

Community Empowerment (Scotland) Bill



Introduction

Voluntary Health Scotland (VHS) is the national membership body for voluntary organisations working to improve health, tackle health inequalities or provide health care. We seek to maximise the impact of the voluntary sector on Scotland's health and wellbeing. We collaborate and work with a wide range of national and local voluntary organisations, central and local government, health boards and others to realise this aim.

Our main interests in the Bill are how it will enable Community Bodies to inform, influence and shape services more effectively. We support the intentions of the proposed Bill, as a mechanism for empowering communities and reforming public services to achieve improved outcomes. However, we feel there is scope to strengthen the Bill to reflect the priorities of the Christie Commission, strengthen community planning and capacity of community groups and link with other relevant legislation.

The following priorities reflect discussions at a Sounding Board of Voluntary Health Scotland members on 17 January 2014.

Priorities

Christie Commission - Christie Commission recommendations informed the development of the draft Bill, stating that it should “promote significantly improved community participation in the design and delivery of services”. We believe this could be articulated more clearly in the face of the draft Bill, alongside formal provisions, to help clarify the intended outcomes of the legislation.

In terms of a Community Body making a participation request, the draft Bill provides a route to do this, but there is nothing in the Bill to outline what the Public Body should do to facilitate and support that body, which may well be a small group without paid staff, to embark on that pathway in a meaningful, informed and supported manner.

Proposed model - Our discussion highlighted the *Getting it right for every child* (GIRFEC) approach, and how its values and principles could be adapted for use at a community level – ‘Getting It right for communities’.

Communities – A number of considerations around communities emerge from the draft Bill, including:

1. **Inequalities** - the draft Bill, as it stands could have an unintended negative impact on inequalities by marginalising some groups that Public Bodies most need to engage with. The mechanisms in the draft Bill provide additional routes to engagement for Community Bodies who are best placed to make use of these. Our concern is that there are no provisions for how Public Bodies should support less empowered Community Bodies to take advantage of the new routes. Some constituted Community Bodies are

marginalised from mainstream engagement, for example, peer groups, involvement groups or activist groups. These Community Bodies may not be in a position to mobilise their own participation with Public Bodies.

Proposed model - Participative democracy engages communities of interest that need more support, for example, Alzheimer's Scotland supports people with dementia to have meaningful engagement and for their voices to be heard at a CPP level. Other examples include the Carers' Parliament; the Older People's Parliament; Scottish Youth Parliament; Children's Parliament.

2. **Community planning** – Community Planning as defined in the Local Government in Scotland Act 2003, is not the same as community empowerment. Will community empowerment be defined in the legislation? Will there be provisions to empower or capacity-build with communities to support them to engage with the provisions of this legislation? The Bill as it stands does not examine the existing hierarchy, structures and locus of community planning.

Proposed model – Community engagement in designing services, rather than a top-down approach. The reshaping care for older people programme includes a requirement for voluntary sector sign-off of plans, shifting the balance of power and promoting real leverage and partnership working between third and public sectors.

3. **Capacity building** - There is a need for helping communities to have a voice, building local voluntary sector capacity, strengthening local democracy and ensuring that communities have a say in CPP processes, and community learning and development. Are there any plans to include these in the legislation?

Voluntary health organisations, community organisations and social enterprises play a significant role in capacity building local communities, communities of interest and individuals. In turn, the role of the 32 local Third Sector Interfaces includes building the voluntary, volunteering and social enterprise sectors' capacity at the local level. However, responsibility for building overall community capacity has to be shared across all sectors, including Public Bodies. Public Bodies' responsibility for capacity building should be articulated more clearly in the Bill.

Proposed model – Public Social Partnerships (PSPs) acknowledge the need for and involve large national charities in working alongside smaller local voluntary organisations as well as public sector partners. PSPs aim to harness experience, expertise and resources effectively to determine local need, plan and shape services, and strengthen local democracy.

4. **Accountability, impact and reporting** – External scrutiny arrangements are detailed within the draft Bill, but there is no recognition of requirements for self reporting of the Public Body, or of community assessment. The draft Bill intends to empower communities through reforming public services, but there are no indicators or outcomes for how this is to be achieved or evaluated.

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Proposed model - Public Bodies should be required to report on activities, for example, who they've had participation requests from, and how they've responded to them etc. and communities should be able (and supported) to report their own assessment of public bodies' impact on community empowerment/involvement through community impact reports.

Links with other legislation – our discussions highlighted a range of existing legislation and those currently proceeding through parliament and explored where the draft Bill would interface with these. These include the Public Bodies (Joint Working) (Scotland) Bill, the Children and Young People (Scotland) Bill, the Procurement Reform (Scotland) Bill, the Social Care (Self-directed Support) (Scotland) Act 2013, The Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012, the Human Rights Act (1998) and the Mental Health (Care and Treatment) (Scotland) Act 2003 etc.

It is unclear of the connections between legislation and the impact that this will have on communities and the voluntary health sector. For example, health and social care partnerships, or integration authorities, are not mentioned in the draft Bill.

Next Steps

These priorities will be used to inform the Voluntary Health Scotland submission to the Scottish Government's consultation on the draft Community Empowerment (Scotland) Bill on 24 January 2014.

Contact

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