A response to the Scottish Parliament’s Local Government and Regeneration Committee's call for evidence as part of its Stage 1 consideration of the Community Empowerment (Scotland) Bill

1.0 Introduction

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other regulators to check how well different organisations in local areas are working to support both adults and children. We help ensure social work, including criminal justice social work, meets high standards.

We welcome the opportunity to provide evidence about the Community Empowerment (Scotland) Bill. We have particular interest in Parts 1, 2 and 3 of the Bill, as introduced, and this response is centred about these parts.

We welcome the Bill and believes it affords the opportunity for public services to be designed and delivered in ways which have a positive impact on people. We believe that the subsidiarity inherent in the Bill is welcome because it offers the opportunity for services to be designed in ways which can reflect local circumstances, strengths and opportunities.

2.0 The Care Inspectorate’s locus in the Bill

Our interest in the national outcomes, community planning and participation in decision-making derives from both our statutory responsibility and our corporate plan. The Public Services Reform (Scotland) Act 2010 places the general duty on the Care Inspectorate “of furthering improvement in the quality of social services”. This includes both care services and social work services. This duty is undertaken by providing scrutiny of such services in order to protect and enhance the safety and wellbeing of people using them, ensuring that people using such services have their personal independence promoted, that diversity of provision affords choice, and that good practice is promoted.

In 2012/13 we began a programme of joint inspections of services for children and young people in each part of Scotland. These models of joint inspection provide a joined-up scrutiny approach that can evidence how well services work together across CPPs in delivering positive outcomes for people in local communities.
These inspections are carried out in conjunction with Education Scotland, Her Majesty’s Inspectorate of Constabulary, and Healthcare Improvement Scotland. They seek to examine, in each community planning partnership area, whether and how services are working together to improve both the delivery of public services. In 2013/14 we began a similar programme of joint inspections for adults, initially focusing on health and social care services for older people, working with Healthcare Improvement Scotland. Both joint inspections have established suites of quality indicators which allow community planning partnerships to understand what quality looks like.

Our joint inspections of services for children and young people are already providing an evidence base of how CPPs are currently working, including identifying areas of concern and areas where improvements are required. The joint inspections of health and social care for older people with HIS will allow us to consider and report on the effectiveness of local partnership working and the outcomes it generates for people.

3.0 To what extent do you consider the Bill will empower communities?

We believe that the Bill has scope to empower communities by placing community planning partnerships on a statutory footing. We believe this will more clearly establish how joint and shared decision-making occurs in local areas and facilitate wider community and voluntary involvement in the planning of public services.

Our joint inspections of services for children and young people show that members of the public, private, voluntary and community sectors are already working well together in some areas and have a shared commitment to improving outcomes for children and young people. However, in some CPP areas we have found that integrated children’s services plans are not always up-to-date and as a result there can be limited joint financial planning and joint commissioning of services. As a result, this can impact on opportunities for engagement with children and their families.

We believe that a statutory footing will place a stronger emphasis on delivering better outcomes for people who use public services. It will complement the focus on outcomes established by the Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014.

The proposal to allow participation requests, as set out in Section 17, has the scope to empower local communities. The Care Inspectorate actively seeks to involve people affected by our decisions and work in planning and designing our scrutiny, and we expect both care services and the public authorities we inspect to do the same. This improves the quality of services being provided and helps ensure they are fit for purpose. We welcome the requirement in Section 19(3)c that consideration of such requests will be considered, _inter alia_, against the likely effect on public health and social wellbeing.
We welcome a wide understanding of what communities might be regarded for the purpose of the Bill: during previous consultation, we advised that a simplistic understanding based solely on geographic or administrative units may not be sufficient. Different localities will define communities in different ways. They should be focused on the needs of the local population and organised in a logical way that is credible with the local population. We need to be clear whether, in the context of health and social care, localities are designed around – for example – GP practices or clusters or schools, or in another way. We believe this is a critical issue and that some shared understanding across the public sector would aid efficiency and public understanding, but we understand this may be more helpfully developed in guidance than on the face of the Bill, Section 14 notwithstanding.

4.0 What will the benefits and disadvantages for public sector organisations be as a consequence of the provisions in the Bill?

First, a set of statutory national outcomes can help bring clearer focus to the mission, vision and values of public bodies in the discharge of their duties. Effectively drawn, they may be regarded less as governmental objectives, and more as Scotland-wide objectives in which many parties, not just the public sector, have a role in achieving.

Clearly, future national outcomes may change, but the current non-statutory outcomes provide effective high-level strategic guidance to public bodies at present. For example, the Care Inspectorate itself sets out, in our Corporate Plan 2014-18, how our strategic objectives align with both the Scottish Government’s strategic objectives and the national outcomes.

Second, we believe placing these national outcomes on a statutory footing may, to some degree, strengthen opportunities for Scotland-wide public sector organisations to work together more closely in the discharge of statutory duties.

Third, we welcome the proposals around the local outcomes improvement plan. Our joint inspection activities have found that the Single Outcome Agreement currently plays an important role in setting out how CPPs work towards improving outcomes for people in Scotland in a way that reflects local circumstances and priorities. We believe the proposal for CCPs to consult on and publish local outcomes plans is therefore welcome. These must articulate a shared vision for achieving better outcomes for people, and we would welcome further clarification on how these will link with our own framework of quality indicators used for joint inspections of CPP services. We support the proposal for a local outcomes improvement plan progress review, and would welcome further proposals of how this can be aligned to the existing scrutiny landscape to ensure it is robust, verifiable, and takes account of emerging effective practice from other parts of the country, and, where appropriate, internationally.
5.0 Do you consider communities across Scotland have the capabilities to take advantage of the provisions in the Bill? If not, what requires to be done to the Bill, or to assist communities, to ensure this happens?

We welcome the proposed duty for CPPs include consulting and engaging with communities and the third and business sectors on the local outcomes improvement plan should be developed and delivered. Our inspections of services for children and young people have found that third sector organisations often play a key role in providing support services to children, young people and families at risk.

It will be important that key stakeholders continue to be involved in assessing if the outcomes are being delivered effectively. CPPs must also consider a variety of engagement methods to ensure that seldom-heard parts of the community (for example, those who experienced homelessness, domestic abuse, drug and alcohol addictions, criminal justice services) are involved in identifying outcomes and helping decide how these are delivered.

In order to achieve equality of impact and participation, statutory and other public sector agencies should address directly the importance of building the capacity of community organisations where required, and developing the capacity of communities to become organised.

Public services should ensure that their overall dealings with communities are carried out in ways that build their capacity and thus empower them.

We would be further interested to know how such duties fit with other public involvement and participation arrangements.

6.0 Are you content with the specific provisions in the Bill, if not what changes would you like to see, to which part of the Bill and why?

We have sought further clarification about how the proposed national outcomes will link with the national health and wellbeing outcomes set out in the Public Bodies (Joint Working) Act 2014, and also about how these outcomes will be scrutinised. We will need to work closely with other scrutiny bodies to consider how these outcomes complement our quality indicators framework for joint inspections. It is important that the outcome measures align to other national policies such as GIRFEC, the National Dementia Strategy and the Healthcare Quality Strategy for NHS Scotland, although we understanding why such detail may not appear on the face of the Bill.

During previous consultation phases, we stressed the need to take account of the move towards integration of health and social care. We therefore welcome the extension of the key CCP partners to include integration joint boards and would
welcome assurance that the governance arrangements for CPPs set out in Section 8 are sufficiently flexible to support the involvement of integrated health and social care arrangements. Ensuring the involvement of the joint integration board in the CPP will help mitigate the risk of it being perceived as an extension of either the local authority or the health board. Establishing the role of the CPP, or the local outcomes plan, in contributing to strategic commissioning plans will be important as the Care Inspectorate and Healthcare Improvement Scotland develop an inspection methodology due for 2015.

As part of our joint inspections of services for children and young people, we have identified the need for CPPs to better prioritise early intervention and prevention via targeted services for children, young people and their families identified as at most risk. We believe that the core duties for CPPs should include a specific duty to ensure that early intervention and prevention is set out as a shared priority and clarity is provided to show how outcomes are linked to these.

7.0 What are your views on the assessment of equal rights, impacts on island communities and sustainable development as set out in the Policy memorandum?

We welcome the fact that it is reported that the EQIA concludes that the Bill’s provisions are neither directly or indirectly discriminatory on the basis of age, disability, race, religion or belief, sex, sexual orientation or gender reassignment. It is important that, in engaging with and supporting the empowerment of communities, public bodies are mindful of the public sector equality duty.

The provision of public services on island communities can have particular characteristics and we expect these to be reflected carefully as guidance associated with the Bill is developed, and as the powers it affords to Scottish Ministers are used.

8.0 Other remarks

The Care Inspectorate plays a key role in improving the quality of care across CPPs, working closely with other partner bodies such as Healthcare Improvement Scotland (HIS), Education Scotland, Audit Scotland, and Her Majesty’s Inspectorate of Constabulary Scotland (HMICS) to co-ordinate our scrutiny activities.

Our corporate plan sets out our continued commitment to focus our scrutiny activities on holding CPPs accountable for the delivery of positive outcomes for people in local communities. Through our improvement function, we will carry on supporting and providing constructive challenge to CPPs to develop capacity in building strong, resilient communities. We would welcome extending the scope of shared risk assessments amongst community planning partners.
We have also enhanced the role and function of our link inspectors to provide regular public reports on the quality of care across CPPs. We expect them to play a key role in helping scrutinise how the proposed changes are being implemented.

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