Petitioner's submission of 7 April 2017

COMMENT BY PETITIONERS ON THE RESPONSES TO QUESTIONS/ISSUES ARISING FROM COMMITTEE MEETINGS.

Prior to making our comments on the responses we wish to highlight a significant error in the SPICe Briefing for the Public Petitions Committee at page 3 first paragraph which states that “a residential bed at Struan Lodge cost £4000 per week”. The amount should read £1400.


The comments by the Scottish Government assume that all Integrated Authorities will adopt and implement Best Practice. This is not necessarily a correct assumption. Secondly it seems to us folly to integrate two functions and to allow them to adopt separate consultation and engagement process. The last paragraph of the response refers to the Participation and Engagement Strategy adopted by East Ayrshire Integrated Authority and recommends it thus introducing a third process.

Given that each process involves public and community input it is important that the consultation and engagement requirements or guidelines are standardised and readily accessible to Communities and the Public.

Director General of Health and Social Submission of 16 March 2017.

The comments by the Director General refer to the Scottish Government’s submission and then go on to contradict it by saying that CEL 4 (2010) does not apply to Integrated Authorities whereas the Scottish Government’s submission says it does apply to the Health Function. This is exactly what our petition is about. It is essential that Integrated Authorities have their own guidance.


We would endorse this submission and in particular highlight the comment in the second last paragraph referring to Guidance on Identifying Major Health Service Changes and would point out that what may be a major change in Health Care service delivery could be very different when applied to Social Care service delivery.

Audit Scotland Submission of March 2017.

Again we would endorse this submission which at various points acknowledges the types of difficulty that the Struan Lodge Development Group and Dunoon Community Council experienced and to a certain extent are still experiencing locally. In particular we would reinforce the points made in our evidence which are now being highlighted by these responses.

1. CEL 4 (2010) needs updating as it does not apply to Integrated Authorities. Also it contains references to bodies which no longer function in the process.
2. The role of the Scottish Health Council requires clarification. There needs to be a process for identifying major and minor changes to service delivery earlier in the process. We would reference our specific instance where a change to service delivery is announced in June 2016. A meeting between the SHC and A&B HSCP took place in September 2016 when SHC said engagement needed to take place before they could assess the proposed changes and it was agreed the A&BHSCP would request a further meeting after the engagement. No further meeting has been requested. It is now 10 months since the initial decision and we still don't know if a major change to service delivery has been proposed. This type of delay, indecision, procrastination has to be addressed.

3. How Integrated Authorities should communicate and engage needs more clarity. Increasingly local communities require and want to be involved in these decision making processes and it is therefore important that IAs publish the names of community groups involved so that others excluded would know how to achieve inclusion.

COSLA Submission of 5 April 2017.

COSLA’s view is that no further guidance is necessary yet at paragraph 7 of its response states that the integration regulations are supported by no less than 21 sets of guidance. If this is the case then rather than no further guidance this supports the petition in that all guidance should be consolidated and updated to reflect the need for IAs and community groups and the public to fully comprehend what is expected and required regarding changes to service delivery. Indeed the impression given by the COSLA response is that IAs should be autocratic and ignore public opinion. It was exactly this approach which last month saw the Cowal Health Care Forum pass a unanimous vote of no confidence in Argyll & Bute Health & Social Care Partnership.

It is interesting that the two responses which promote inflexibility and intransigence are those representing two of the country’s largest bureaucratic organisations namely the Director General for Health and COSLA. This must be of concern to the public, their elected representatives and all who wish for transparency and openness in public life.

CONCLUSION

It is gratifying that the respondents have given serious consideration to the petition and on balance we feel that the responses are supportive, as even where the view was that no updating of the guidance was necessary the responses did indicate a conflict created by a plethora of differing guidance. We remain of the opinion that Integrated Authorities should have their own specific guidance which supports the principles of Health & Social Care Integration and recognises the specific issues created by integration.