

Calman report suggests further devolution: implications for the voluntary health sector

The long awaited final report of the Calman Commission on Scottish Devolution was recently published under great media scrutiny.

Whilst the headlines have focused on tax and oil issues, *'Serving Scotland Better: Scotland and the United Kingdom in the 21st Century'* also recommends changes relevant to the third sector and health professions.

The Commission recommends a single definition of the terms 'charity' and 'charitable purpose(s)', applicable throughout the UK.

The Scottish and English Charity Acts of 2005 and 2006 contained different descriptions of these terms used for regulatory purposes in each country which, added to the definition used for tax purposes throughout the UK, has led to three terms in use and some ambiguity.

In Scotland a legislative consent motion would be necessary to change the definition in the Scottish Act.

Also of interest to the third sector is the recommendation that a charity registered in one part of the UK should be able to operate elsewhere in the UK without needing separate registration or separate reporting to the regulator.

Currently, an English registered charity operating in Scotland

must comply with both the Office of the Scottish Charity Regulator (OSCR) and the Charities Commission, but the same does not apply to a Scottish-registered charity operating in England.

The Commission believes that the substantial number of 'cross-border' or 'UK' charities at present subject to dual regulating should instead have to meet the requirements of one regulator only.

In relation to health services, the Commission recommends the regulation of all health professions, not just those specified in the Scotland Act 1998, should be reserved.

At present, the regulation of existing health professions, including doctors, dentists, opticians, pharmacists, public health specialists, nurses, midwives, and health visitors is reserved.



Professor Sir Kenneth Calman

Henceforth, legislative and executive capability for the regulation of any new health profession would be devolved.

This would increase as regulation is extended to further professions.

However, the Royal Colleges in both Edinburgh and Glasgow are of the view the regulation of health professions should not be devolved as a potential fragmentation of standards is not in the best interest of patients.

Meanwhile, the Scottish Government has released its National Conversation on Health and Wellbeing, *Scotland's Future: Join the Debate*.

This short publication highlights the progress made in Scotland's health agenda since devolution, with the ban on smoking in public places, the provision of free personal and nursing care for older people with assessed care needs and the reduction in prescription charges.

The public is being encouraged to join the debate on whether further devolution would enable further progress, with the report suggesting that this would make Scotland better placed to tackle poverty, particularly child poverty, as the current reserved constitutional structure of benefits and tax credits currently present barriers to opportunity to the most disadvantaged people in Scotland.

The Calman Commission report is available from:
www.commissiononscottishdevolution.org.uk

The National Conversation publication is available from:
www.scotland.gov.uk

Editorial

Devolution discussion is in the air. As Scotland's First Minister, Alex Salmond, reminds us - *Devolution is a process, not an event, and the time is now right to review and further strengthen the responsibilities of the Scottish Parliament.*

At the same time, the report of the Calman Commission suggests a possible route to further devolution.

While Scotland's healthcare system is almost fully devolved, policies controlling many of the determinants of health and the means to tackle health inequalities – housing, employment legislation and the tax, welfare and benefits systems - are reserved to Westminster.

In the current climate of recession, in which the need for voluntary sector support is more pressing than ever and the challenges facing the sector's viability never greater, we must ask ourselves what is needed in Scotland to allow our sector to make the impact we know we can make, across all policies and programmes.

The answer probably lies in a number of directions: greater legislative power for Scotland, commitment to genuine partnerships in public service delivery, confidence in the power of communities to develop their own assets.

In this *Briefing*, we highlight some areas where devolved policies and strategies are making a difference to Scottish health issues.

Helen Tyrrell

Challenge just beginning for community-led health

Meeting the Shared Challenge, the community-led health support programme, has its primary role as a potential agent for wider cultural change, trying to reach and influence a range of partners on an agenda for which no one organisation, or post within an organisation, has a clear and automatic lead role, and for which the pattern of relationships varies considerably between areas.

Meeting the Shared Challenge is an approach rather than a particular tool, set of resources or standards, or specific organisational change, although the resources devoted to it are comparable with those which have often been deployed in such situations.

The community led-health support programme has been given further funding to March 2010 and it will use these resources to focus on five priorities, taken from lessons learnt in the first year of the support programme and the recommendations of the national reference group and Scottish Government.

The priorities are:

- ◆ Continuation of local level supports
- ◆ Working to ensure changes are embedded and sustainable at local level
- ◆ Seeking to generate further involvement and motivating champions
- ◆ Capturing and widely disseminating the practice and policy lessons from the programme
- ◆ Making clear and explicit links between the work carried out within *Meeting the Shared Challenge* and other developing initiatives – in particular *Equally*

Well and the Single Outcome Agreements.

To support these priorities, the programme will continue to provide ongoing tailored support to local areas and regional development groups and will further develop the logic model for community-led health within the framework for Health Improvement Performance Management, which has been developed by NHS Health Scotland.

The formal programme will culminate with a national conference to facilitate the sharing of learning and good practice and the disseminating of resources developed.

It is anticipated that transition from work labelled as *Meeting the Shared Challenge* to a broader vision of community-led health will emerge from the programme of national level work and events that form a major part of the current year's

programme, encouraging the integration of working groups into local decision making structures and processes to help ensure their sustainability.

Thus, a continuing national profile for community-led approaches, along with training materials and

guidance, should help to sustain work in those areas where awareness has been raised.

For more information on the support programme contact bill.weir@vhscotland.org.uk or Jane Dailly at SCDC - jane@scdc.org.uk



VHS carries out research into local partnership working

Over the last year, VHS has carried out two pieces of research identifying the challenges to local third sector-NHS partnership working and proposing ongoing action for successful partnership building.

In 2007/ 2008 Jen Foley, the then VHS intern, sought the views of local third sector organisations providing services in key health improvement topic areas on their relationships with Community Health Partnerships (CHPs) - *The role of the voluntary and community sector in health improvement within CHPs - (2007 / 2008)*, and very recently, VHS' Bill Weir asked CHP managers what would assist them most in taking forward partnerships with the third sector - *Improving CHP engagement with the third sector: a survey of CHP general managers - (2009)*.

Taken together, the enquiries revealed ongoing lack of awareness and misunderstandings about the respective roles of the third sector and health services in establishing productive working partnerships.

These concerned:

- ◆ Lack of a comprehensive and inclusive vision within CHPs
- ◆ Fragmented communication systems and disparity in decision-making processes
- ◆ Sectoral differences in quality and outcome measurements
- ◆ Sectoral differences in accountability frameworks

- ◆ Lack of third sector sustainability, due to unreliable funding

At the same time, however, the local third sector clearly articulated a range of unique attributes which the sector brings to health improvement services and NHS

managers identified a number of positive measures for improving partnership working.

As a result of both enquiries, VHS is currently drawing

up a programme of action for local partnership building over the coming year.

Actions include:

- ◆ Increasing direct support for third sector members of CHPs
- ◆ Stepping up collaborative working with CVS, as local third sector capacity-building bodies
- ◆ Offering third sector awareness-raising sessions for NHS managers locally
- ◆ Building a national sector profile database and improving links with local third sector resource databases
- ◆ Showcasing examples of good and promising local partnership working
- ◆ Exploring "third sector attributes" of value as an aid to commissioning

Both reports are available on the VHS website:

www.vhscotland.org.uk/library/vhs/improving_3rd_sector_engagement_Feb2009.pdf and www.vhscotland.org.uk/library/vhs/ole_3rdsector_health_imp_chp.pdf
For further information about the VHS enquiries, contact bill.weir@vhscotland.org.uk or helen.tyrrell@vhscotland.org.uk



Minimum pricing on alcohol urged

Scotland should become one of the first countries to introduce minimum pricing for alcohol, recommended the recent alcohol summit in Edinburgh.

The scale of the country's alcohol problems was starkly reinforced by Dr Harry Burns, Scotland's Chief Medical Officer. Alcohol misuse costs Scotland £2.25b a year, and someone dies every 4 hours from an alcohol-related disease, while alcohol-related death rates in Scotland are around double the UK rates.

World Health Organisation expert Dr Peter Anderson said "You had the courage to introduce smoke free pubs; let us hope that you have the same courage to introduce a minimum price for alcohol." Cheaper alcohol is bought more by harmful drinkers and is attractive to young people.

Minimum pricing is the lowest price at which any alcohol product can be sold, with the price based on the strength (number of units) of the product - the stronger the drink, the higher the minimum price. On this basis, a 2-litre bottle of cider containing 15 units of alcohol could cost nearly £7.

Alcohol Focus Scotland has joined Scottish Health Action on Alcohol Problems (SHAAP) and the British Medical Association (Scotland) to call for minimum pricing. The organisations have produced: '*Minimum pricing: what you need to know*', explaining why this pricing policy will not only save lives but will save millions of pounds every year in NHS, crime and employment costs. AFS acknowledges that they still need to do much to inform and convince the public of the facts.

For more information please visit www.alcohol-focus-scotland.org.uk

Audit Scotland reviews mental health services

Audit Scotland has recently published its, *Overview of mental health services*, which highlights areas for improvement and identifies priorities for future work.

The report covers mental health services provided by the NHS, local authorities, prisons, the police and the voluntary sector across Scotland for people of all ages.

This research analyses published materials on mental health relating to Scotland, fieldwork in three areas across Scotland, document reviews and staff interviews from various sources, including the Scottish Government and NHS Special Boards.



The study also included focus group sessions with people who have used mental health services and their carers, as well as staff from voluntary organisations.

The report highlights that whilst suicide rates in Scotland have reduced by 13% since 2002, they are amongst the highest in Western Europe and higher than those in England and Wales (Scotland at 18.7 per 100,000 population compared to 10.2 in England and Wales).

The reasons for such rates are not known, but a number of

factors such as Scotland's higher levels of deprivation and drug and alcohol misuse are likely causes.

A key message from the study is that staffing levels are affecting the availability of mental health services for children and young people, causing long waits for some.

One reason for this is a lack of information on staffing and waiting times, making it hard to plan and target resources effectively.

The report continues by describing how there have been significant developments over the past ten years in the way that mental health services are delivered, with a focus on shifting resources and care into the community.

A good example of partnership working between statutory and voluntary organisations is given, with Glasgow Association for Mental Health services centres located within each Community Health and Care Partnership in NHS Greater Glasgow and Clyde.

However, across Scotland there is insufficient information about how well resources are being used in community mental health services.

As people with mental health problems frequently receive support from more than one agency, strong partnership working is essential.

Currently different information systems are used by NHS Boards and councils, limiting their ability to deliver joined-up, responsive services.

This is re-enforced by a carer attending one of the focus group meetings: *NHS24 passes you to a psychiatric link – the problem is having to constantly repeat your*

situation to each person you are passed to when the person you are caring for is in crisis in front of you.



With up to 850,000 people

affected by mental health problems at any one time in Scotland, the wider social and economic costs are estimated at over £8 billion in 2004 / 2005.

This includes costs to society of people not being able to work and an estimate of the human costs from the impact on quality of life.

The NHS spent £928 million in 2007/2008 on mental health services in Scotland, but surprisingly the total amount spent by councils is unknown.

In the absence of more detailed information, the amount of money that NHS Boards transfer to councils (an average of 10% of NHS mental health expenditure) is an indicator of progress in shifting care from hospitals to the community.

The study concludes with recommendations for both the Scottish Government and local partners which include:

- ◆ Ensuring that services and sectors work together to deliver services for people with mental health problems which are joined up and that appropriate services are provided on the basis of need
- ◆ Collecting information about services in the community to enable better planning and development of services

To access the full report please visit the Audit Scotland website at: www.audit-scotland.gov.uk

Better Health Connections being made

On 30th April 2009, Voluntary Health Scotland and SCVO jointly hosted a conference, *Better Health Connections: health improvement through local intermediaries*.

The purpose of the event was to provide a unique opportunity for Councils of Voluntary Service (CVS) and Volunteer Centres (VCs) to come together with Community Health Partnership managers and Community Planning Partnership leads for health improvement.

The environment was set up to allow the participants to plan ways in which they could take forward strategic engagement with the local third sector working in health improvement and healthcare services.

The key theme was developing better relationships between the statutory services and local third sector infrastructure bodies to ensure enhanced engagement of the health facing third sector locally.



Presentations were given to set the policy context for the day, with as much time as possible devoted to round table discussions.

There was a real buzz surrounding the presentations

and the discussions. Disappointingly, however, there were very few members of local statutory bodies present, which did affect the discussion.

It is anticipated, however, that there will be better engagement at regional level as participants see a more direct alignment with their ongoing work.

Four national health improvement programmes were selected to give the discussion focus by asking participants how these could be delivered jointly through effective partnership working at local level.

These were *Equally Well, Keep Well, Volunteering in Health and Meeting the Shared Challenge*.

A national lead person from each programme helped to direct the discussions.

A full report will be available soon from VHS, detailing the learning gained from the process as well as from the outcomes.

VHS and SCVO are now working together to develop similar events at regional level.

We will soon meet with the regional groups of both CVS and VCS to seek their views on how best to use the supports available from the national programmes and our combined resources to achieve the roll out of this innovative process of support and engagement.

For more information on the conference and on ongoing activity, please keep checking the VHS website where the report will be posted, or contact Bill Weir at bill.weir@vhscotland.org.uk

Telephone counselling for disabled people in Scotland

'Your Call' is a free telephone counselling service for disabled people in Scotland over the age of 18 and their immediate family members. The service has been running since January 2008.

The 'Your Call' counsellors are trained to a professional standard in counselling and all have several years of counselling experience. The counsellors are all disabled people themselves, and therefore have an understanding of what it means to live as a disabled person in Scotland today.

Counselling can be useful for people who are going through a difficult period in life and need someone to talk to.

It can also help people clarify issues around relationships, work, or daily living and help manage feelings such as depression and anxiety.



Anyone who defines themselves as a disabled person is eligible to use the service, as are family members who are resident with them.

People interested in accessing the service should call the appointment line on freephone 08088 01 03 62. Calls are free from landlines and most mobile networks. The appointment line is open from 11 until 3 on Mondays and Tuesdays, and from 11 until 1 on Wednesdays.

More information on the service is available on the Lothian Centre for Inclusive Living website, www.lothiancil.org.uk

Child poverty – next steps

At the end of May, the Joseph Rowntree Foundation produced their latest report *Child poverty in Scotland: taking the next steps*.

It highlights that whilst progress has been made, the target of eradicating child poverty will not be achieved by 2020 and suggests what further actions the Scottish Government can take to reach this target.

The Report notes that, although over the last 10 years, child poverty has been reduced further in Scotland than in the rest of the UK, the initial success has stalled since 2004 / 2005.

It adds that to boost progress towards the 2020 target,

additional interventions are required.

Some of the reforms necessary to reduce child poverty, such as benefit increases, are beyond the current powers of the Scottish Government but their influence is encouraged to help remove barriers to employment, sustain people in work and tackle low pay.

Other areas where the report recommends the Scottish Government take action include:

- ◆ Increasing access to affordable, flexible childcare
- ◆ Defining a Scottish living wage, and committing to paying this to public sector employees
- ◆ Encouraging employers to create more flexible jobs which allow parents to combine work and care responsibilities

- ◆ Providing in-work support and advice to help parents remain in employment

The third sector in Scotland is well placed to assist with some of these measures and should be approached at an early planning stage in developments.

The Report also encourages the Scottish Government to work more closely with Westminster to advance anti-poverty action by:

- ◆ Exploring situations to adapt UK Government welfare reforms to local workforce market conditions
- ◆ Reducing the benefits trap by allowing greater bridging between employment and benefit entitlement

To obtain a copy of this paper please visit the Joseph Rowntree Foundation website at:

www.jrf.org.uk



JOSEPH ROWNTREE
FOUNDATION

Community Optometry Network launched

A new Scottish Government-funded project will provide people with low vision treatment closer to home under a new service from NHS Lothian.

Funded for a year, the Community Eye Care Review Team at the Princes Alexandra Eye Pavilion aims to provide services closer to people in the community and tackle inequalities on access to eye care services.

One of the main aims of the project is to operate a network of community optometrists – often found in high street locations – across Lothian. These optometrists will provide low-vision assessments and

supply low vision aids without the need for patients to attend specialist services in hospital.

Bill Hannah, Project Development Worker at the Eye Care Review Team, said: “It’s important to detect eye conditions early for early prevention and intervention. This project should also help to reduce waiting lists in the Princess Alexandra Eye Pavilion and St. John’s, as people are directed to appropriate services on the high street.”



Another key focus of the project is on making eye care services more accessible to people from Black and Ethnic Minority groups in Lothian.

There is a higher prevalence of certain eye conditions amongst

some Black and Ethnic Minority groups and the project, in partnership with a wide range of Black and Ethnic Minority groups, will conduct focus groups to establish how they access eye services and find ways of breaking down any barriers

Bill explained: “The prevalence of certain conditions is different between ethnic groups. For example, there is a greater prevalence of diabetes and its associated eye problems within the Asian population, and Afro-Caribbean people have a higher instances of glaucoma.”

The team is supported by an advisory group and includes representation from the Royal National Institute for Blind People (RNIB), NHS Lothian Low Visual Aids Clinic and patient representatives.

Findings from consultation on Patients' Rights Bill announced

The Scottish Government launched a public consultation in September 2008, seeking views on the possible content of a Patients' Rights Bill to be introduced in 2010.

The Consultation set out eight proposed rights and associated responsibilities, aimed at strengthening the centrality of patients, clarifying the standards expected of the NHS and setting out rights and responsibilities of patients in a clearer way.

The Report, by FMR Research, presents the findings from the consultation. 85 individuals and 145 organisations or groups responded, with 68 participating in eight focus groups, chosen to reflect the *Fair for All* equality strands.



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The main findings revealed general support for the proposed Bill (77% of respondents), as well as majority support for the eight areas of rights and responsibilities.

However, there were specific concerns, among them conflicting opinions about the Bill becoming entirely enshrined in law and uncertainty about how patients failing to meet their responsibilities should be treated in law; concerns about support for vulnerable patients and the potential for a more adversarial relationship between patients and health services; a perceived bias towards hospital-based services and the view that patients' rights could properly be extended to community care services shared with the local authority.

Some respondents doubted whether resources would be sufficient to support patients' information, confidentiality and, where necessary, redress, alongside meeting performance targets for NHS waiting times.

Five key themes emerged from the findings, calling for further consideration as the Bill is drafted. These are:

- ◆ Questioning the need for legislation
- ◆ The scope of the health services covered by the proposed Bill
- ◆ The resource implications in implementing the Bill's proposals
- ◆ Issues to do with patient privacy, confidentiality and capability
- ◆ Patient responsibilities, and the support needs of vulnerable patients

To read the full FMR Research report, go to:

www.scotland.gov.uk/Resource/Doc/275157/0082507.pdf

Public Partnership Forums Development Strategy: Action Plan

A key role of the Scottish Health Council is to support the development of Public Partnership Forums (PPFs).

Research has shown that PPF progress to date has been less effective than was envisaged, with members still building confidence to participate, wanting greater local ownership and keen to draw in excluded sections of the community.

The PPF Action Plan sets out actions to address these issues and a meeting of the PPF Development Group was held on 1st June to review progress.

Among key progress areas, the national networking event in March for PPF Chairs and Co-

ordinators had been successful and a development tool has been piloted in three areas, to establish key priorities for ongoing action.

SHC support in Tayside has concentrated on bringing in excluded groups and in Fife, the SHC co-sponsored an event with the NHS Board to discuss the "stocktake" of local Patient Focus, Public Involvement (PFPI) initiatives.

Following the *Meet the Specials* event earlier this year, SHC Fife provided support for a new PPF for NHS National Services Scotland – aimed at securing the public voice in national screening programmes for e.g. breast and cervical cancer.

Local PPF members present at the Development Group meeting

however remained concerned that "PPFs are supposed to be about participation support from the community, not the NHS", saying "they should be about us talking upwards, not the NHS talking down to us"

They also called for better links with seldom heard groups, and, with VHS, advocate engagement through local voluntary organisations and community groups. The SHC acknowledged that there was a need for better communication between PFPI and Equalities leads within NHS Boards.

Ongoing PPF development must be informed by local views - for further information or to contact the PPF Development Group, contact rosemary.hill@scottishhealthcouncil.org - 0141 225 6876

Diabetes consultation launched to help shape new action plan

The Scottish Government has now launched its consultation document, *Better Diabetes Care*, which will inform policies for their Diabetes Action Plan for the next three years.

The Scottish Government's health action plan, *Better Health, Better Care*, presented its scheme for helping people to sustain and improve their health, especially in disadvantaged communities, through better, local and quicker access to health care.

This consultation, produced with the help of Diabetes UK Scotland, provides an opportunity to re-evaluate the 2006 Diabetes Action Plan's aims in the context of progress to date and future challenges.

It will also allow the Action Plan to be realigned with the mutual NHS described in *Better Health, Better Care* where individuals are leading partners in their own care.

Over the past three years Scotland

has seen a steady rise in the incidence of diabetes, with the number of people with Type 2 diabetes currently increasing at a rate of 4.9% per year.

This consultation attempts to address this worrying trend, in addition to working towards reducing the incidence of diabetes emergencies in Type 1 diabetes.

With UK South Asians four times more likely to develop diabetes than their peers from other ethnic groups and the black population twice as likely to develop the condition, the consultation asks how services and the experience of care for people

from minority ethnic communities with diabetes can be improved further.

The document also considers what can be done to ensure out-of-hours care

services are equitable across Scotland, bearing in mind that remote and rural areas present specific challenges to the delivery of care.

Amongst other issues introduced within the consultation are:

- ◆ The steps required to increase the appropriate availability of insulin pumps
- ◆ The developments that could improve diabetes care for those in care
- ◆ Support for people with diabetes who are vulnerable, for example, people with learning disabilities, to self manage more effectively
- ◆ Tackling diabetes in deprived areas
- ◆ Ensuring people with diabetes and their carers are able to participate in local service planning

This significant consultation is open to responses until 22nd August 2009 and requires considerable input from the third sector to ensure our priorities are represented in the final action plan.

Please visit the Scottish Government's website at www.scotland.gov.uk/Publications/2009/05/28085904 to obtain a copy of the document



Information on confidentiality and health records updated

Health Rights Information Scotland (HRIS) has recently updated their information leaflets 'How to see your health records', 'Confidentiality – it's your right' and 'Confidentiality – your rights' which is aimed at young people.

These leaflets tell patients how the NHS protects their personal health information, and of their right to see their health records.

NHS Boards throughout

Scotland have been sent the master files of the leaflets for printing and distribution to NHS organisations within their area, including hospitals, GP and dental surgeries, and pharmacies.

The leaflets are also available on the HRIS website at www.hris.org.uk.

Alternative formats of the updated leaflets, including translations into ten community languages, will be available from the HRIS website in the next few weeks.

For more information, please contact Elaine Dunlop, HRIS Project Support Officer (email edunlop@scotconsumer.org.uk or phone 0141 227 8440).



Living with complex genetic conditions: a new approach

An innovative project for people living in the community with complex needs resulting from single gene conditions has been launched in Scotland.

There are several thousand single gene conditions, including Friedreich's Ataxia, Myotonic Dystrophy, Neurofibromatosis and Huntington's Disease.

In the last decade our understanding of genetic conditions, their science, diagnosis, prognosis and management has transformed.

This increased awareness and interest in genetic issues has fuelled speculation about the application of this knowledge across all areas of health and social care provision.

Consultant geneticist Dr Mary Porteous acknowledged that "it was vitally important that advances in genetic technology are matched with improvements in the holistic care of individuals affected by complex genetic disease".

A Review Group was set up to assess what developments and resources would be required to enable the NHS in Scotland to harness developments in genetics and to maximise this advantage for health care.

The Single Gene Complex Needs (SGCN) project is an outcome of this Review.

This SGCN Project marks a significant expansion of resources provided by our genetic centres in Scotland. Marie McGill, the Project

leader, explains, "The commitment to effectively manage a person's care and monitor activity and outcomes at every stage of their journey has been recognised by genetic services as essential for people's health outcomes and improve the quality of service provision. The SGCN Project will work in collaboration with our third sector, public and private sector partners towards this goal".

Considering carefully the significant changes to health and social care delivery in Scotland, the SGCN Project plan puts the interest and concerns of patients at the centre of all it does to build the capacity of local service providers.

Critical to the success of the Project is the strategic implementation of a coherent plan of care and support.

People living with genetically-based complex needs are faced with sizeable challenges.

Many who need input from different services tell us they face challenges with access to, and co-ordination of,

services.

Many professionals have little or no experience of working with families with genetically-based complex needs.

The SGCN Project team is grateful to the Scottish Government, Sir Kenneth Calman, the Review Group, the Clinical Genetic Centres, the Scottish Huntington's Association and all other individuals and organisations who are already working incredibly hard to improve outcomes for people in Scotland living with the extraordinary challenge of genetic conditions.

Service user Amanda McNab

described her initial response to the project, "I was absolutely ecstatic that our voices had been heard, our perseverance, our determination has paid off. This is so important".

Project contact details

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Stop Press! Stop Press! Climate change Bill passed

As we go to print the Scottish Government's legislation to tackle climate change has been passed by The Scottish Parliament.

The Climate Change Bill sets a target for reducing emissions, including emissions from international aviation and shipping, by 80% by 2050. It also sets an interim target for a 42% cut by 2020.

It is possible that the 42% target for 2020 is the toughest in the world, although some countries have more ambitious aims for 2050.

For comparison, the UK government has set a 2020 aim of curbing greenhouse gas emissions by 34%, the EU has agreed a target of 20% and Japan 8%.

Mike Robinson, chairman of Stop Climate Chaos Scotland, a coalition representing 60 organisations, said "The Scottish Parliament has voted for legislation that will be held up as a positive example to the world," he said. "We hope other developed nations will hear this call for action and follow Scotland's lead."



Health Board elections to be held in spring 2010

The Bill for this Act of the Scottish Parliament was passed by the Parliament on 12th March and received Royal Assent on 22nd April. The Bill will ensure that:

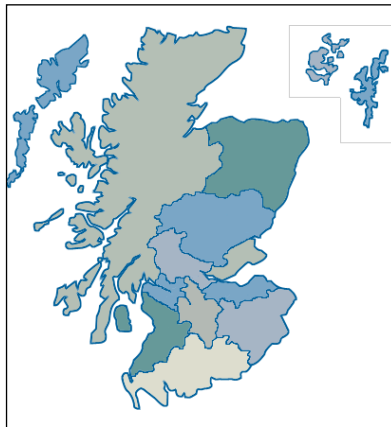
- ◆ Elected members - including local authority representatives and those directly elected by the public - will form a majority of Health Board members. A chair and other members will be appointed by Ministers, as at present
- ◆ Pilot elections will be held and independently evaluated before any decision on further roll-out is taken by Parliament
- ◆ Elections will be on a proportional representation (Single Transferable Vote) basis
- ◆ A single ward will cover the whole Health Board area
- ◆ The voting age in Health Board elections will be lowered to 16

The pilots in NHS Fife and NHS Dumfries and Galloway, costing £2.86 million funded from central Scottish Government budgets, will get underway in spring 2010 and run for at least two years in order that the impact of direct elections can be properly tested and independently evaluated before Parliament is asked to take a decision on the roll-out of elections to other Health Boards.

In addition to the pilots, the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, has agreed that alternative approaches to increasing engagement and involvement should happen

alongside the piloting of elections. These are to take place in NHS Lothian and NHS Grampian. The estimated cost of the full roll-out of direct elections to all Health Boards is £20.5m and will be funded from NHS budgets.

This figure prompted concern from Mary Scanlon MSP that: *the full costs of those elections, once they are eventually rolled out, will be taken from front-line services.*



The Conservative MSP for Highlands and Islands also voiced concern during the debate on the Health Boards Bill on 12th March of what criteria will be used in the pilot

evaluation process: *Some people may think, because decisions went their way, that the pilot was successful; but others may think, because decisions did not go their way, that the pilot was a failure.*

The evaluation criteria will be set at the start of the pilot process when an independent person is appointed at least three months before the first Health Board election.

The Bill states that an independent evaluation must be carried out on:

- ◆ The level of public participation in the elections
- ◆ Whether having elected members on the Boards led to increased engagement with patients and the public or improved local accountability of the Board in the specified Board area
- ◆ The cost of holding the elections and the estimated cost of holding future elections in all Health Board areas

However, the three-month window provided to develop and finalise the influential evaluation standards based on the above headline topics does not seem to give much room for error or scrutiny.

VHS understands the challenges faced in securing patient and public engagement in developing health services and is concerned that the measures required to monitor the pilots will not be in place by the time of the first elections.

VHS will, of course, closely follow the progress of this Bill and will provide updates in future Briefings.

Association of CHPs Conference announced

The Association of Community Health Partnerships Conference is being held in Crutherland House Hotel, East Kilbride on 10th & 11th September 2009.

The themes for the event have been announced as Mutuality in the NHS, Partnerships, Service Improvement and Resource Models.

There will also be exhibition space displaying the benefits of successful developments, initiatives, projects and partnerships which could be of value to CHPs / CHCPs and partners in the planning and provision of services to patients.



For third sector organisations that work with or intend to work with CHPs, this is an opportunity to get up to date with the latest thinking.

For more information contact Jim Laing at laing.jim@btinternet.com