Aberdeen City Health & Social Care Partnership
A caring partnership

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Our guidance for public engagement, equality and human rights

August 2021

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Purpose and basis of our guidance

Our guidance describes the vision, scope, commitments and responsibilities for the Aberdeen City Health and Social Care Partnership's (ACHSCP) approach to public engagement, equality and human rights. The linked approach to these three areas will improve the range, quality and consistency of our practice. The Appendices to the guidance contain templates for our three-stage approach to undertaking engagement based on Health Inequality Impact Assessments (HIIAs). Stage 1 is undertaking a Proportionality and Relevance Assessment. Stage 2 is Empowering People and Capturing their Views, which helps plan and prepare for the engagement as well as capturing the results. Stage 3 is the HIIA (assuming we have determined it is relevant).

We believe that good public engagement taking into account human rights and equalities will constructively challenge us and improve the quality of services and experiences that we provide. We also believe that the biggest elements of good engagement are giving time and effort to it and being willing to listen and act collaboratively. It is vital, therefore, that we challenge ourselves and each other to engage more effectively.

Our guidance is based on the partnership's vision, values and principles and promotes accordance with the Charter for Involvement, the National Standards for Community Engagement and Planning with People (Community Engagement and Participation Guidance). It also reflects Community Planning Aberdeen's (CPA) Engagement, Participation and Empowerment Strategy which has been endorsed by the ACHSCP's Integration Joint Board.

Aims of our guidance

1. To promote engagement in all its forms as an ongoing and integral part of the Partnership's activity

2. To enable a consistent, quality approach to engaging the public in the Partnership's services and strategy

3. To ensure that the engagement process is as positive and constructive as possible for all participants

4. To uphold the human rights of the public and strive to provide equal opportunities for people to get engaged.

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Definitions and scope of our guidance

'Public' is defined as the partnership's service users/patients, their carers and citizens of Aberdeen. This includes staff employed by the Partnership or its partner organisations.

The National Standards for Community Engagement defines engagement as, "A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change."

This definition (and therefore the scope of the guidance) does not include activities that involve individuals in making decisions about their own care (the person-centred approach), although they are related.

Who is our guidance for?

Our guidance is principally for the public, staff of the ACHSCP and members of the Integration Joint Board (IJB). It may also be of use to our partner organisations across the third, independent and housing sectors.

Vision for public engagement

Our vision is that ***Aberdeen Health and Social Care Partnership will put meaningful public engagement at the heart of its work***

Values and principles

The Partnership's vision, values and principles form the basis of this guidance. In planning and delivering public engagement we will consider these and put them into practice.

ACHSCP's vision

We are a caring partnership working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing.

ACHSCP's values

- Caring
- Person-centred
- Enabling.

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ACHSCP's principles

The following integration principles have been adopted by the partnership from the Public Bodies (Joint Working) (Scotland) Act 2014.

Our partnership:

1. Is integrated from the point of view of recipients
2. Takes account of the particular needs of different recipients
3. Takes account of the particular needs of recipients from different parts of the area in which the service is being provided
4. Takes account of the particular characteristics and circumstances of different service users
5. Respects the rights of service users
6. Takes account of the dignity of service users
7. Takes account of the participation by service users in the community in which service users live
8. Protects and improves the safety of service users
9. Improves the quality of the service
10. Is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)
11. Best anticipates needs and prevents them arising
12. Makes the best use of the available facilities, people and other resources.

Equality and human rights

The human rights and equalities approach lies at the heart of our engagement aspirations.

The impact of the Covid pandemic has increased our focus on human rights and equalities. This focus centres on the Independent Review of Adult Care in Scotland ('The Feeley report') which was published in February 2021. The Feeley report took a human rights approach to its work with particular emphasis on dignity, equality and individual autonomy. It found that the pandemic has intensified pre-existing inequalities and a lack of focus on rights. It made a series of 53 recommendations to improve adult social care in Scotland through taking a human rights approach. We, as a Partnership, are currently working towards meeting these recommendations.

Locally the ACHSCP has developed an Equality Outcome and Mainstreaming Framework to continually improve equality of access to the services it provides. This will detail how taking part in our engagement activities can be made as equal as possible.

ACHSCP has adopted a **Health Inequalities Impact Assessment (HIIA)** approach to assessing the impact of policies/strategies/service delivery/decisions on health inequalities (see Appendix 3). When determining whether an HIIA should be undertaken we must consider **proportionality and relevance** (see Appendix1).

The weight given to equality should be proportionate to its relevance to a particular function or service. The greater the relevance of a function or service to equality, the greater regard that should be paid If the decision or change is minor and does not materially affect the way services are delivered, then undertaking an HIIA may not be relevant. Similarly, even if the decision or change is significant, but it will only impact a small minority of clients or patients, or only impact a part of the service they receive, undertaking an HIIA may be disproportionate.

As part of the HIIA six questions are asked: -

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?

When responding to these questions, our Equality Duty, our Fairer Scotland Duty, and our obligations in relation to health inequalities and human rights are all considered. The HIIA should be used as an additional tool alongside engagement activity to ensure the implications of the policy/strategy/service/decision are fully considered particularly with regard to those with protected characteristics and those potentially experiencing socio-economic disadvantage or health inequality.

Completion of the HIIA should be undertaken in conjunction with the individuals and groups you are engaging with, and this should be done at an early stage in the development of the policy/strategy/service/decision. Our HIIA is included in full in Appendix 3.

Additionally, Public Health Scotland have a useful health inequality learning hub which provides useful guidance. Please see the 'Related documents' section for the link.

Our engagement standards

In planning and delivering our public engagement we will strive to meet the Charter for Involvement, the National Standards for Community Engagement and Planning with People (Community engagement and participation guidance). These documents set benchmarks for public engagement and form the heart of our approach to this work. We will also strive to meet the objectives in the CPA's Engagement, Participation and Empowerment Strategy.

Charter for Involvement

The Charter was written by the National Involvement Network which is a group of people that gets support from different social care organisations across Scotland. It explains how people who use support services want to be involved and details 12

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statements to improve involvement practice. The partnership is also committed to promoting adherence to the Charter amongst our partners.

National Standards for Community Engagement

The National Standards for Community Engagement are good practice principles designed to support and inform the process of community engagement and improve what happens as a result. These 7 standards have been used by a wide range of health and social care organisations across Scotland since 2005. They continue to be updated and refined based on their practical application.

Planning with People (Community engagement and participation guidance)

Planning with People (PWP) is co-owned by The Scottish Government and COSLA. This guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. PWP replaces Chief Executive Letter 4 (2010) for NHS Boards (CEL 4) relating to major service change. The established major service change decision-making process for NHS Boards remains, however, unchanged.

As part of the PWP, Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a Quality Framework for Community Engagement. This Quality Framework will be a useful tool for the ACHSCP to evaluate and review its engagement activity.

Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy

This Strategy is based on the Community Empowerment (Scotland) Act 2015 which sets out the legal rights and responsibilities around community participation in public sector organisations. It provides a consistent approach for community planning partners in terms of engagement and participation. The partnership has endorsed this Strategy and will strive to meet the objectives of the Strategy which are as follows:

- communities' inherent strengths and assets – their people, their energy, their connections, sense of purpose and resources, and their abilities to self-organise and exercise autonomy – will be valued as a fundamental building block of a healthy society
- every community will be equally heard and listened to
- participation will be the norm rather than the exception
- staff will be empowered to work in collaborative and empowering ways
- people will be able to see the difference that involvement has made.

Our commitments regarding engagement

Taking into account the values, principles and standards detailed above, these are the partnership's commitments regarding engagement:

1. We will plan before engaging, including how we engage with people with protected characteristics
2. We will be clear about the reasons for engaging people
3. We will support people throughout the engagement process
4. We will commit appropriate time, effort and resource to engagement activities
5. We will listen to and act collaboratively with the public
6. We will keep people well informed about the work they are engaged with
7. We will engage people on a locality basis as locality working lies at the heart of the partnership's approach
8. We will provide appropriate accounts of our engagement activity to our communities and the Integration Joint Board
9. We will employ co-production and co-design approaches wherever possible (for example we are committing to co-production and co-design being at the heart of any commissioning activity)
10. We will seek opportunities for joined-up engagement activities wherever possible. This will help reduce 'engagement fatigue' among communities and promote the sharing of best practice
11. We will make appropriate use of learning from previous engagement activities to try and ensure we're not going back with repeat questions.
12. We will evaluate our engagement activities to continually improve our practice
13. We will reimburse any out-of-pocket expenses people incur during their involvement activities.
14. We will mitigate the impact of Covid-19 distancing measures on our engagement activities, particularly in relation to people who share protected characteristics (making use of Health Improvement Scotland's May 2020 Equality Impact Assessment – 'Engaging Differently. Link provided in 'Related documents' below)

Engagement and the decision-making process

It is important to note that engagement is **only one aspect of the overall decision-making process**. The final policy/strategy/service/decision may not reflect everything the engagement told us. Our normal way of selecting how we do or change things is to undertake an options appraisal using several criteria (such as cost, benefits, fit with strategic aims, compliance with national or local policy etc.) to assess each option. Engagement responses will feed into the evaluation of each option, but it may be that an option is selected that does not necessarily reflect the majority of views received. This is because some of the other aspects of the options appraisal may outweigh these. We need to demonstrate that we have undertaken

engagement and that we have considered the information this provided in the appraisal of options leading to the final decision.

Examples of engagement activities

Our principal way of engaging with the public is through the Locality Empowerment Groups (LEGs). This information is taken from our LEGs leaflet:

"Locality Empowerment Groups (LEGs) are local people interested in improving the quality of life for people living in Aberdeen. Members use their own knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen but we also focus on needs that may be Citywide e.g. sharing your experience as a person living with a disability."

The LEGs will be a key way in which we establish the needs of Aberdeen's population. This will inform our commissioning of services, strategy and operational activities.

If you would like to get involved in the LEGs please email localityplanning@aberdeencity.gov.uk with your name, address and first part of your postcode so that you are given the details of your local group.

Alternatively you can find out more about LEGs and locality working at the Partnership's website - https://www.aberdeencityhscp.scot/our-delivery/locality-empowerment-groups/ or by clicking here.

A wide range of engagement work complements the work of the LEGs. The following are some more examples of how we currently and, may in the future, engage the public.

1. Setting up forums and focus groups
2. Questionnaires and other forms of feedback
3. Recruitment processes
4. The co-production and co-design approaches
5. Involving the public in meetings, workshops and conferences
6. Reviewing public information, strategies and policies
7. Monitoring and audit of services
8. Including the public on Partnership's boards up to and including the IJB (there are currently community members on both the IJB and Strategic Planning Group)
9. Staff training (including induction)
10. Formal and statutory consultations.

When should we engage?

Here are some specific examples of where you should engage:

- When developing new policy, strategy or new services e.g., implementing the Appropriate Adult legislation, refreshing the Strategic Plan (or any other strategy), redesigning Community Nursing in Aberdeen
- When proposing significant changes to existing service delivery e.g., implementing locality working, or redesigning day opportunities/respite and primary care services
- When commissioning or recommissioning services from third party, external providers
- When putting forward proposals that require significant decisions in relation to funding e.g., developing the Medium-Term Financial Framework, spending ring fenced additional allocations for mental health, addictions, or carers.

Engagement is not necessarily a one-off activity. Ongoing engagement activity may need to be scheduled at various points as plans develop to understand what clients/patients/communities think about these. Sometimes, an ongoing dialogue is what's appropriate e.g., getting ongoing feedback from people receiving a particular service.

Aberdeen City Health and Social Care Partnership (ACHSCP) take a programme/project management approach to delivering new ways of working and engagement should feature in the programme or project plan with decisions taken early on as to who we need to engage with and how best to do this.

How to engage

The following graphic from the National Standards for Community Engagement (NSCE) gives an excellent overview of all the standards we should aspire to meet when engaging with people. For fuller guidance about how to engage effectively, please use the link to the VOiCE Scotland website which can be found in the 'Related documents' section below. VOiCE is an approved planning, recording and reviewing tool for engagement.

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Engagement in emergency situations

The process described in this guidance assumes normal conditions allow the time for comprehensive engagement to take place. There may be emergency situations, such as the current global pandemic, whereby changes to service delivery may have to be made quickly in the absence of comprehensive engagement. In such situation, it is always best to engage as much as you can within the time you have, particularly with those people who may be impacted by the change. As soon as conditions return to normal, retrospective engagement which is more comprehensive should be undertaken to understand the impact the changes had, and what learning this has for future service delivery.

Responsibilities

The public have a responsibility to engage in good faith and for the benefit of our citizens.

The post of Development Officer (Service User and Carer Involvement) has been established in the Partnership to provide support and guidance on public engagement to all parties. Our Public Health Coordinators play a lead role in supporting our LEGs as described above.

All partnership staff and members of the IJB (including trade union/Partnership colleagues) have a responsibility to consider where public engagement is necessary or may improve our services then plan and deliver any engagement to the standards of this guidance. Staff should discuss any engagement work with Development Officer and Public Health Coordinators prior to progressing.

We will provide appropriate accounts on our engagement activity to our senior management and governance structures (up to and including the IJB).

It is the responsibility of us all to ensure that we are respectful and supportive of each other and to take steps to make each engagement as positive and constructive as possible.

Benefits and challenges of engagement

Benefits

The following description of the benefits of engagement is taken from the National Standards for Community Engagement:

"The outcomes of good community engagement include the following:

- The way in which public services are planned, developed and delivered is influenced by, and responds to, community need.
- People who find it difficult to get involved (for example, because of language barriers, disability, poverty or discrimination) can help to influence the decisions that affect their lives.
- The various strengths and assets in communities and across public and private sector agencies are used effectively to deal with the issues communities face.
- New relationships are developed between communities and public sector bodies which build trust and make joint action possible.
- There is more influential community participation in:
    - community-based or community-led social and economic development activity;
    - the way public authorities design and deliver services; and
    - policy, strategy and planning processes."

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Challenges

For the Partnership, challenges include:

- Being realistic and honest about the potential influence of engagement activities (please see the section above titled Engagement and the decision making process)
- Providing the necessary support to allow the public to participate effectively
- Engaging effectively with equalities groups
- Reconciling unmet need identified through engagement with future strategy and service provision
- Dealing constructively with perceived criticism.

For the public, challenges include:

- Cynicism because of unsatisfying, previous engagement experiences
- Worries about expressing views, especially if in receipt of services
- Having the necessary confidence and support to participate effectively
- Accepting the limitations of an engagement process that are beyond their control.

These challenges may be mitigated by a range of things such as the appropriate use of advocacy, adequate resourcing and use of this guidance.

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Related documents

The Partnership's Strategic Plan can be found on our website - www.aberdeencityhscp.scot/home. You can go directly to the Strategy by clicking here.

The Charter for Involvement can be found at Arc Scotland's website – https://arcscotland.org.uk/involvement/charter-for-involvement/. You can go directly to the Charter by clicking here.

The National Standards for Community Engagement can be found at the Voice Scotland website - http://www.voicescotland.org.uk/. You can go directly to the Standards by clicking here.

Planning with People (Community engagement and participation guidance) can be found at The Scottish Government's website - https://www.gov.scot/publications/planning-people/pages/2/. You can go directly to the guidance by clicking here.

The Equality Impact Assessment, 'Engaging Differently' can be found at Health Improvement Scotland's website - https://www.hisengage.scot/equipping-professionals/engaging-differently/ . You can go directly to the assessment by clicking here.

Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy can be found at their website - https://communityplanningaberdeen.org.uk/ . You can go directly to the Strategy by clicking here.

The Independent Review of Adult Care in Scotland can be found at The Scottish Government's website - https://www.gov.scot/groups/independent-review-of-adult-social-care/. You can go directly to the Review by clicking here.

The Equality Act 2010 can be found at the UK's legislation site - https://www.legislation.gov.uk/ukpga/2010/15/contents . You can go directly to the act by clicking here.

The Fairer Scotland Duty can be found at the Scottish Government's website - https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/ . You can go directly to the Duty by clicking here.

The Health Inequalities Learning Hub can be found at Public Health Scotland's website - https://learning.publichealthscotland.scot/course/view.php?id=580 . You can go directly to the Hub by clicking here.

NHS Grampian have produced the following two useful documents to support public involvement. If you would like a copy of either, please contact the NHS Public Involvement Team at nhsg.involve@nhs.net or (01224) 558098.

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- Involving you in the work of NHS Grampian - An information pack for patient, service user, carer and public representatives
- NHS Grampian Public Involvement Team – Best Practice Guidance (this guidance is aimed at staff)

Guidance review

This guidance was adopted by the ACHSCP in August 2021 and it should be referenced for all engagement activity going forward. It does not change the outcome of any engagement already undertaken or mean that this needs to be repeated.

This guidance will be reviewed annually.

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Appendix 1

Health Inequalities Impact Assessment (HIIA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights, and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (indicate all that apply)

Age	Disability	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non belief)	Sexual Orientation

Human Rights (enhancing or infringing)

Life	Degrading or inhumane treatment	Free from slavery or forced labour	Liberty	Fair Trial	No punishment without law	Respect for private and family Life	Freedom of thought, conscience, and religion	Freedom of expression	Freedom of assembly and association	Marry and found a family	Protection from discrimination

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Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes or No?

HIIA to be undertaken and submitted with the report – Yes or No If no – please attach this form to the report being presented for sign off	Proportionality & Relevance Assessment undertaken by: Name of Officer and Date

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Appendix 2

Health Inequalities Impact Assessment (HIIA)

Stage 2 Empowering People - Capturing their Views

(Title of Report)

(What will change because of this report/proposal?)

HIIA Team

Role	Name	Job title	Date of HIIA Training
DiversCity Officer			
Service Lead			
Report Author			
Main Stakeholder (NHS Grampian)			
Mains Stakeholder (Aberdeen City Council)			

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Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need		
Data on relevant protected characteristic		
Data on service uptake/access		
Data on socio economic disadvantage		
Research/literature evidence		
Existing experiences of service information incl Care Opinion		
Evidence of unmet need		
Good practice guidelines		
Other – please specify		
Risks Identified		
Additional evidence required		

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Consultation/Engagement/Community Empowerment Events

Date and Venue	Number of People in attendance by category*	Protected Characteristics Represented	Views Expressed	Officer Response

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

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Health Inequalities Impact Assessment (HIIA) Appendix 3

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

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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.

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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		

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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		

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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.

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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.		

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• 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.		

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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.		

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	• 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,	• Family life, including outwith blood and formalised relationships. • Privacy. • Personal choices, relationships.		

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home and correspondence (qualified right)	• 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.		

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	• 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.

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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.		

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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.
- consider 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.

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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.</td></tr>
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		• Affordability.
	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.	• Training – culturally/inequalities sensitive practice. • Linked public services for vulnerable/high risk individuals. • Specialist outreach and targeted services.

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	• Price controls: Raise price of harmful commodities through taxation; reduce price barrier for healthy products and essential services.	

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

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If you require further information about any aspect of this document please contact:

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