances) should be interviewed by an RHA panel in order to explain and discuss the role of members and the nominee's ability to perform effectively as a member and to make the necessary commitment.
- 10.12 DHAs should be given an opportunity to comment, at an early stage, upon existing members' record and upon 'gaps' in their present membership and, later in the process, to meet shortlisted nominees before they are interviewed by the RHA.

Member Training

- 10.13 A more comprehensive and ambitious programme of member training needs to be offered and take-up, which is currently patchy, needs to be increased.
- 10.14 The following types of training need should be met: induction; briefing in particular aspects of a member's work; and refresher training. In addition, authority members should review together (on their own or with an outside facilitator) their role and how they attempt to undertake it.
- 10.15 All authorities should:
- (i) fix a training programme for both individual members and the authority as a whole;
 - (ii) establish a member training budget.
- 10.16 When potential members are being interviewed, it should be made clear that all members are expected to attend training courses and they should be asked whether they are willing to do so.
- 10.17 With their letter of appointment, all new members should receive an information pack including details of the training courses they are expected to attend.
- 10.18 Attendance at training courses should be one of the factors taken into account in deciding whether to re-appoint members.
- 10.19 Members should not be permitted to undertake certain duties (eg, Mental Health Act appeals, staff appeals) without having completed a specified amount of training. For a transitional period, this requirement should be waived for existing members with substantial experience.

Support Services

- 10.20 Members should periodically review the support that they receive in order to decide whether it is appropriate to their needs. Such reviews should include the information provided, official support, secretarial and other facilities.

Conduct of Meetings

- 10.21 Authorities should review regularly the content and the organisation of their meetings. This should include: the function or purpose of the authority meeting; the use made of committees and working groups and of informal seminars; the structure of their agendas; members' requirements in relation to papers; and their domestic arrangements (for example, location of meetings, seating plan, size of the officer contingent).

Members' Remuneration

- 10.22 All members should be informed of the arrangements for claiming travel and subsistence expenses and financial loss allowances. Their attention should specifically be drawn to the definition of 'financial loss' which includes additional expenses incurred in connection with the performance of health authority duties.
- 10.23 An additional expense allowance should be provided to compensate members for those expenses which they incur (such as telephone calls, stationery) but which cannot easily be identified and claimed under the existing expenses provisions.