NHS Ayrshire & Arran

Call for Evidence – Community Empowerment (Scotland) Bill

General points:

There is much that is good in the proposed Bill; it is well thought out and is aspirational in its content. It also reflects feedback from the previous consultation; in particular it places Community Planning Partnerships (CPPs) on a robust statutory basis.

The Bill includes a lot of detailed information which requires time to fully understand the content and context. It would have been helpful to have a summarised version of the Bill contents for consultation purposes. This would generate a greater and wider response. However, the policy memorandum was considered to be very helpful.

In broad terms it is felt that among the many stakeholders in this agenda the public health function can make an important contribution particularly in relation to tackling health inequalities.

Outcomes:

It is considered that creating outcomes is a good idea and sets out a robust outcome focused approach. Indeed, delivering local outcomes stemming from national outcomes is an appropriate focus. However the national outcomes as currently stated leave much room for improvement to make them more specific and ensure they complement one another. Consideration should also be given to the skills and capacity required to support outcome focused planning and delivery.

So, yes to outcomes and the right to change them, but they need to have inputs which describe more sophisticated and SMART outcomes which can be measured and reported on.
Community ownership:

This is well intentioned. However the part that allows communities to be defined by any characteristic could result in requests by specific religious groups to run their own services on a non-geographic basis which would undermine area-based accountability. Additionally, area based measures to establish the impact of inequalities on health or health determinants would be undermined.

Business rates relief:

This should be amended that CPPs may NOT create business relief schemes to apply to businesses which have a negative impact on health.

1. To what extent do you consider the Bill will empower communities, please give reasons for your answer?

The Bill will empower communities to the extent that councils actively engage with the Bill in the spirit it is being written. However the context and language of part two ‘Community Planning’ raises concerns about the overall approach. The imperative of local community engagement from the outset within this section is absent. CPPs are requested to ‘make all reasonable efforts to secure participation’ from ‘appropriate’ community bodies and ‘take steps to enable them to participate to the extent they wish to’. This mitigates against a co-production approach where local community members are integral to any planning or development within their communities. Without key engagement from the outset, how else are communities going to plan outcomes, build capacity and develop their own community assets? Consultation on the ‘Local Outcomes Improvement Plan’ is not enough.

Part three highlights that a ‘community participation body’ can make a request to participate, but the right to participate is set against tight criteria and can be declined. Additionally there is a fear that some councils will see elected representatives and their executives as the only credible method for community engagement and empowerment. However, this risk can, perhaps, not be legislated for.

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

The development of national outcomes is seen as a benefit as public sector organisations are already familiar with outcome focused approaches (although some skill development may be required). The Bill advocates that there will be flexibility as
Local Government and Regeneration Committee

Submission Name: NHS Ayrshire and Arran
Submission Number: 112

to how the national outcomes will be presented and measured. This will support local approaches. Consultation on the outcomes will include a wide section of public sector and partner organisations, including private and third sector; this will only enhance the final content. The outcomes will be reviewed within a given timeframe. This means challenges can be addressed expediently.

An engaged community is seen as a benefit, however the wide definitions for community bodies which can be defined by characteristics such as common interest or personal characteristics such as gender, sexuality, religion etc could lead to fragmentation of public services and an inability to monitor the safety and effectiveness of any such services. For instance if a religious community sought to take on a public service, the fact that the service might be delivered in a non-geographical way, would prevent measures of deprivation, which are all area-based, from being used in assessing the impact of that service. It would seem preferable to ensure that any services which exist must retain a geographical basis. Additionally, there are concerns about any vulnerable group who are not fully engaged within “communities” and their ability to be able to access any of the potential benefits that the proposed legislation may bring. There is the potential of the unintended consequence of increasing inequalities.

3. **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?**

A provision of the Bill which may empower communities is extending the communities’ right to buy (part four). This power will support the development of the local environment and infrastructure. The extension of this provision to allow purchase of neglected and abandoned land will only facilitate this outcome.

Whether all communities have the capacity to take advantage of this provision will need to form part of the review. However, the Bill will need to be explained to communities and individuals through pathways which are additional to and do not rely upon local authorities alone. This could involve work through the third sector and support from the NHS and other public bodies as they will need to fully understand the aims of the Bill and not simply the impact of the support requests which they receive.

The provision of more allotments is welcome.

4. **Are you content with the specific information in the Bill, if not what changes would you like to see, to which part of the Bill, and why?**
The following changes should be made:

- CPPs should be required to collaborate across local regions to share costs and learning to ensure effectiveness and efficiency.

- Ensure the need for community-owned services to be limited by the need to provide on a geographical basis to allow good governance. This is to ensure equity, fairness and governance.

5. **What are your views on the assessment of equal rights, impacts on island communities and sustainable development as set out in the policy memorandum?**

It is not felt that the memorandum advances the equality agenda. Defining communities and community-owned and operated services by equality determinants such as gender, sexuality, religion etc seems to be a retrograde step which could lead to segregation. However, the memorandum is positive in that it recognises people as the country’s best assets, plus the importance of them influencing what is happening in their own country.

It is not felt that this overview is well reflected in the community planning section (part two) of the Bill with the content and language regarding community engagement that is used.

John Burns, Chief Executive
NHS Ayrshire & Arran
5 September 2014