Aberdeen City Health & Social Care Partnership
A caring partnership

Health Inequalities Impact Assessment (HIIA)

Introduction

Carrying out a Health Inequalities Impact Assessment (HIIA) will help you to consider the impact of your strategy/policy/practice on people. Using this workbook, alongside the HIIA: Answers to frequently asked questions guide, will help you to work through the process and strengthen your strategy/policy/practice's contribution towards health equity.

The workshop is a core element of the HIIA and, together with a group of key stakeholders, you will work through six questions to identify any impacts your policy will have on: different population groups; health inequalities; and people's human rights. Policies do not impact on people in the same way – impact assessment is a way to consider how people will be affected differently. It will also help you to meet the requirements of the Public Sector Equality Duty by considering those groups who are protected under the Duty (information about the Duty is available at www.scotland.gov.uk/Topics/People/Equality/PublicEqualityDuties.

The six questions to ask are:

1 Who will be affected by this policy?

2 How will the policy impact on people?

3 How will the policy impact on the causes of health inequalities?

4 How will the policy impact on people's human rights?

5 Will there be any cumulative impacts as a result of the relationship between this policy and others?

6 What sources of evidence have informed your impact assessment?

You should identify impacts as positive or negative, remembering that some policies may have no impacts for a population group.

Positive impact: would demonstrate the benefit the policy could have for a population group: how it advances equality, fosters good relations, contributes to tackling health inequalities or upholds human rights.

Negative impact: would mean that a population group is at risk of being disadvantaged by the policy, there is a risk of breaching the human rights of people or the requirements of the Equality Duty, or that there is a risk of widening health inequalities.

No impact: If you find that the policy will have no impacts for some groups, you do not need to record this information.

Further information on Health Inequalities is available from NHS Health Scotland Website

http://www.healthscotland.scot/health-inequalities

Question 1: Who will be affected by this policy?

Example: Keep this brief, such as ‘Children aged 5–12 years’.

There is no need to explore subgroups yet, just provide an indication of how well-defined the target group is at this stage.

Question 2: How will the policy impact on people?

When thinking about how the policy might impact on people, think about it in terms of the right for **everyone** to achieve the highest possible standard of health. The Right to Health includes both the right to healthcare and the right to a range of factors that can help us lead a healthy life (the determinants of health). Equality and non-discrimination are fundamental to this right.

The Right to Health has four related concepts: goods, facilities and services should be available, accessible, acceptable and of good quality.

When thinking about how the policy might impact on people, their human rights and the factors that help people to lead healthy lives, consider and discuss:

- Is the policy **available** to different population groups?
- Is the policy **accessible**, (e.g. in terms of physical access, communication needs, transport needs, health literacy, childcare needs, knowledge and confidence)?
- Is the policy **acceptable** to different population groups (e.g. is it sensitive to age, culture and sex)?
- Is the policy of good **quality**, enabling it to have its desired effects and support the above?

Apply these questions to each population group in the following table. Try to identify any factors which can contribute to poorer experiences of health and any potential positive or negative impacts of the policy. Think about people, not characteristics, such as how the policy impact on the right to health of a disabled older man with low literacy who lives in a deprived area.

Population groups and factors contributing to poorer health	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
Age: older people; middle years; early years; children and young people.		
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.		
Gender Reassignment: people undergoing gender reassignment		
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.		
Pregnancy and Maternity: women before and after childbirth; breastfeeding.		
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.		
Religion and belief: people with different religions or beliefs, or none.		
Sex: men; women; experience of gender-based violence.		
Sexual orientation: lesbian; gay; bisexual; heterosexual.		
Looked after (incl. accommodated) children and young people		
Carers: paid/unpaid, family members.		

Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.		
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.		
Addictions and substance misuse		
Staff: full/part time; voluntary; delivering/accessing services.		
Low income		
Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.		
Living in deprived areas		
Living in remote, rural and island locations		
Discrimination/stigma		
Refugees and asylum seekers		
Any other groups and risk factors relevant to this policy		

To comply with the general equality duty of the Equality Act 2010 when conducting impact assessment, you must demonstrate 'due regard' for the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
- foster good relations between people who share a relevant protected characteristic and those who do not share it.

This means that you must identify, record and eliminate (through appropriate policy changes) any impacts that could amount to unlawful discrimination under the act. Wherever possible you should also try to identify, record and enhance any impacts that enable the policy to advance equality of opportunity or foster good relations.

Question 3: How will the policy impact on the causes of health inequalities?

The wider environmental and social conditions in which we are born, grow, live, work and age are shaped by the distribution of power, money and resources. These conditions can lead to health inequalities. While considering how your policy will impact on people and their right to health, it is also important to think about how it may impact on the causes of health inequalities (see the table below). Further information on the causes of health inequalities can be found in NHS Health Scotland's Health Inequalities Policy Review.

Not all policies will be able to act or impact on these causes, but it will be useful to reflect on whether yours will. Think about any opportunity this policy might offer to reduce inequalities and also try to identify any ways in which it might inadvertently increase inequalities (you may find the prompts in Appendix 1 helpful).

You may have discussed some of these issues when considering question 2.

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
Income, employment and work • Availability and accessibility of work, paid/ unpaid employment, wage levels, job security. • Tax and benefits structures. • Cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco. • Working conditions.		
The physical environment and local opportunities • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces. • Air quality and housing/living conditions, exposure to pollutants.		

• Safety of neighbourhoods, exposure to crime. • Transmission of infection. • Tobacco, alcohol and substance use.		
Education and learning • Availability and accessibility to quality education, affordability of further education. • Early years development, readiness for school, literacy and numeracy levels, qualifications.		
Access to services • Availability of health and social care services, transport, housing, education, cultural and leisure services. • Ability to afford, access and navigate these services. • Quality of services provided and received.		
Social, cultural and interpersonal • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms.		

Question 4: How will the policy impact on people's human rights?

Human rights are the basic rights and freedoms which everyone is entitled to in order to live with dignity. They can be classified as **absolute**, **limited** or **qualified**. Absolute rights must not be restricted in any way. Other rights can be limited or restricted in certain circumstances where there is a need to take into account the rights of other individuals or wider society.

Not all policies will be able to demonstrate an impact against human rights but it will be useful to consider if yours will. Think about the potential impacts you have identified and consider whether these could help fulfil or breach legal obligations under the Human Rights Act. Can you think of any actions that might promote positive impacts or mitigate negative impacts? The following table includes rights that may be particularly relevant to health and social care policies.

Articles	Potential areas for consideration	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	• Access to basic necessities such as adequate nutrition, clean and safe drinking water. • Suicide. • Risk to life of/from others. • Duties to protect life from risks by self/others. • End of life questions. • Duties of prevention, protection and remedy, including investigation of unexpected death.		
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	• Should not cause: fear; humiliation; intense physical or mental suffering; or anguish. • Prevention of ill-treatment, protection and rehabilitation of survivors of ill-treatment. • Duties of prevention, protection		

	and remedy, including investigation of reasonably substantiated allegations of serious ill-treatment. • Dignified living conditions.		
The right to liberty (limited right)	• Right not to be deprived of liberty in an arbitrary fashion. • Detention under mental health law. • Review of continued justification of detention. • Informing reasons for detention.		
The right to a fair trial (limited right)	• When a person's civil rights, obligations or a criminal charge against a person comes to be decided upon. • Staff disciplinary proceedings. • Malpractice. • Right to be heard. • Procedural fairness. • Effective participation in proceedings that determine rights such as employment, damages/ compensation.		
The right to respect for private and family life, home and correspondence (qualified right)	• Family life, including outwith blood and formalised relationships. • Privacy. • Personal choices, relationships. • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse). • Participation in community life.		

	• Participation in decision-making. • Access to personal information. • Respect for someone's home. • Clean and healthy environment. • Legal capacity in decision-making. • Accessible information and communication e.g. phone calls, letters, faxes, emails.		
The right to freedom of thought, belief and religion (qualified right)	• Conduct central to beliefs (such as worship, appropriate diet, dress).		
The right to freedom of expression (qualified right)	• To hold opinions. • To express opinions, receive/impart information and ideas without interference by a public authority.		
The right not to be discriminated against	• All of the rights and freedoms contained in the Human Rights Act must be protected and applied without discrimination. • Discrimination takes place when someone is treated in a different way compared with someone else in a similar situation. • Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation.		

	• An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.		
Any other rights relevant to this policy e.g.	• Convention on the Rights of the Child • Convention on the Elimination of All Forms of Discrimination against Women • Convention on the Rights of Persons with Disabilities		

Question 5: Will there be any cumulative impacts as a result of the relationship between this policy and others?

Consider the potential for a build-up of negative impacts on population groups as a result of this policy being combined with other policies, e.g. relocation of services at the same time as changes to public transport networks.

Question 6: What sources of evidence have informed your impact assessment?

Formal sources of evidence to consider include population data and statistics, consultation findings and other research. However, your professional or personal experience and knowledge of individuals and communities (and the potential impact of a policy on them) is equally as valuable. Further information can be found in the planning a workshop section. http://www.healthscotland.scot/publications/planning-resources-hiia-scoping-workshop

What evidence have you used to support your impact assessment thinking? Have you identified any areas where more evidence is needed or where there are gaps in your current knowledge to inform the assessment?

Evidence type	Evidence available	Gaps in evidence
Population data e.g. demographic profile, service uptake.		
Consultation and involvement findings e.g. any engagement with service users, local community, particular groups.		
Research e.g. good practice guidelines, service evaluations, literature reviews.		
Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.		

Summary of discussion

The facilitator or lead for the impact assessment will:

- identify what the potential impacts of the policy are on people and their right to health
- identify what potential impacts the policy may have on the causes of health inequalities
- identify what potential impacts the policy may have on people's human rights as set out in the Human Rights Act.
- conside how the policy impacts on the specific requirements in the Public Sector Equality Duty
- identify any actions to tackle these impacts, promote equality and the right to health
- identify any potential effects as a result of the relationship between this policy and others
- identify evidence sources to draw on and where there are gaps in your evidence.

Next steps

A report will be written to identify the next steps. Next steps will be coordinated by the project lead and may involve prioritising the impacts, identifying and gathering further sources of evidence (including any consultation) in order to make recommendations from the impact assessment, followed by undertaking and monitoring any actions identified.

Appendix 1: Messages from the Health Inequalities Policy Review

<table>
<tr><th colspan="2">Structural</th><th>Behavioural</th></tr>
<tr><th>Fundamental causes</th><th>Wider environmental influences</th><th>Individual experiences</th></tr>
<tr><td rowspan="4">Global economic forces

Macro socio-political environment

Political priorities and decisions

Societal values to equity and fairness

Unequal distribution of power, money and resources

Poverty, marginalisation and discrimination</td><td>Economic and work
Availability of jobs.
Price of basic commodities (e.g. rent, fuel).</td><td>Economic and work
Employment status.
Working conditions.
Job security and control.
Family or individual income.
Wealth.
Receipt of financial and other benefits.</td></tr>
<tr><td>Physical
Air and housing quality.
Safety of neighbourhoods.
Availability of affordable transport.
Availability of affordable food.
Availability of affordable leisure opportunities.</td><td>Physical
Neighbourhood conditions.
Housing tenure and conditions.
Exposure to pollutants, noise, damp or mould.
Access to transport, fuel poverty.
Diet.
Exercise and physical activity.
Tobacco, alcohol and substance use.</td></tr>
<tr><td>Learning
Availability and quality of schools.
Availability and affordability of further education and lifelong learning.</td><td>Learning
Early cognitive development.
Readiness for school.
Literacy and numeracy.
Qualifications.</td></tr>
<tr><td>Services
Accessibility, availability and quality of public, third sector and private services; activity of commercial sector.</td><td>Services
Quality of service received.
Ability to access and navigate.
Affordability.</td></tr>
</table>

	Social and cultural • Community social capital, community engagement. • Social norms and attitudes. • Democratisation. • Democratic engagement and representation.	**Social and cultural** • Connectedness, support and community involvement. • Resilience and coping mechanisms. • Exposure to crime and violence.
Key components of a health inequalities strategy		
Fundamental causes	**Wider environmental influences**	**Individual experiences**
• Policies that redistribute power, money and resources • Social equity and social justice prioritised	• Legislation, regulation, standards and fiscal policy. • Structural changes to the physical environment. • Reducing price barriers. • Ensuring good work is available for all. • Equitable provision of high quality and accessible education and public services.	• Equitable experience of socio-economic and wider environmental influences. • Equitable experience of public services. • Targeting high risk individuals. • Intensive tailored individual support. • Focus on young children and the early years.
Examples of effective interventions		
Fundamental causes	**Wider environmental influences**	**Individual experiences**
• Minimum income for health (healthy living wage) • Progressive taxation (individual and corporate). • Active labour market policies	• Housing: Extend Scottish Housing Quality Standard; Neighbourhood Quality Standard. • Air/water: Air pollution controls; water fluoridation. • Food/alcohol: restrict advertising; regulate retail outlets; regulate trans-fats and salt content. • Transport: drink-driving regulations, lower speed limits, area-wide traffic calming schemes. • Price controls: Raise price of harmful commodities through taxation; reduce price barrier for healthy products and essential services.	• Training – culturally/inequalities sensitive practice. • Linked public services for vulnerable/high risk individuals. • Specialist outreach and targeted services.

Interventions requiring people to opt-in are less likely to reduce health inequalities. Consider the balance of actions at structural and individual levels.