



Areas for Consideration of Impact

Protected Characteristics

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.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments
Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)
Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.
Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these.
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.

<p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p>
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Other

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
Refugees and asylum seekers
Staff: full/part time; voluntary; delivering/accessing services.

Human Rights (note only the relevant ones are included below)

<p>Article 2 – The right to no discrimination – not to be 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.</p>
<p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p>
<p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p>
<p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>
<p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>
<p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p>
<p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>
<p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>

UNCRC

Article 2 non-discrimination	Article 15 freedom of association	Article 30 children from minority or indigenous groups
Article 3 best interests of the child	Article 16 right to privacy	Article 31 leisure, play and culture
Article 4 implementation of the convention	Article 17 access to information from the media	Article 32 child labour
Article 5 parental guidance and a child's evolving capacities	Article 18 parental responsibilities and state assistance	Article 33 drug abuse
Article 6 life, survival and development	Article 19 protection from violence, abuse and neglect	Article 34 sexual exploitation
Article 7 Birth, registration, name, nationality, care	Article 20 children unable to live with their family	Article 35 abduction, sale and trafficking
Article 8 protection and preservation of identity	Article 22 refugee children	Article 36 other forms of exploitation
Article 9 separation from parents	Article 23 children with a disability	Article 37 inhumane treatment and detention
Article 10 family reunification	Article 24 health and health services	Article 38 war and armed conflicts
Article 11 abduction and non-return of children	Article 25 review of treatment in care	Article 39 recovery from trauma and reintegration
Article 12 respect for the views of the child	Article 26 Benefit from social security	Article 40 juvenile justice
Article 13 freedom of expression	Article 27 adequate standard of living	Article 42 knowledge of rights
Article 14 freedom of thought, belief and religion	Article 28 right to education	

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Marywell/Timmermarket Service Review
Name of Officer completing Proportionality and Relevance Questionnaire	Elaine Mitchell
Date of Completion	20/03/2024
What is the aim to be achieved by the policy or practice and is it legitimate?	<p>Homeless people tend to be high service users of both primary and secondary care services with often complex health and social care needs. Supporting Homeless/Vulnerable Adults Health Needs in Primary Care. Recognising the strategic direction the Scottish Government has set out in relation to Homelessness, Public Health and Health Inequality, Drug Treatment and Primary Care Health Inequalities. Many homeless people may have also experienced social exclusion with time spent in institutional care. Poor mental health and substance misuse often precede homelessness within this population.</p> <p>Marywell Health Care Centre (Homelessness Practice), the Community Nursing Outreach Team (CNOT) and the Integrated Drug Service (IDS) are currently undertaking a service redesign. The pooling of resources from this collaboration will provide a reactive and proactive streamlined service which will be beneficial to service users from both Marywell and the IDS within the Timmermarket building, as well as offering an opportunity for people living in known areas of deprivation in Aberdeen to access nursing care in the community.</p> <p>The provision of a better, faster and more effective pathway of care for these vulnerable groups should improve their immediate and long term healthcare needs and in turn help with preventative treatment to reduce harm, morbidity, and drug related deaths (MAT Standards), which will be mutually beneficial to both service users and service providers.</p>
What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>Our focus will always be on improving the health and wellbeing of our citizens and seeking to reduce the health inequalities that exist in our city. The intended outcome/s of the service review is to:</p> <ul style="list-style-type: none"> - Improve health outcomes for those who live in areas of deprivation and who have multiple complex needs. - Ensure equitable access to General Medical Services (GMS) services for homeless/vulnerable adults, supporting them to engage with health and social care services in Aberdeen City (Long Term Monitoring of Health Inequalities, Hard Edges Scotland).

	<ul style="list-style-type: none"> - Provide a 'one-stop' service to hopefully improve quality of life and ultimately increase life expectancy for this cohort (A Scotland where everybody thrives, Public Health Scotland Strategic Plan 2020-2023) - Reduce Health Inequalities (The Scottish Government Primary care Health Inequalities Short Life Working Group 2022). - Recognise the increasing demand that health inequalities place on secondary care services. - Support the development of locality-based care and support. - Recognise current resource constraints in terms of staffing, funding etc. and the need to ensure services are integrated. - Improve the health (as much as possible), manage health conditions and have the best possible quality of life.
<p>If the policy or practice has a neutral or positive impact please describe it here.</p>	<p>The policy would have a positive impact on the population described:</p> <p>Homelessness in an extremely complex social issue that can have multiple social factors for those living in poverty or being born into poverty. The socially disadvantaged, those lacking in education and experiencing racial, social and cultural discrimination or inequality can all result in homelessness.</p> <p>Non-payment of rent or missing several mortgage payments are the most common reasons for eviction or the loss of someone's home. The rising cost of living, even those with steady incomes can find themselves missing payments and falling into debt. Financial difficulties can also occur as a result of poor financial literacy and poor life choices. This can cause financial stress and hardship that is extremely difficult to escape from. Rental/mortgage arrears can lead to loss of housing as well as resulting in a poor credit rating which in turn makes finding alternative accommodation extremely difficult which in turn means escaping from homelessness also significantly more difficult.</p> <p>Addiction issues can lead to family/relationship/friendship breakdown which may cause loss or difficulty with employment giving greater rise to homelessness. Living in a desperate situation, feeling hopeless, living outside in extreme weather conditions and experiencing stress and trauma may cause people to turn to drugs or alcohol as a coping strategy as a way to escape reality. An estimated 60% of homeless people currently experience a substance misuse problem. Studies have found that 50% of all homeless people experience some type of mental health difficulty, with 25% experiencing a severe mental health condition. This cycle of homelessness, mental health</p>

	<p>issues makes finding stable employment, meaningful relationships difficult to maintain. This may also lead to a distrust of those in authority or unknown people who may simply be trying to help.</p> <p>Violence within the home, including physical and sexual violence and physical, emotional, sexual or financial abuse is also a leading cause of homelessness. Many flee violent or abusive homes, particularly if there is a threat to their or their family's safety.</p> <p>Fleeing domestic or family violence can result in homelessness for many victims because they are likely to have been forced to leave their homes. Their departure is likely to have been quick and secretive (with no opportunity for financial preparation), and they may not have family or social support to rely on. Many women fleeing from domestic violence also leave with their children so they too become homeless.</p>
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p>	<p>No</p>
<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Widespread ill health is common in patients who are homeless and it is common for them to experience acute illness and also long-term disease. This proposal with the collaboration of the services looks to support the homeless population, those with substance and alcohol dependence often also associated with mental health difficulties, those with multiple complex needs especially in areas of known deprivation and who do not normally engage effectively with mainstream primary care services. They tend to use services such as A&E which is not a cost effective use of resources. Having services to meet the needs of this population at areas local to them will hopefully ensure this cohort are seen at the right place, right time by the right professional. Due to lack of finances consideration should be given to ensure services are available in localities known have areas of deprivation or provide money for transport to attend services.</p> <p>Language and communication are major challenges for this cohorts so community engagement is vital to reach out to the intended populations. Community centres/hubs have proved popular places especially since the pandemic and are a good source of information for the local population.</p> <p>At the present time there are around 450 registered service users at the Marywell/Timmermarket clinics. It should be acknowledged that due to different services and IT systems it has been difficult to find accurate data on service use and practice nurse consultations may well be underestimated. Regular and consistent non-judgemental staff presence offering proactive preventative and early intervention are key factors to</p>

	<p>engage with difficult to reach cohorts. Studies have shown that specialist services for this cohorts do result in higher rates of engagement.</p> <p>It would be difficult to predict the numbers of those in the multiple areas of deprivation within the City that may benefit from this type of service and are not engaging with services without some form of service user engagement. GP practices could be contacted to obtain numbers of chronic non-attenders from services. When contact is made to acute services that is thought to be inappropriate could with permission be referred to a centralised point/service. This would of course require investment and administrative support as well as communications, accommodation/IT support etc.</p> <p>The proposals will help with engagement of this cohort to enable access to primary and secondary care as appropriate. The aim will be once engaged and trust established encourage them to take responsibility for their own health and with support help them to move back to mainstream services which should help them lead an improved life with a better standard of living with greater integration within their community.</p> <p>This would have a positive effect on the communities which in turn positively impacts on the longer term benefit of developing future relations with health and social care services.</p>
Decision of Reviewer	No need for stage 2 as there is no negative identified within the report.
Name of Reviewer	Susie Downie
Date	21.03.23

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Not applicable as the Marywell is a 2c Health Board ran practice.



