

Scottish Council on Deafness (SCoD)

The Scottish Council on Deafness represents over seventy organisations working with and on behalf of Deaf Sign Language users, Deafblind, Deafened (Acquired Hearing Loss) and Hard of Hearing people in Scotland; and individuals who have an interest in deaf issues or are deaf themselves.

For more information on the specific needs of Deafened people or those with acquired hearing loss, contact Hearing Link Scotland on 0131 447 9420.

For more information on the specific needs of Deafblind people, contact Deafblind Scotland on 0141 777 6111.

For more information on the specific needs of deaf people with complex needs, contact Hayfield Support Services with Deaf People on 0141 429 0335 or Sense Scotland on 0141 429 0294.

Annex G Consultation Questionnaire

The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Unsure

Where does the SDS Bill “fit” with the proposals? And where do the Independent Living in Scotland (ILiS) priorities “fit”? There does not appear to have been any conversation/consultation with ILiS about the proposals.

There does not appear to be much mention of accessibility of joint mainstream services for deaf people and others with communication support needs and how they will “fit” with specialist services provided by voluntary sector organisations – for example, deaf organisations providing social work services for deaf people.

Outline of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes No

Point 2.6 How will each Health and Social Care Partnership involve service users and ensure that they are fully accessible to service users and their carers, including Deaf, Deafblind and Deafened people and others with communication/language support needs?

“Partnerships will be required to integrate budgets for joint strategic commissioning and delivery of services to support the national outcomes. Integrated budgets will include, as a minimum, expenditure on community health and adult social care services,”

What checks will be put in place to ensure that communication/language support budgets are sufficient in each joint area?

“fewer resources – money and staff – will be directed in future towards institutional care, and more resources will be directed towards community

provision and capacity building. This will mean creating new and potentially different job opportunities in the community.”

Will these job opportunities be available to deaf people so that they can provide accessible services to other deaf people? Will there be checks and balances put in place to ensure that this takes place?

Point 2.8. “We are proposing these changes because we believe they provide the most robust, effective way to deliver on our ambitions for patients, service users, carers and families:

- People should be supported to live well at home or in the community for as much time as they can;

- People should have a positive experience of health and social care when they need it; and
- Carers should be supported to continue to care and to have a life outside caring.”

What will be put in place to ensure that the above statements can be applied equally to deaf people in Scotland – especially Deaf, Deafblind and Deafened people? At the present time, many services are not fully accessible to deaf people and/or their carers due to a lack of deaf awareness and communication skills by the people delivering the services, both in health and social care. See SCoD’s Social Work Services Skills Audit - <http://www.scod.org.uk/Research-i-46.html>

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes No

This question appears to be at odds with question 5 re accountability.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes No

Will this ensure that the needs of deaf people will be included in the SOAs? Or will the nationally agreed outcomes for adult health and social care remain general rather than specific? How will the SDS Bill “fit” with this – if it becomes law?

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes No

“Health Boards and Local Authorities will be jointly held to account for performance.” Where do Health Boards “fit” with this?

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Unsure

If this is the case, how will the partnership ensure that the views of all patient/service users are included? For example, the needs of deaf people in Moray and Aberdeenshire are different to those in Aberdeen, but could be considered in one Health and Social Care Partnership with Grampian Health Board. What would be put in place to ensure the health and social care needs of deaf people in Moray and Aberdeenshire are given equal consideration? How big does a partnership have to get before it becomes difficult to make decisions that are fair to all citizens who need care/support?

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes No

How many patient/service user representatives will be included in each proposed partnership? What will be put in place to ensure that the people involved are representative of patients and/or service users? What will be put in place to ensure that partnership meetings are fully accessible? Will meetings be open to the public?

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes No

No comment

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes No

No comment

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?

Yes No

Will integrated budgets have any implications for how SDS will be paid to individuals? What of budgets for communication and language support?

Do you have any comments regarding the partial EQIA? (see Annex D)

Deaf people may be disproportionately affected by this proposal – if budgets are not adjusted to ensure that appropriate professional registered communication support is available when required, services will not be fully accessible to deaf people, especially Deaf, Deafblind and Deafened people. And nowhere does it mention that information about the proposed changes will be produced in accessible formats. There may also be an impact on deaf organisations that provide social care or health at the present time and if this is the case, then that will impact on the lives of deaf people as many organisations employ deaf people to deliver the services.

More research is needed into the preferences of deaf people with regard service provision – do they prefer services being provided by deaf organisations or by mainstream organisations/agencies with appropriate professional registered communication/language support provided.

“Carers - If there is a single point of access to services it will be easier and simpler for carers as they will not have to contact multiple service delivery

organisations.”

But only if information and access to services are themselves accessible. For example, if a Deaf, Deafblind or Deafened carer cannot access appropriate professional registered communication support for assessments, then having a single point of access to services will not be easier or simpler than it is now and may, in fact, lead to greater stress and strain than having to contact multiple service delivery organisations, as it means that the person will have no access to services rather than possible access to one or two services.

Do you have any comments regarding the partial BRIA? (see Annex E)

There is no reference to ILiS and consultation with this group; or with the Joint Sensory Impairment Group in Scottish Government. Who represented the needs of disabled people and deaf people when putting together the BRIA?