



Submission to Local Government and Regeneration Committee's call for evidence on the Community Empowerment (Scotland) Bill

Community Health Exchange (CHEX)
September 2014

About CHEX

CHEX supports community-led health organisations (CHOs) that work in areas of poverty and disadvantage to create opportunities for community members to come together and to work towards positive health outcomes for individuals and the wider community.

CHOs use methods such as participatory research to reach and engage people who traditionally do not access services or readily get involved in community health activity.

CHOs address barriers such as language, income, disability, race, and age that prevent people to become involved in community health activity and decision-making processes. They support people at various stages of development towards empowerment. For example: some people who experience severe mental health problems may only wish to become involved in therapeutic activity, while others may want to organise for a new health facility or work in partnership with public sector agencies to co-produce health services.

CHOs therefore have an informed and in-depth understanding of the processes that assist community members to become involved, remain involved and engage with decision-making processes that affect positive health outcomes.

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

The Bill as it stands should enable strong and cohesive communities to influence local decision-making processes/structures and, if so desired, become involved in the transfer of local assets and services. The Bill is however a major opportunity to support the empowerment of people in more disconnected communities of poverty and disadvantage. To do this effectively, we believe it needs strengthened in certain areas. If empowerment

is a core value of policy it needs to be used to rebalance and not reinforce power relationships that contribute to disadvantage. The Bill will only succeed in empowering communities in this way if it can prevent already powerful interests furthering their advantage at the expense of marginalised and excluded interests unable to take advantage of the provisions of the Bill.

The Bill should go further to strengthen the openness and engagement of communities in community planning processes. The current policy drivers aspire to the participation of communities in the shaping and implementing of health and social policies. The Christie Commission,¹ the integration of health and social care² and the draft Community Empowerment and Renewal Bill³ all offer optimism and encouragement to people in low income communities to participate in reshaping public services.

The previous Chief Medical Officer (2011) stated that “*an important aspect of improving wellbeing is to ensure communities have involvement in choosing and shaping the programmes in which they participate.*”⁴ The recent report from the Ministerial Taskforce on Health Inequalities (2014) reinforces the importance of building social capital, working with the third sector, communities co-creating and co-delivering services, harnessing community assets and place-based approaches.⁵ Further, NHS Health Scotland’s Health Inequalities Action Framework recognises the value of participation and of “lived experience, in particular the voice of the voiceless” in helping to respond to health inequalities.⁶

CHOs currently support community groups to engage and influence services through a number of district-wide processes and structures including; Community-led Health Networks, Healthy Living Networks, Patient Participation Groups and Strategic Health Inequalities Group. To a certain extent this enables engagement with strategic partnerships such as Community Planning Partnerships and the evolving Health and Social Care Partnerships. However, CHOs consistently highlight significant challenges and barriers to ensure participation in these processes is influential and achieves the desired outcome for community health groups.

We recommend:

¹ Commission on the Future Delivery of Public Services in Scotland (2011) *Report on the Future Delivery of Public Services* <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

² Scottish Parliament Bill (2013) *Public Bodies (Joint Working) (Scotland) Bill* http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20%28Joint%20Working%29%20%28Scotland%29%20Bill/b32s4-introd.pdf

³ Scottish Parliament Bill (2014) *Community Empowerment (Scotland) Bill* http://www.scottish.parliament.uk/S4_Bills/Community%20Empowerment%20%28Scotland%29%20Bill/b52s4-introd.pdf

⁴ NHS Scotland (2012) *Annual Report of the Chief Medical Officer: Health in Scotland 2011, Transforming Scotland’s Health* <http://www.scotland.gov.uk/Resource/0041/00411579.pdf> p10

⁵ Scottish Government (2014) *Equally Well Review 2013* <http://www.scotland.gov.uk/Resource/0044/00446171.pdf> pp11-19

⁶ Craig, P. (2013) *Health Inequalities Action Framework* NHS Health Scotland <http://www.healthscotland.com/uploads/documents/22627-HealthInequalitiesActionFramework.pdf> p3

1.1 The Bill should enshrine processes that enable disadvantaged communities to fully participate in decision-making that directly affects their lives. Allied to this would be the necessary approaches from public sector services to ensure meaningful community engagement. While the right to participate is vital, the expertise and skills to exercise that right to participate is critical. The Bill therefore should include duties whereby community groups should be able to automatically access support and resources to fully participate.

1.2 Communities are integral to decision-making processes within community planning and therefore should automatically be offered opportunities to shape and implement local policies. They should not have to 'request' attention to their priority and/or issue as currently outlined in the Bill.

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

The evidence shows that empowering communities brings significant benefits to public sector agencies/services e.g. local knowledge and expertise in finding joint solutions to complex health problems⁷ stronger relationships between patients/users/community members and health and social care providers⁸ and better use of resources and 'value for money' in the delivery of services.⁹

Community members stated in our consultation that having a greater stake in their community leads to stronger relationships with health providers together with enhanced responsibility and accountability for all parties.¹⁰ Further, informed, active and connected community members bring significant assets and transform the demand on service provision.¹¹

We recommend:

2.1 The Bill should strengthen the duties of community planning partners to build the capacity of their respective public sector workforces to create the conditions to release community assets. This will assist the co-production of services and support communities to both lead on health priorities that they identify and work in partnership with public sector strategic managers and practitioners.

⁷ 'Communities at the Centre' case studies (2014)

⁸ 'Breaking through the barriers to wellbeing'(2011)

⁹ 'Exploring the use of economic evidence to support the health improvement contribution of the third sector (2011)

¹⁰ 'Breaking through the barriers to wellbeing' (2010)

¹¹ 'Exploring the use of economic evidence to support health improvement and contribution of the third sector (2011)

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?

It is clear from the range of evidence on community-led health¹², community-led regeneration, community-led environmental sustainability etc. that communities do have the capabilities, creativity and perseverance to transform their community. However, the evidence also shows the inequalities that exist in and between communities in Scotland. Many communities have already tapped into and use the wealth of talent, expertise and experience that is held in their neighbourhoods. However, many more communities require interventions to build capacity and social capital. Compared to more affluent communities, marginalised and disadvantaged communities are often less organised and have fewer resources to draw on - financial resources and established social capital. The Bill's proposed processes on asset transfer, buying land and buildings and requesting the right to participate in decision-making demand knowledge, confidence, skills, contacts and resources. This should be recognised and met with the systematic targeting of resources to disadvantaged communities.

CHOs have suggested the type of resourcing and support that would be effective and recommended that the Bill places duties on public agencies to:

“Support community groups to organise to respond to the needs that they themselves have identified as priorities”;

“Create opportunities to get information, training on different methods to reach, involve and sustain involvement from different groups of people in the community; especially with those people who traditionally do not access services or are under-represented in groups”;

“Support involvement in forums to gain more influence and reflect identified health priorities. It is important to reach out to communities that do not come within designated strategic boundaries for priority funding resources.”

We recommend:

3.1 Duties are placed on community planning partners to create processes and offer tailored support whereby communities that experience disadvantage in relation to levels of poverty and inequalities are empowered to fully engage in asset transfers and decision-making structures. The systematic implementation of the National Standards for Community Engagement would support and assist this process.¹³

¹² Healthy Communities: Meeting the Shared Challenge (2010)

¹³ <http://www.scotland.gov.uk/Topics/Built-Environment/regeneration/engage/standards>

4. 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?

Not as the Bill currently stands.

We recommend:

4.1 Strong consideration is given to increasing the duty of Community Planning Partnerships to include community body representation on a continued basis. No sector is as rooted and as knowledgeable about local communities as the community sector itself. Therefore, the Bill should place a duty on CPPs to ensure that *consistent opportunities* are created for community bodies to influence decision-making processes and that a community body *is a full partner and is represented at the table*.

4.2 Section 10 (3) stipulates that funds, staff and other resources need to be committed by community planning partners to secure the participation of community bodies in setting local outcomes. We would recommend that similar provisions should apply in the case of participation requests (Section 17) in order to achieve a level of equity in the way communities may access and use the legislation.

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

Average health in Scotland continues to improve while health inequalities continue to increase.¹⁴ NHS Health Scotland's recent review of health inequalities highlights the stark impact on life expectancy and health outcomes between the most affluent and least affluent communities in Scotland¹⁵. The indicators show social, economic and health inequalities will continue to increase if cuts in welfare provision continue to be implemented.¹⁶ The NHS¹⁷ and the community and voluntary sectors¹⁸ are already experiencing an increase in demand on services as a result of austerity measures.

There is real concern that implementation of the Bill as it stands will exacerbate health inequalities with stronger and more powerful voices prevailing from already organised and more affluent communities. It is expected that more affluent areas will mobilise further to take up new

¹⁴ Scottish Government (2014) *Equally Well Review 2013*
<http://www.scotland.gov.uk/Resource/0044/00446171.pdf> p9

¹⁵ NHS Health Scotland (June 2013) Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities <http://www.healthscotland.com/uploads/documents/23047-1.%20HealthInequalitiesPolicyReview.pdf>, p22

¹⁶ *Ibid*, p45

¹⁷ Scottish Government (2014) *Equally Well Review 2013*
<http://www.scotland.gov.uk/Resource/0044/00446171.pdf> p20

¹⁸ O'Hara, M. (2013) 'Austerity measures adding to long-standing social issues' JRF Website <http://www.jrf.org.uk/austerity-south-lanarkshire> accessed 08/08/14

opportunities that the Bill's offers. Therefore, priority attention and resources should be allocated to communities that have greater challenges in motivating and sustaining involvement towards empowerment.

We would recommend:

5.1 Resources allocated in relation to implementation of the Bill are directly targeted at low income communities and that every action is taken to create an environment for those communities to have equal opportunities to influence and sustain a healthy community for all.