

Community Empowerment (Scotland) Bill

Call for evidence (June 2014)

1 Background

- 1.1 The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland and a National Office in Glasgow. The Scottish Health Council is part of Healthcare Improvement Scotland.

2 Introduction

- 2.1 The Scottish Health Council welcomes the opportunity to respond to this consultation. Our interest relates particularly to public involvement, community engagement and how well people are involved and supported in the planning and delivery of services. In that context, Healthcare Improvement Scotland and the Scottish Health Council (working closely with Scottish Government officials, third sector and representative organisations, service users and members of the public) are currently working on developing proposals (due in December 2014) which will ensure that the views and experience of service users and the public define health and social care services in future. This follows an announcement by the Cabinet Secretary for Health and Wellbeing in June 2014 that voices of our patients, those receiving care and their families, needed to be heard in a much clearer and stronger way.
- 2.2 The Scottish Government's ambition is to ensure that our services are co-produced with the communities they serve, build on people's assets and support the health and wellbeing of the whole person and their family. The Scottish Health Council believes that this can only be achieved by creating a much stronger voice for people and communities using services. A voice that is respected, representative and informed and focused on improving outcomes and has a key role in driving the future shape of health and social care services nationally and locally.
- 2.3 Also, recognising people as assets brings demonstrable benefits to individual and community health and wellbeing. Co-design and co-production are essential as we tackle the continuing challenge posed by health inequalities.

3 Comments

Comments relating to specific sections of the Bill are outlined below.

Part 2

- 3.1 Section 4 highlights the important role of community bodies contributing to community planning. There is, however, no mention of how they will be supported to make contributions so as to ensure their involvement is meaningful.
- 3.2 Section 7 mentions that Community Planning Partnerships will be required to produce a Local Outcomes Improvement Plan and publish it. They will also be required to "*prepare*" a progress report. There is no indication of whether the intention is for the Progress Report to be published. The Scottish Health Council suggests that both reports are published and in accessible formats.
- 3.3 Section 15 talks about the involvement of "*Community Controlled Bodies*". It would be useful to include a short description of what they are and/or an example for clarity purposes.
- 3.4 Section 18 highlights that communities can recommend topics for consideration of outcome improvements. Whilst the process for submitting them is quite clear as well as the criteria, there doesn't seem to be much about any prioritisation process. It would be helpful to make that element clearer.
- 3.5 With regards to Section 17, the Scottish Health Council supports the process as outlined for dealing with participation requests or communities asking to take part in a process to improve the outcome. It is important to recognise that participation requests should, however, not negate the responsibility on public bodies to engage proactively but instead enable community groups to make a more formal approach to them if they felt necessary (and with the body then having to respond in an open and transparent way).
- 3.6 Section 20 describes the outcome improvement process in agreeing to a participation request by a community participation body. It does not offer any further description as to how this may operate in practice, and without this the extent and remit of participation could become inconsistent. It may benefit from the reference of recognised standards such as the National Standards for Community Engagement to inform practice.

4 Further information

Further information about the Scottish Health Council can be found on our website www.scottishhealthcouncil.org. Any queries regarding this response should be directed in the first instance to Christine Johnstone, Community Engagement & Improvement Support Manager, Scottish Health Council, tel: 01592 200555 or email: christine.johnstone@scottishhealthcouncil.org

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