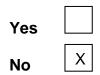


PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?



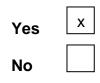
If no, please explain why:

Action on Hearing Loss Scotland believes that 'deafness and disability' should be added to the second sentence which starts 'Health inequalities can occur by" in 'Outcome 5. Health and social care services contribute to reducing health Inequalities'.

Action on Hearing Loss Scotland believes that in 'Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.' should recognise the added value, reach and impact of working in partnership with third sector organisations i.e. include the italicised words in the following sentence: 'Health and social care services must therefore be planned for, and delivered, in ways that make best use of available resource (for example, working in partnership with third sector organisations) while at the same time optimising outcomes for patients and service users.

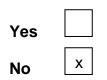
Action on Hearing Loss Scotland's Hear to Help projects run joint sensory services in partnership with RNIB Scotland, local authorities and health boards – with the services in Forth Valley Sensory Centre and Ayrshire & Arran often cited as models of best practise. Peer-to-peer support and community-based services delivered by trained third sector volunteers – many of whom have hearing loss themselves – optimises outcomes for patients and services who have hearing loss as they can easily access information, care and support in convenient, local / home, non-clinical settings.

2. Do you agree that they cover the right areas?



3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?



5. If not , why not?

Users of services who are deaf or have hearing loss will only be able to understand the National Health and Wellbeing Outcomes if they are explained in ways that meet their individual communication needs.

Service users who communicate using British Sign Language (BSL) will require the support of interpreters as written English is not their first language. All interpreters booked by statutory services should be registered with the Scottish Association of Sign Language Interpreters (SASLI) or the National Register of Communication Professionals (NRCPD) to ensure they are adequately qualified to interpret in a medical setting.

If the National Health and Wellbeing Outcomes are being verbally explained in a group or one-to-one setting, service users who are deaf or have hearing loss may also need support from lipspeakers, electronic notetakers, deafblind interpreters or speech to text reporters (there are currently no trained palantypists working in Scotland). Fully working induction loops (i.e. switched on, operating well and staff knowing how to use) would be vital for hearing aid wearers to follow a verbal explanation.

6. Are there any further comments you would like to offer on these draft Regulations?