

## **Scottish Council on Deafness (SCoD)**

The Scottish Council on Deafness represents more than eighty organisations working with and on behalf of Deaf Sign Language users, Deafened, Deafblind and Hard of Hearing people in Scotland.

SCoD welcomes the opportunity to submit a response to this consultation document. Throughout the response, the term “Deaf” is used to describe Deaf, Deafblind and Deafened people, unless specified.

### **SCoD’s Response**

SCoD would like the Scottish Government to publish a definition of what it means by “public involvement” and who the “public” are in the context of this paper.

Page 2: Point 2.4 – “The Government understands that difficult decisions about NHS services have to be made. It also believes, however, that local people must always be at the heart of the process...The Government believe that elections to NHS Boards can provide a further complementary approach to ensuring that the voice of local people and communities is heard when major decisions are being made.”

The proposed elections for NHS Boards must be accessible to the Deaf community and be proportional to the community they represent. The NHS Boards themselves must be accessible to the Deaf community.

For example, NHS Greater Glasgow & Clyde Board holds bi-monthly meetings at 9.30am on the third Tuesday of the month. “Agendas for forthcoming meetings are usually available 24 hours prior to the meeting taking place, unless otherwise stated. Minutes are normally published 24 hours prior to the next meeting. Board Papers are made available on the morning of the meeting.” If a Deaf person becomes a member of the Board, then more preparation time would be needed.

Page 4: Section 1 – Making things better: Point 1.3 – “As well as introducing a statutory duty to encourage public involvement and establishing the Scottish Health Council, a number of other actions have been taken to improve public engagement with the NHS in Scotland. Public Partnership Forums have been developed as a vehicle for proactively involving the public in the work of the Community Health Partnerships and their parent NHS Boards.”

“Edinburgh Community Health Partnership (CHP) - Get Involved North Edinburgh Public Partnership Forum. Established in May 2006, the North Edinburgh Public Partnership Forum is a voluntary body which endeavours to involve and represent the public on issues concerning National Health Service Primary Care provision in our area. The North

Edinburgh Public Partnership Forum wishes to bring forward public concerns, issues, experiences and suggestions on behalf of service-users to the Community Health Partnership with a view to improving NHS services. Any local resident and any local organisation can join the Public Partnership Forum.”

Meetings of the North Edinburgh PPF take place on a weekday either between 10am and 12 pm, or between 4pm and 6pm. If a local resident is working, then the meetings are not accessible to that resident.

“East Glasgow Community Health and Care Partnership - The PPF development group is meeting on the last Wednesday of each month.” The meetings take place in the morning, therefore are not accessible to members of the public. The majority of the membership of this forum are staff working for organisations in the area. Is this “public involvement”?

#### Page 5: Consultation Questions

1. Do you think the current proposals for independent scrutiny of service change proposals help achieve the aim of better engaging and involving local communities?

No.

2. How could additional guidance to NHS Boards on making public consultation as effective as possible help achieve this aim?

As suggested, NHS Boards should use the National Standards of Community Engagement. Additional guidance on how to engage with the Deaf community should be included. This can be done by “engaging” with Deaf, Deafblind and Deafened organisations who would be happy to assist with the process.

3. Would the appointment of more lay members to NHS Boards – perhaps to directly represent patients or other groups – help achieve the aim? How might this be achieved?

Yes. More lay members should ensure that NHS Boards take account of the views of different community groups and more hard-to-reach people, for example, the Deaf community in each NHS Board area. This could be achieved by increased contact with Deaf, Deafblind and Deafened organisations throughout Scotland. These organisations can then publicise the available positions and encourage the people that they are in contact with to apply. Using different media and providing information in BSL, for example, “Read Hear”, “Sign Hear” and Deaf forums on the internet would reach the Deaf sign language community. There is also an issue

regarding accessibility of Board meetings for lay members – see comment above for Page 2: Point 2.4.

4. In particular, would adding more local authority councillors (one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve the aim? Could local authorities have a role in scrutinising public and community engagement?

Instead of more councillor involvement, there could be a role for local, non-NHS funded Deaf/Deafblind/Deafened organisations or national Deaf/Deafblind/Deafened organisations, to “sit” on NHS Boards. The role of scrutinising public and community engagement should come from within. The Independent Scrutiny Panels could include “seconded” members with specific expertise, for example, in the engagement of the Deaf community.

5. Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so, what additional responsibilities could the Council take on and what would the benefits be?

If it is decided to further develop the role of the Scottish Health Council, then there must be more involvement with Deaf/Deafblind and Deafened organisations. These organisations in turn should have a duty to involve the people they support and/or represent.

6. How could the Public Partnership Forums associated with Community Health Partnerships encourage greater public engagement?

At present, the PPFs are not accessible to local Deaf people. See comment above - Page 4: Section 1 – Making things better: Point 1.3. The PPFs should be using local Deaf networks and organisations to publicise what they do and how people can get involved. Meetings must take place when local people are available – in the evenings and at weekends – rather than for the convenience of the “professionals” involved. It cannot be assumed that the only people who want to be involved are either unemployed or retired.

7. How could local Community Planning Partnerships best ensure improved public engagement with NHS planning?

See comment above for question 6.

8. What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland?

Meetings should publicised more widely and take place when Deaf people can attend – in the evenings and at weekends. The NHS cannot expect Deaf people to take time off work to attend events. Meetings should be in venues that are “Deaf-friendly” – have a working loop system, good lighting, and technology for Notetakers. Communication services should be provided – BSL/English Interpreters, Notetakers and Lipspeakers.

9. What eligibility criteria should candidates meet (e.g., should they be resident in the Board area? Should there be any other qualifications?)

Candidates should live in the Board area and have some experience of engaging with people, either in a paid or a volunteer capacity.

10. How could equality and diversity of candidates be promoted?

By the correct placement of adverts for vacant positions – see comments for question 3. Information on the Office of the Commissioner for Public Appointments in Scotland should be available in BSL as should the Code of Practice – to ensure that Deaf sign language users have the same opportunities as hearing people. The Equal Opportunities monitoring form used by the OCPAS should be changed in order to monitor the diversity of candidates. The form should include questions such as “what is your first or preferred language.”

11. Should candidates have to submit profile statements and declare any interests and/or relevant qualifications / skills / experience, for example membership of a political party or a pressure group?

Yes. All candidates should publicly declare any potential conflicts of interest they may have.

12. Is there a case for excluding candidates standing as a representative of a political party?

Representatives of political parties should be excluded as they are able to have their say through the Scottish Parliament. If representatives are able to stand as candidates, this gives them an unfair advantage over “ordinary” members of the local community, for example, members of the Deaf community who do not have the support of a political party or an organisation behind them.

13. In what circumstances might someone be disqualified from seeking election?

Do potential candidates have to fill in a disclosure form? If not, why not? This should take place in terms of Equal Opportunities to ensure that any candidate for a place on an NHS Board is “fit for purpose”.

14. Who should be allowed to vote in the election? Should the same rules as apply to local authority elections be followed?

In terms of fairness and transparency, the same rules as those that apply to local authority elections should apply to any proposed elections for NHS Boards.

15. How often should elections be held, and when? Local authority elections are held every 4 years. Should elections to NHS Boards follow the same pattern?

If the term of office for non-elected members is four years, then the proposed elections should be on a 4 yearly cycle, but not at the same time as local authority elections to prevent confusion.

16. Should directly elected members form a majority of the members on a Board?

If the existing categories of Board members is to remain the same, then a third of the members should be directly elected onto each Board, i.e. the lay members should be elected. This would ensure that the necessary level of expertise is always present on each Board.

17. Should the existing categories of appointed Board members (lay members, stakeholder members and executive members) remain in place?

Yes. See comment for question 16 above.

18. Among the appointed “stakeholder” members on NHS Boards are local authority Councillors. What should their role be if directly elected members sit on Boards?

See comment for question 16 above. Only “lay members” should be elected, and they should not be representatives of any political party – this would exclude local councillors from standing for election. The existing arrangement can remain in place for councillors.

19. Should NHS Board areas be divided up into electoral wards?

If there are to be elections for “lay members”, then in terms of equality of access, there should be electoral wards.

20. Would the emergence of groups or individuals with particular views be a difficulty or a potential threat to good governance and direction of the NHS in Scotland?

This is the reason that there should be a public register of potential conflicts of interest for all members of NHS Boards. If a subject is being debated and decisions reached, then an individual member who has declared a conflict of interest can be excluded from the decision-making process, unless the member is willing to put the interests of the NHS Board before their own particular view and interest. (As must happen in the case of a charity trustee – see Charity and Trustee Involvement Act 2005: Charity trustee – General Duties.)

21. Should safeguards be introduced to prevent unrepresentative/disproportionate representation of a political party or special interest group on a Board, and if so what form might such safeguards take?

Yes. See comment for questions 18 & 20.

22. Would you favour a simple “first past the post” voting system, a proportional representation approach or another type of system?

If it is decided that elections are the way forward, then whatever system is put in place must be accessible for all the Deaf community, especially people who are Deafblind. All information must be available in appropriate formats.

23. How should voters be allowed to cast their votes? By postal ballot or at a polling station? Or either, depending on the voter’s choice?

See comment for question 22. Whatever method is chosen, special care must be taken to ensure that the method is accessible to members of the Deaf community, especially those who are deafblind.

24. Should directly elected Board members be remunerated? If so, at what rate – the same as appointed members currently receive?

Yes, at the same rate that appointed members currently receive. Where a Deaf/Deafblind/Deafened person is elected to a NHS Board, that Board should pay for all the necessary communication support that the person requires in preparation for and at meetings, as per the Disability Discrimination Act 2005.

25. Are pilots a good idea?

If pilots are to be run, then they must be made accessible in all areas – from general information to Board meetings. See comments above. Extra effort may

have to be made to ensure that the public engage with the process as there seems to be a general apathy about elections in Scotland. If this apathy carries over to NHS Board elections, then the system may not be fair and transparent.

30. Should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? Or should elected NHS Boards have the freedom to exercise local discretion and flexibility?

NHS Boards should be allowed a level of discretion and flexibility as there are regional variations throughout Scotland in terms of demographic and health trends.

31. Should current guidance e.g. on governance, priorities and performance standards be set out in future in legally-binding form, to ensure that elected Boards comply with them? What would be the advantages and disadvantages of this?

If the decision is taken to set out guidance in a legally – binding form, then resources must be set aside to ensure that information is accessible and training is available to individual members to ensure that no member is disadvantaged.

32. Ministers currently have powers to remove members. Should they be able to remove elected members? What sort of reasons might justify such a power being used?

Yes, they should be able to remove elected members. If a member is found to have a conflict of interest and has not declared it or has been convicted of a crime, then that would justify such a power being used.

33. Should NHS resources be used to support direct elections? What do you think would be a reasonable amount to spend on elections?

If this is to be the case, then the resources should be proportionate to the size of the Board and the population in the Board area. The resources must come from the Human Resources budget, not budgets for the provision of direct services. There must not be a “skimming” of direct services budgets to provide the resources required.

In summary, if the decision is taken to hold elections for NHS Boards in Scotland, then all information regarding the electoral process and what it means to be a member of an NHS Board must be available in appropriate and accessible formats, including BSL. SCoD is not convinced that elections are the best way possible of encouraging more

public involvement in NHS Boards or that this will make NHS Board membership more accessible for Deaf/Deafblind/Deafened people.

SCoD recommends that all NHS Board members receive Deaf/Deafblind/Deafened awareness and communication skills training.