NHS Health Scotland welcomes the bill and also recognises that a number of the committee’s questions reflect concerns we raised in our previous consultation response and which overlap with our experience and current activity around third sector and community engagement, the establishment of a place standard, support for Community Planning Partnerships and health inequalities impact assessment.

An important introductory point would be use of consistent terminology in this and other current and emerging legislation. The Scottish Public Health Observatory’s brief introduction to ‘assets’ outlines meanings, background and challenges and could be a useful contribution to maximising clarity and consistency.

Engagement

NHS Health Scotland have a long history of supporting third sector and community engagement, funding the Community Health Exchange (CHEX) and Voluntary Health Scotland (VHS) for over fifteen years. These are well respected national intermediaries tasked to ensure the least vocal communities have the capacity and confidence to be heard. Health Scotland’s experience and understanding of working between low income communities and national policy development and delivery was further strengthened last year when Community Food and Health (Scotland) transferred in to the organisation following sixteen years with Consumer Focus Scotland.

All three national intermediaries have worked closely together over the years, most recently contributing to the development with government of the engagement matrix and a learning exchange programme. The broad nature of the bill would suggest that the collaboration of appropriate national intermediaries, not only in health but in community development, economic development and sustainable development could provide the right mix to support take up and effective impact of the bill’s provisions by the communities with most to gain.

Working with Health Scotland, CHEX was central to the delivery of the government funded programme ‘Healthy Communities: Meeting the Shared Challenge’ and all three national intermediaries worked closely with Health Scotland around the confidence and capacity of communities to work with economic evidence, a key ability when engaging with the bill’s provisions.

Health Scotland’s experience of engagement with the third sector suggests that a focus only on community bodies with a written constitution (part 3 section 14) could miss the communities at the sharpest end of deprivation and health inequalities with evidence south of the border suggesting that deprived areas have fewer charities and voluntary groups. The picture concerning place-based policies and dimensions of equality was very usefully reviewed north of the border by the Equalities and Human Rights Commission.
Place

NHS Health Scotland is working in partnership with Scottish Government (Architecture and Place) and Architecture and Design Scotland to develop a Place Standard for Scotland. The Place Standard will be specifically designed to support communities, the public sector and the private sector (where appropriate) to work together to deliver high quality places that nurture health and wellbeing. This initiative stems in part from a recognition of the importance of the environment as an influence on health, and ensuring deprived areas gain most benefit will enable the Place Standard to contribute to a reduction in health inequalities. Key themes within the Place Standard are likely to include walkability, the use and maintenance of public spaces, local services and amenities, and perceptions of safety. Community voice and influence and the capacity for communities to drive improvements to their local neighbourhood will be essential components of the Place Standard and critical to its implementation. Provisions within the Community Empowerment Bill should augment this capacity. For example the idea that CPPs should empower communities; community influence over public services; and community use of public land and buildings are consistent with the principles and goals of the Place Standard. The Place Standard will provide a resource to support and encourage communities to influence their neighbourhoods using provisions contained within the bill where appropriate, and conversely the bill should empower communities to exert greater influence over their local environment.

Support

Alongside this an Inequalities Action Group has been established. Its remit includes identifying feasible actions to address health inequalities through the Community Planning Partnership process (national and local) over the next three years. It flows from the Ministerial Task Force report. NHS Health Scotland’s Chief Executive, Gerry McLaughlin, chairs the group, comprising of a core partnership between NHS Health Scotland, Scottish Government, COSLA and SCVO.

Impact

NHS Health Scotland has developed a Health Inequalities Impact Assessment (HIIA) toolkit which offers an integrated approach to assessment of potential impacts of a policy or plan on groups legally protected by the Equality Act 2010, wider population groups, the social determinants of health and human rights.

The main aim of HIIA is to strengthen the contribution of policies and plans to reducing health inequalities by improving equity of access, ensuring non-discriminatory practice and acting on the social determinants of health. Any public sector agency that makes a contribution to reducing health inequalities can use the toolkit.
HIIA fulfils the legal requirement to conduct an impact assessment under both Section 149 of the Equality Act 2010 (the public sector equality duty), and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

NHS Health Scotland is able to offer a variety of support mechanisms to agencies wishing to undertake a Health Inequalities Impact Assessment

NHS Health Scotland clearly believe the proposed legislation impacts on a number of areas where we have experience, evidence and an active involvement and would be happy to assist the committee in your deliberations in any way we can.

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i www.scotpho.org.uk/life-circumstances/assets

ii www.chex.org.uk/

iii www.vhscotland.org.uk/

iv www.communityfoodandhealth.org.uk/


vi http://www.communityfoodandhealth.org.uk/2013/learning-exchanges/

vii www.scdc.org.uk/what/community-ledhealth/


xi www.scotland.gov.uk/Publications/2013/06/9811/5

xii http://www.healthscotland.com/equalities/hiia/inpractice.aspx