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Aims of this guide

This guide answers the most commonly asked questions about why and how to conduct a health inequalities impact assessment (HIIA).

The questions are commonly posed by individuals getting to grips with HIIA. The answers are drawn from the experience of staff conducting HIIAs during the piloting phase in 2010¹ and during the use of the tool during 2011–13.

The advice builds on the full HIIA guidance, which has more detail to refer to as you plan your HIIA.²

Key messages

- 1 The main aim of HIIA is to strengthen the contribution of policies and plans to reducing health inequalities by improving equity of access to the intervention, ensuring non-discriminatory practice and acting on the social determinants of health.
- 2 Any public sector agency with a contribution to reducing health inequalities can use the tool.
- 3 HIIA informs action and transparent decision making and should be conducted at a point in policy development or planning when there is scope to make changes as a result of the assessment.

- 4 HIIA offers an integrated approach to impact assessment, encompassing legally protected characteristics, wider population groups, the social determinants of health and human rights:
 - HIIA includes but goes beyond equality impact assessment. It meets the legal requirement to conduct an impact assessment of Section 149 of the Equality Act 2010³ (the public sector equality duty), and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.⁴
 - HIIA helps to raise questions about how the proposed policy will impact on the fundamental causes, wider environmental influences and individual experiences of health inequalities.

- The PANEL principle of
 Participation, Accountability,
 Non-discrimination and
 equality, Empowerment
 and Legality can be used to
 stimulate discussion and
 action on everyone's right to
 achieve the highest attainable
 standard of health.
- 5 There are six steps in the process which can be incorporated into existing impact assessment systems: preparation, scoping, prioritisation, appraisal, making recommendations and taking action.
- 6 Timely planning, meaningful involvement of stakeholders, evidence-informed assessment of impacts and taking proportionate action characterise a good quality assessment.

- 7 HIIA should be carried out by individuals with project management, facilitation and research skills and final reports should be scrutinised by committees or senior managers approving any new policy or plan.
- 8 Support and guidance for HIIA and equality impact assessment is available from NHS Health Scotland, the Equality and Human Rights Commission, the Scottish Human Rights Commission and peer support networks.

Part 1 Why?



1 What is HIIA?

Health inequalities impact assessment (HIIA) provides a systematic way to consider how a policy or plan may affect people differently. The findings can inform the policy's development and implementation. The term 'policy' will be used throughout this guide, encompassing any programme, service or plan subject to an impact assessment.

HIIA is a tool which offers an integrated approach to impact assessment, drawing on methodology from health impact assessment (HIA),⁵ equality impact assessment and human rights impact assessment.⁶

Scotland is unique in our integration of human rights into equality and HIA processes. Internationally, HIA is the main approach featuring in published literature although Australia has 'equity focused health impact assessment', which the Commission on Social Determinants of Health proposes should be institutionalised.⁷

People are not defined by any single characteristic. A narrow focus on one aspect of an individual's or group's identity may work to hinder understanding and responding to the reality of people's lives and experiences. HIIA therefore encourages consideration of the intersections of different potential impacts on individuals and communities, as illustrated opposite. The tool was developed following a recommendation in Equally Well⁸ and was piloted in 2010 with NHS Boards and the Scottish Government. The HIIA approach has been used with policy and service development in Scottish Government, local and national Health Boards and some third sector agencies since its launch in November 2011.



2

Who can use HIIA?

Any policy-maker or planner in the public, third or enterprise sectors can use HIIA. The tool can be used by agencies required to eliminate discrimination, advance equality, foster good relations, reduce health inequalities and enhance human rights and can be applied to any policy or plan.

Part 3: Putting it into practice includes case studies and a list of completed and ongoing HIIAs in a range of organisations, facilitated by NHS Health Scotland.

3

What legal duties are there for impact assessments?

Public bodies have a legal duty to conduct an equality impact assessment. HIIA includes equality impact assessment and therefore satisfies this legal requirement if it considers how a new or revised policy will:

- eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

These are the three requirements of the Public Sector Equality Duty of the Equality Act 2010.³

Scotland's specific equality duties to support better performance of the Public Sector Equality Duty of the Equality Act 2010⁴ state impact assessments must:

- **consider relevant evidence** from formal peer reviewed research to informal feedback from community engagement, relating to persons who share a protected characteristic (including any received from those persons)
- **not be ignored** public bodies must, in developing a policy or practice, take account of the results of any assessment made by it
- **be published** within a reasonable period, and in a manner accessible to the public.

Examples of legal cases show occasions where authorities have failed to conduct an impact assessment early enough and as a result decisions have had to be reversed.9

What makes HIIA different to equality impact assessment?

Equality impact assessment (EqIA) focuses on considering impacts on people covered by the nine protected characteristics included in the Equality Act 2010. These are: age; sex; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; and sexual orientation. In addition to these, HIIA considers other population groups who are vulnerable to unfair differences in health outcomes (such as people in different socio-economic groups, those involved in the criminal justice system, those living in remote/rural locations) and the social determinants of health (for example, employment and education). The HIIA approach draws on health impact assessment (HIA) methodology, which includes consideration of the social determinants of health. HIA has been used to influence policies in a wide range of sectors, such as housing and transport.¹⁰

HIIA also considers potential impacts on human rights, which is not usually included in EqIA. There is growing interest in Scotland for integrating consideration of human rights into impact assessment processes (such as City of Edinburgh Council, 2012¹¹) and some local and national bodies routinely consider socio-economic status in their EqIAs, for example, NHS Greater Glasgow & Clyde.

Why focus on health inequalities?

HIIA offers an opportunity during any planning process to assess the potential of the plan or policy to reduce or increase health inequalities. Health inequalities are unfair differences in health within the population across social classes or between population groups. All public sector and many private sector agencies have a contribution to make to reducing health inequalities.¹²

HIIA has the potential to consider how the policy impacts on the fundamental causes, wider environmental influences and individual experiences of health inequalities – see Figure 1 (on pages 10 and 11).

Providing accessible services, prioritising disadvantaged groups and targeted intensive support are approaches more likely to be effective in reducing inequalities than campaigns and services that are designed for the whole population and rely on people opting in.¹⁴ This suggests that all social policy can contribute to reducing inequalities if interventions are designed to strengthen the impact for disadvantaged groups.

HIIA provides the means to systematically consider the extent to which the policy can mitigate, prevent or undo inequalities:¹⁵

- Mitigation: Will the interventions proposed by the policy reach everyone who needs them, taking into account social or economic factors including discrimination or cost?
- **Prevention**: Does the policy maximise its potential for preventing environmental conditions and circumstances damaging health?
- **Undoing**: Can the policy avoid inequality being created in the first place through fairer distribution of power, money and resources?

The assessment should aim to identify unintended consequences of a policy that may increase inequalities as well as to proactively plan to reduce inequalities.

Figure 1: What causes health inequalities? (adapted from Beeston et al13)

Fundamental causes

Global economic forces

Macro socio-political environment

Political priorities and decisions

Societal values to equity and fairness Unequal distribution of income, power and wealth

Poverty, marginalisation and discrimination

Wider environmental influences

Economic and work

e.g. availability of jobs, price of basic commodities (rent, fuel etc.)

Physical

e.g. air and housing quality, safety of neighbourhoods, availability of affordable transport, food and leisure opportunities

Learning

e.g. availability and quality of schools, availability and affordability of further education and lifelong learning

Services

e.g. accessibility, availability and quality of public, third sector and private services, activity of commercial sector

Social and cultural

e.g. community social capital, community engagement, social norms and attitudes, democratisation, democratic engagement and representation

Inequalities

Upstream ◀

Individual experience

Economic and work

e.g. employment status, working conditions, job security and control, family or individual income, wealth, receipt of financial and other benefits

Physical

e.g. neighbourhood conditions, housing tenure and conditions, exposure to pollutants, noise, damp or mould, access to transport, fuel poverty, diet, activity levels, tobacco consumption

Learning

e.g. early cognitive development, readiness for school, literacy and numeracy, qualifications

Services

e.g. quality of service received, ability to access and navigate, affordability

Social and interpersonal

e.g. connectedness, support and community involvement, resilience and coping with mechanisms, exposure to crime and violence

Effects

Inequalities in:

Wellbeing

Healthy life expectancy

Morbidity

Mortality

Health inequalities

Downstream

6

Why include human rights?

Human rights-based approaches prompt consideration of how a plan or policy might drive up standards of services and enhance positive impacts for **all** people.

Scotland's National Action Plan on Human Rights (SNAP)¹⁷ promotes a human rights-based approach known as **PANEL**.

Figure 2: PANEL principles

PANEL	Prompts to use during the HIIA process
P articipation	Everyone has the right to participate in decisions which affect them. Have those affected by the policy or plans had a say in shaping it? Does your impact assessment involve the right people?
A ccountability	How will the organisation be held to account for embedding equality and human rights into its plans and policies? Who is responsible for taking action on the HIIA findings?
N on- discrimination and equality	Does the policy ensure everyone can realise their human rights? Has the HIIA considered how it can demonstrate non-discriminatory practice and advance equality?
Empowerment	How does the plan/policy build understanding or affirmation of human rights?
L egality	Has the policy respected, protected and fulfilled the full range of legally protected human rights?

Embedding human rights-based approaches into existing impact assessment processes can help mainstream human rights into the work of public authorities. There is a legal requirement on public bodies to comply with the UK Human Rights Act (1998). 'Articles' from the Act which are frequently engaged in the development of health and social care policy include the rights to 'Life', 'Freedom from ill-treatment' and 'Private and family life'.

The PANEL approach should help ensure that the human right to achieve the highest attainable standard of physical and mental health is met, which is recognised in a number of international agreements. ¹⁶ The 'right to health', as described by WHO, ¹⁸ can provide a useful way for public sector service providers to approach health inequalities as it relates both to timely and appropriate care and to the underlying determinants of health, such as income and housing. There are four integrated and essential elements to the right to health which can be used as prompts in a HIIA scoping workshop, presented in Figure 3.

Figure 3: The right to health

AAAQ	Prompts to use during your HIIA scoping workshop Is the proposed plan or policy likely to enhance or jeopardise:
A vailability	the availability of goods, facilities and services?
A ccessibility	the physical and economic accessibility of goods, facilities and services?
A cceptability	the ethical and/or cultural acceptability of goods, facilities and services?
Q uality	the quality of goods, facilities and services?

Case study B (in Part 3: Putting it into Practice) engages a number of these rights. Further case studies, audio presentations and further information about the right to health are available on www.healthscotland.com/equalities/humanrights.aspx

Find out more about the pilot to integrate human rights impact assessment into policy-making in Fife and Renfrewshire Councils, focusing on welfare reform: www.scottishhumanrights.com/eqhria

Part 2 How?





How do I carry out a HIIA?

A: When?

Basically, not too early or too late in the development of the policy. The HIIA should be conducted when the policy is in draft, when there is scope to make changes to it as a result of the assessment.

Impact assessment should be built into the early stages of planning when there is opportunity for the findings to influence decision-making. Evidence from legal cases regarding protected characteristics provides examples of where authorities have failed to conduct an equality impact assessment early enough and decisions have had to be reversed.⁹

B: On which plans and policies?

All new and substantial revisions to existing public sector policies, plans and publications require an impact assessment where they impact on people. A public authority must review and, if necessary, revise any policy or practice to ensure that it complies with the

equality duty with consideration to relevance and proportionality.²⁰ Technical guidance on assessing relevance states that: 'A policy which has an extremely negative impact on a small number of people may be of greater relevance than one which has only a minor impact on a large number of people'.²¹ More guidance is available from the Equality and Human Rights Commission on assessing impact on equality.²²

Any policy or plan with the potential for addressing health inequalities could use HIIA. HIIA can be used to bring additional dimensions

to considering equality – the impact on the determinants of health and human rights can be systematically considered alongside the potential for reducing discrimination, advancing equality and fostering good relations.

'It would have been good to engage at a much earlier point in the process – as it would have enabled us to incorporate some of the recommendations when the plan was in a less final state.'

Feedback from a participant in a HIIA scoping workshop, National Health Literacy Action Plan

C: Who should lead a HIIA?

The policy lead or lead planning officer should drive the process and take part in the scoping workshop, with authority to influence action as a result of the assessment.

There should be strong senior management level support for an HIIA to ensure resources are invested in the process and to commit to action being taken as a result of the assessment.

The lead for the HIIA should secure the involvement of staff with project management, facilitation and research skills, to ensure input about or access to, evidence on equality and diversity or the impacts of the social determinants of health.

D: What are the steps?

There are six steps in the process: preparation, scoping, prioritisation, appraisal, developing recommendations and reporting, taking action and monitoring.² These steps are illustrated in Figure 4 with key actions to take.

Figure 4: Six steps in the HIIA process

Equality	Determinants	man hts	
Prep	aration		Identify scope and stakeholders.Establish steering groups or use existing structure.Develop introductory briefing for scoping workshop.
Scop	ing		Identify affected populations and potential impacts.Produce draft scoping report.Workshop participants review report.
Prior	ritisation		Narrow the focus of impacts and research questions based on relevance to equality, scope and resources.
Appr	aisal		Gather evidence for prioritised impacts/ research questions.Consult with wider stakeholders, to contribute evidence.
Reco	mmendatio	ns	 Make recommendations to mitigate against negative impacts/enhance positive impacts. Report on the process, key findings and recommendations.
Takir	ng action		Take action as a result of the assessment.Establish monitoring arrangements and review of practice.

The triangle shape indicates how you will start by considering a broad range of impacts at the scoping workshop, until the final recommendations focus down on a small, prioritised number.

HIIA is also intended as a tool which organisations may wish to 'pick and choose' elements from to inform existing approaches to impact assessment. For instance, by

'It really helped us work through the impact our proposals will have on all service users.'

Feedback from a participant in a HIIA scoping workshop, Community Wards

incorporating the human rights considerations, adopting the model of scoping workshops and ensuring impact assessment is evidence-informed.

More detailed advice on each of these steps can be found in the full HIIA guidance.² Tools and standard templates for activities at each step are also available at **www.healthscotland.com/equalities/index.aspx**

Part 3: Putting it into practice includes four case studies which illustrate how these steps have been followed.

E: How long is it likely to take?

NHS Health Scotland has examples of the HIIA process ranging from a few weeks for small projects (such as assessment of an information leaflet) to a few months for national policy development. It depends on the scale of the topic being assessed, the availability of key stakeholders, resources invested in the process and how many research questions are identified for the appraisal phase. If the scoping workshop identifies only a small number of easily mitigated impacts for which additional evidence is not required to be gathered to make recommendations, it may not be necessary to go through the prioritisation and appraisal stages.

F: What type of evidence should I gather and when?

Three types of evidence can be gathered to inform a robust impact assessment, taken from internal or external sources, ^{2,21} as presented in Figure 5 (on page 18).

Figure 5: Three types of evidence to use in HIIA

Type of evidence	Why?	Examples
1: Population data and statistics describing the characteristics of the affected populations and related business intelligence	To understand the profile of your communities	Demographic profiles Service uptake data, including complaints data
2: Consultation findings gathered by engaging with communities and professional stakeholders on the proposal being impact assessed.	To gather the perspectives and experiences of people affected by the plans.	Reports on engagement activity with local communities Expert opinion
3: Research from evaluations of the effectiveness and accessibility of the service or evidence of the association between a proposal and equality/ health inequalities.	To learn how effective, accessible and acceptable the service is to people.	Service evaluations SCIE guides NICE guidance Literature reviews about the causes of health inequalities e.g. income and stigma Excellence (NICE) guidance

There are various time points during an impact assessment when all three types of evidence can be gathered and usefully drawn upon:

- at the preparation stage, to set the scene, bringing key sources to the attention of participants before a scoping workshop
- during a scoping workshop, to substantiate or challenge assumptions and existing knowledge
- following the workshop, during the prioritisation and appraisal of impacts, to better understand impacts and answer specific research questions generated, including engaging with groups where no

including engaging with groups where potential impact was identified
as part of developing recommendations, to demonstrate the links between the impacts and future action required.

In relation to the second type of evidence, there is an opportunity to align impact assessment with service change processes, where both processes demand an element of community consultation on proposals.²³ Conducting an impact assessment at the start of a service change process can be helpful in identifying individuals or communities who might be more affected or have greater need for the service than others, informing the development of a communication and engagement plan, and gathering evidence for the option appraisal. The assessment can be revisited once a preferred option(s) has been identified, with more in depth consideration of potential impacts, to be used during the public consultation on the proposals.

Guidance on the gathering and use of equality evidence is available from the Equality and Human Rights Commission: 'Evidence and the public sector equality duty: A guide for public authorities (Scotland)'.²¹ Further guidance and examples of application of evidence on health inequalities and community engagement is also available from NHS Health Scotland. Most medium to large public sector agencies have staff with a knowledge management, performance management and community engagement function who can be asked to support a HIIA. 'Knowledge into Action' development work is underway to address the challenges and opportunities this presents.²⁴

'The group was very knowledgeable about tobacco but on reflection, I think it would have been beneficial to have one or two participants who were involved in health inequality and equality issues to add to the debate and knowledge base.'

Feedback from a participant in a HIIA scoping workshop, Tobacco Control Strategy

G: Who should I invite?

NHS Health Scotland's experience of using HIIA suggests that the most successful workshops have 8–12 stakeholders who have been involved in the development of the plans and who have some insight into the needs and experiences of the potentially affected individuals or communities. This could include policy/management leads, clinicians, researchers and advocacy bodies. It will not be feasible to have representatives

'I think getting the right people around the table is critical too. A mixture of partners and end users gives the different perspectives you need to discuss fully the impact on groups.'

Feedback from a participant in a HIIA scoping workshop, Cooking Bus

from all communities at the workshop. Therefore, consultation with bodies representing potentially affected groups identified in the scoping workshop can be part of the appraisal phase to ensure impacts and mitigation are fully considered.

Joint facilitation of the scoping workshop should ideally involve someone with some experience of impact assessment processes (see Part 3: Putting it into practice for contact details) and include the lead for the plan or policy or someone familiar with the topic, in order to ensure depth of challenge and critique of evidence sources which are brought to the table.

H: How do I report a HIIA?

Transparency and accountability are important for public bodies. All bodies are required by law to publish the results from equality impact assessment in the public domain 'within a reasonable period'.²⁰ There is no prescribed format, and some agencies will want to ensure the paper is in a format which is routinely used for sign off at senior level committees or steering groups.

The final HIIA report can include how the impact assessment was conducted, key impacts, recommendations, mitigating actions and arrangements for monitoring (a template for the report is available). The more detailed scoping workshop report can be made available upon request to show how the recommendations were reached.

More guidance on 'record keeping' can be found in a technical guide:²¹
www.equalityhumanrights.com/scotland/public-sector-equality-duty/technical-guidance/
Examples of HIIA reports are available at www.healthscotland.com/equalities/index.aspx

I: What happens after the HIIA?

It is useful to review how much progress has been made taking mitigating action and addressing inequalities in health, six months or so after the recommendations have been endorsed.

Monitoring the 'impact of the impact assessment' and the implementation of the policy or plans is an ongoing process and it is good practice to revisit the impact assessment as part of any review or development of related products or services.

8 What makes a good impact assessment?

Learning from using HIIA and from published research¹⁰ tells us that the following five principles need to be in place to make for a robust HIIA:²⁶

- **Timely planning** involving a small steering group, with senior level buy-in, early enough for the results of the impact assessment to influence the design of the plans.
- **Meaningful involvement** making the most of key stakeholders to support all stages of the impact assessment.
- **Systematic consideration of impacts** ensuring the needs and cultures of each characteristic and population groups affected are fully assessed.
- **Evidence informed** gathering a range of evidence sources to understand potential impacts and to inform recommendations.
- **Proportionate action** taking action as a result of the assessment which is within the scope of the plans and resources available.

See Part 3: Putting it into practice which describes four case studies that demonstrate good practice relating to these five principles.

Who scrutinises impact assessments?

Locally, committee or senior management teams approving any new policies should be scrutinising the associated impact assessment, asking:

- Has the impact assessment considered all available evidence including engaging with those likely to be affected by the proposal?
- Are the conclusions and the recommendations from the impact assessment justifiable, with legal advice sought if necessary?
- What action will be taken as a result of the impact assessment?

As impact assessments are required to be published and are subject to public scrutiny, advocacy groups and the media are likely to be interested in seeking out information about how particular protected characteristics have been considered in the assessment.

At a national level, the Equality and Human Rights Commission (EHRC) has a regulatory role to monitor the public sector equality duties, inform the Scottish Government about public sector performance and practice and take enforcement action if required. The EHRC monitoring programme also has a role in identifying good practice and working with others to promote it. For example, the EHRC conducted a review of the EqlAs associated with the development of three Scottish Government policies (Better Together patient experience programme, National Drugs Strategy and Local Housing Strategies). The review revealed a number of potential areas for improvements e.g. in relation to training, transparency, evidence, self-review and peer audit.²⁷ Another evaluation commissioned by the EHRC of education and police authorities in Scotland proposed that EqlAs could be strengthened by improving evidence use and ensuring more consistent and embedded processes.²⁸

Equality Impact Assessment performance seems likely to remain a key area of interest for the EHRC in Scotland. HEAT (Health improvement, Efficiency, Access and Treatment) targets and SOAs (single outcome agreements) place expectations on public sector structures to work together to reduce health inequalities.

Part 3 In pract





What support is available to guide me through the process?

NHS Health Scotland's Equality Team

Available to discuss any part of the process with you further and to share examples of practice. Other team members across NHS Health Scotland are also familiar with the process and can guide you through the steps. Further guidance and information is available on our website (www.healthscotland.com/equalities/index.aspx) including:

- a checklist to guide you through facilitating conversations in a scoping workshop
- templates to help you report on your HIIA
- information on policy and legislation, including the Equality Act, the Human Rights Act, and the right to the highest attainable standard of health
- case studies on HIIA, including examples of human rights impacts.

Email nhs.healthscotland-hiia@nhs.net with enquiries or requests for support.

Equality and Human Rights Commission

Can provide legal advice on an impact assessment and guidance on rights, responsibilities and good practice, based on equality law and human rights. The Commission aims to secure an effective legal and regulatory framework for equality and human rights by influencing legislative and policy developments.

www.equalityhumanrights.com/scotland/public-sector-equality-duty/non-statutory-guidance-for-scottish-public-authorities/

Scottish Human Rights Commission

Dedicated to helping everyone understand their rights and the shared responsibilities we all have to each other and communities. The Commission is independent of the UK and Scottish Parliaments and Governments.

www.scottishhumanrights.com

Peer support networks

NHSScotland Equality and Diversity Lead Network

NHS Health Scotland nhs.healthscotland-hija@nhs.net

www.healthscotland.com/equalities/leadcontacts.aspx

Scottish Local Authorities Equality and Diversity Network

Simon Cameron, South Lanarkshire Council simon.cameron@southlanarkshire.gov.uk

Scottish Health Inequalities Impact Assessment Network

Margaret Douglas, NHS Lothian margaret.j.douglas@nhslothian.scot.nhs.uk

www.healthscotland.com/resources/networks/shian.aspx



Completed and ongoing HIIAs

HIIA ongoing in 2013-14

- Person Centred Care Collaborative, Healthcare Improvement Scotland
- Health Literacy Action Plan, Scottish Government
- Drugs Outcomes Framework, NHS Health Scotland
- Healthier Scotland Cooking Bus, NHS Health Scotland
- Off to a Good Start, NHS Health Scotland

HIIAs supported by NHS Health Scotland during 2012–13

Scottish Government

- Tobacco Control Strategy
- Integration of Adult Health and Social Care – Public Bodies (Joint Working) (Scotland) Bill
- Family Nurse Partnership Programme
- Responding to Major Emergency Guidance

Local NHS Boards

- NHS Ayrshire & Arran: community wards for older people
- NHS Fife: developing a primary care resource centre at Queen Margaret Hospital
- NHS Forth Valley: evaluating the build of Forth Valley Royal Hospital

Special NHS Boards/Other

- Scottish breast screening service review
- Child and adults immunisation programme – introduction of new vaccines
- The Prince and Princess of Wales Trust; reviewing the relocation of a hospice
- 'See me'; assessing the national campaign plan 2012–15.

NHS Health Scotland

- Breastfeeding peer support guidance
- Childsmile programme
- Review of the early years nutritional guidance
- Sexual Health and Relationships Education curriculum resource
- Walk Once a Week scheme
- Publication reviews:
 - Cool Heads Stress Central;
 booklet for 12–16 years olds
 - Young Parent's Survival
 Guide; providing pregnancy
 and parenting advice
 - Hepatitis B How to Protect Your Child', HIV Action 10 – guide for those from areas of high prevalence
 - Bowel cancer literature for people with learning disabilities

Case studies and reports available upon request.





Informing the relocation of primary care services, Fife

1. Preparation	The HIIA was planned to evaluate the impacts and opportunities for the local population, patients and staff, as a result of the relocation of services into a Primary Care Resource Centre at Queen Margaret Hospital, Fife.
2. Scoping 3. Prioritisation	A scoping workshop and several prioritisation meetings were held. A range of positive and negative impacts were identified, e.g. potential barriers were identified for young people accessing the sexual health services and transport issues.
4. Appraisal	Evidence gathering was conducted locally and with the support of NHS Health Scotland.
5. Recommendations	The Head of Clinical Governance ensured all recommendations were included in an updated communication and engagement plan.
6. What action was taken?	A survey was undertaken with users of two clinics about how they access the service followed by engagement with local LGBT groups on the development of sexual health services. One result of this engagement was a change to clinic opening times. All issues from the HIIA and those identified from patient and public engagement are being addressed by a number of workstreams.

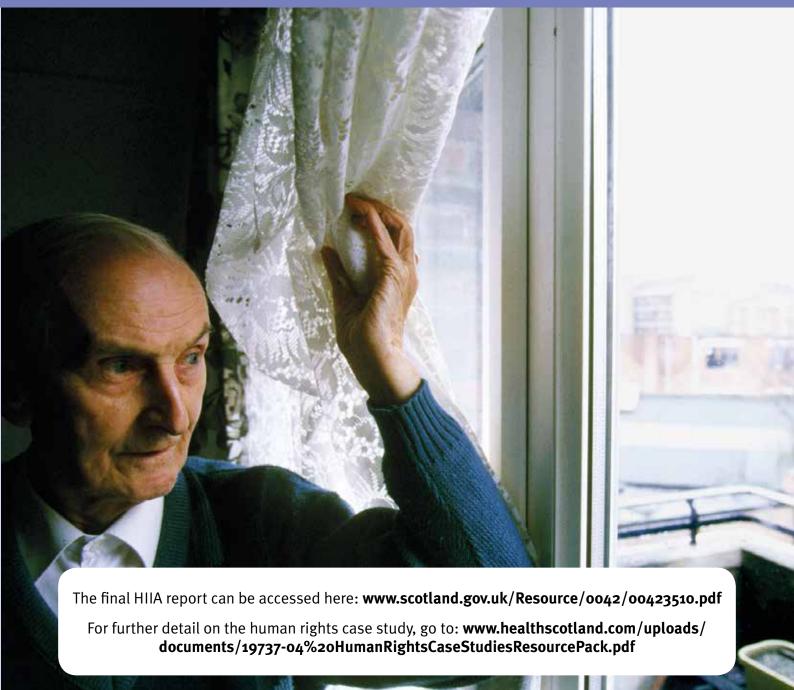


Link to full case study: www.healthscotland.com/documents/21281.aspx Link to final HIIA report: www.healthscotland.com/documents/21318.aspx



Influencing the development of the Public Bodies (Joint Working) (Scotland) Bill

1. Preparation	The HIIA was planned as the Bill was being drafted to ensure the needs of different individuals and communities were carefully considered and could influence the design of implementation plans. The Bill team were keen to incorporate the HIIA principle of meaningful involvement of stakeholders to enhance their EQIA process.
2. Scoping 3. Prioritisation	A scoping workshop was held with key stakeholders (including advocacy groups and the EHRC), followed by extensive community consultation on the Bill. A follow up workshop was also held to present the responses to the consultation and discuss how to involve key stakeholders in the development of future plans.
4. Appraisal	The assessment raised a number of research questions in relation to the vulnerability of people being supported in their own homes, the health and wellbeing of carers and issues around data sharing. The consultation also confirmed that there were gaps in knowledge regarding the experiences of LGBT and ethnic minority communities.
5. Recommendations6. What action was taken?	The initial focus on improving outcomes for older people which implied an 'age criteria' was redefined to focus on adults with multiple long term conditions and complex support needs. The Scottish Government committed to ongoing evidence gathering in response to a number of questions raised by the consultation. Also an Equalities Reference Group, with membership from a variety of equality representative groups and organisations, was set up in October 2012 for consultation during the development of the regulations specifically regarding the national health and wellbeing outcomes and the guidance.





Tailoring the delivery of the Walk Once a Week (WoW) Project

1. Preparation	A HIIA aimed to consider the impact the project was having on different population groups and to make recommendations that would inform the future design and delivery of the WoW project in Scotland. The WoW project rewards all children who walk or cycle at least once a week to primary school, with collectable pin badges.
2. Scoping	Representatives from Living Streets, Paths for All, two local authorities, Children in Scotland, Sustrans, the Scotlish Government and NHS Health Scotland participated in a scoping workshop to discuss the potential impact of the WoW project on different groups.
	Both positive and negative differential impacts were identified such as the potential negative impact on children from deprived areas who perceive safety (e.g. crime, traffic, gangs) as a barrier to active travel. A potential positive impact was identified for children from rural areas because of the promotion of park and stride.
3. Prioritisation	A prioritisation exercise was carried out to identify options for improvements to the delivery of the project.
4. Appraisal	Published evidence to support or refute potential impacts was also identified, with the support of the Evidence for Action team, NHS Health Scotland.
5. Recommendations6. What action was	At a project level, discussions are underway with one of the project lead organisations to gather more comprehensive demographic data and patterns of participation, to ensure that there is equitable access to the project.
taken?	At a strategic level, investment in active travel to school initiatives will be progressed via a cross-policy/partnership approach to planning and delivery, to reflect the contribution of the wider determinants associated with quality active commuting experiences.





Influencing a decision to move office sites, NHS Health Scotland

1. Preparation	NHS Health Scotland's Estates Strategy proposed to move from five offices to two – one each in Edinburgh and Glasgow. There were three options available for the Edinburgh site and one for Glasgow. The HIIA aimed to look at how the office move would affect all staff. The HIIA began early to mitigate against any potential negative impacts identified.
2. Scoping	A scoping workshop was held with the internal Estates Working Group (which comprised management and staff side representatives) to consider potential impacts on different staff groups. An Access Designer from the Scottish Disability Equality Forum was engaged to contribute to the evidence gathering.
3. Prioritisation4. Appraisal	After consultation with staff, it was found that increased travel time to some of the Edinburgh locations and cost would have the greatest impact on staff from the lowest grade, those who work part time and those who have caring responsibilities. Disabled staff were also most likely to be affected by the move because of potential issues relating to the accessibility of new offices and changes to business travel.
5. Recommendations 6. What action was taken?	The findings of the impact assessment informed the Board's decision on which Edinburgh site to move to. The evidence gathered shaped recommendations to the Estates Working Group and Partnership Forum on how to prevent or mitigate the negative impacts and promote the positive impacts, such as viewing the new offices before moving in to identify any unanticipated access problems and allowing for longer travel times.



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