

Impact Assessment Toolkit



Content

SECTION 1 General Information

SECTION 2 Aims of the function or policy

SECTION 3 Evidence

SECTION 4 Impacts

SECTION 5 Monitoring and Reviewing

SECTION 6 Public Reporting of Results (information required for the Summary Sheet)

SECTION 7 Quality Assurance

Section 1 : General Information

		Guidance
1	Name of plan: Health and Social Care Strategic Commissioning Plan 2022 – 2025	The word Plan is used throughout this document for ease but it could also be a strategy, policy, project or budget option (saving, income generation or priority investment).
2	Is this plan: <input checked="" type="checkbox"/> new <input type="checkbox"/> reviewed	
3	Lead Service(s) involved in the delivery of this plan: Strategic Planning and Commissioning Team on behalf of the Integration Joint Board	
4	Who else is involved in the implementation of this plan?: Cross sector and interdisciplinary services and partners. NHS Dumfries and Galloway, Dumfries and Galloway Council, Third Sector and Independent Sector organisations.	e.g. other Services or partner agencies
5	Lead person: Liz Forsyth, Programme Manager, Strategic Commissioning Plan	The lead person should be someone who has a good knowledge of the plan to be assessed and has been trained in the Toolkit.
6	Names and organisations of those involved in the process : Equality and Diversity Working Group (LGBT+ and LGBT Youth, DG Voice, Dumfries and Galloway Multicultural Association, Dumfries and Galloway Council Equalities, Dumfries and Galloway Council Youth Work, NHS Dumfries and Galloway Equalities, Third Sector Dumfries and Galloway, Gender Based Violence, Dumfries and Galloway Council Communities Directorate)	The tool should be completed by no fewer than two people. It is good practice to involve stakeholders. Representatives of people experiencing inequality – for example people experiencing poverty should be considered and the relevant Equality and Diversity Group(s) must be involved.
7	Date of Impact Assessment (IA): Meetings held: 16/02/2021, 25/08/21, 14/12/21	

<p>8 Do all participants understand the Guidance? ✓ Yes</p>	<p>The lead person should check all attending have read and understood the purpose or process of IA</p>
--	---

Section 2 : Aims of the plan

	Guidance
<p>9 What are the main aims of the plan? Please list</p> <p>To meet the following Strategic Commissioning Intentions</p> <ul style="list-style-type: none"> • support and facilitate people to live independently and well in their own homes and move toward more ‘place of residence’ based models of care and support • work with partners to make preventative, early/upstream intervention approaches our primary focus and seek to reduce the need for/incidence of crisis management • find or create safe, sustainable, effective and affordable models of care and support that people tell us improve their experience of care and/or quality of life • transform health and social care and support in Dumfries and Galloway to ensure its long term sustainability • ensure that health care and support is delivered within the financial budget available to the Integration Joint Board • be innovative and creative in developing and supporting a health and social care workforce, including Carers and volunteers, to meet predicted future need • have a focus on regional and national priorities such as mental health and palliative care and look to see how these areas of care can be supported and developed in Dumfries and Galloway • support people in geographical communities and communities of interest to become more resilient, addressing health inequalities • develop strong, cohesive relationships with partners and partner 	<p>This should describe the plan and what you are trying to do. Think about:</p> <ul style="list-style-type: none"> • Why is it needed? • What outcomes does the organisation hope to achieve by it? • In particular will the plan contribute to organisations’ Objectives/Priorities and the partnership Local Outcomes Improvement Plan?

<p>organisations to enable us to work together, collaboratively in an integrated way</p> <p>Why?</p> <ul style="list-style-type: none"> • to ensure we meet the Health and Social Care needs of the population of Dumfries and Galloway and make most effective use of our resources. • to meet the outcomes of the Scottish Government Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that Integration Joint Boards have strategic commissioning plans in place <p>These aims align with the 9 Scottish Government's National Health and Wellbeing Outcomes</p>	
<p>10 Will the plan assist in meeting the aims of legislation?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Give details</p> <p>(a) The Equality Act 2010 <input checked="" type="checkbox"/></p> <p>(b) Human Rights Act 1998 <input checked="" type="checkbox"/></p> <p>(c) Climate Change Scotland Act 2009 <input checked="" type="checkbox"/></p> <p>(d) Environmental Assessment (Scotland) Act 2005 <input type="checkbox"/></p>	<p>The purpose of IA is to assess which individuals or groups will be most affected and how. There are four specific pieces of legislation that require Impact Assessments to be carried out – the Fairer Scotland Duty is required under the Equality Act.</p>

Section 3 : Evidence

	Guidance
<p>11 What evidence has or will be used to identify any potential positive or negative impacts?</p> <p>Insert details in the boxes below (a) to (e):</p>	<p>Evidence could be based on a specific geographical area or a community of interest and could include consultations, surveys, focus groups, interviews, pilot projects, user feedback (including complaints made), officer knowledge and experience, equalities monitoring data, academic publications, consultants' reports, etc. Also identify where there are gaps in the evidence and set out how these will be filled.</p>
<p>(a) Involvement in development/ review</p> <p>A wide range of stakeholders (listed in the Statement of Consultation) including those delivering and those accessing health and social care and support have been involved in developing the draft plan</p>	<p>Who has been involved in the development so far of your plan?</p>
<p>(b) Research</p> <p>Local and national strategies and frameworks have been researched during the development of the plan. Local and national sources, such as the Dumfries and Galloway Strategic Needs Assessment 2020 and National Records of Scotland have helped to ensure the demographic and financial information is as up to date as possible.</p>	<p>Have you conducted any research or what research are you using?</p> <p>Useful statistical information can be found in the Equality Evidence Finder</p>
<p>(c) Officer/Practitioner knowledge and experience</p> <p>The Programme Manager is experienced in engagement and consultation and has undertaken IA and Consultation Institute training. This has ensured that the consultation process has been inclusive, supportive, well planned, effective, fit for purpose and well communicated. This has also ensured that the IA process and the plan have been developed using appropriate methods and skills.</p>	<p>What expertise or individual information are the group using to inform their judgements?</p>
<p>(d) Monitoring data</p> <p>Data gathered locally from surveys including Easy Read version has provided</p>	<p>What data is available locally or nationally to inform the group?</p>

<p>anonymous information about equality and diversity from consultees.</p> <p>Data gathered locally from the Communication and Engagement Plan has provided evidence of the diversity of people and groups (including Protected Characteristic Groups) that have had the opportunity to engage and who have engaged so far.</p> <p>Data gathered during the engagement was used to identify gaps and ensure the consultation process included any people or groups that previously been missed or not engaged despite invitations to do so.</p>	
<p>(e) Feedback Feedback on the engagement document was sought and comments recorded. Learning using the Plan Do Study Act cycle was used to identify areas for improvement including having information available in accessible formats earlier in the process.</p>	<p>What feedback is available to inform the IA? e.g. both positive and negative users' experiences of the plan – surveys, Board or Elected Members enquiries and comments etc</p>

Section 4: Impact Areas

This section covers the Protected Characteristics, Human Rights, health, climate change and sustainable development.

12 **AGE**

This refers to children and adults of a particular age or age range.

Remember different age groups have different concerns. For example:

- violence is more likely to happen to you if you are a young man but the fear of crime can be debilitating if you are an older or lone woman.
- can all age groups access your service even on a dark winter night?
- children (people under 18) have a right to advice and information but this may need to be in a different format from the same information directed at adults
- when considering age/ children remember that some children are more vulnerable or have particular issues that may need additional consideration, for example children in poverty or Looked After Children (LAC)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> removing or minimising disadvantage meeting the needs of particular groups that are different from the needs of others encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	<p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p>		<p>No specific issues were raised around this characteristic.</p> <p>The engagement acknowledged that Carers can be any age and include Young Carers and Young Adult Carers. It is also recognised that there are increasing numbers of older people who are in receipt of care and support but also many who provide unpaid care. This was reflected in the animation.</p> <p>Although the plan relates to adult health and social care, Young Carers and Dumfries and Galloway Carer’s Centre and Youth Forum were invited to engage, to ensure they were given the opportunity to participate its development.</p> <p>Day Centres and the Older People’s Consultancy Group were also invited to engage and provide their views and experiences as care providers and those accessing health, care and support.</p> <p>The SCI’s refer to supporting people to self manage, living independently but not everyone feels this is working at a local level. Measures are being put in place to monitor the effectiveness of the Key Actions under each SCI.</p> <p>Appointments online may suit people who are comfortable with using digital technology but some people including some young people do not have access to the knowledge or equipment needed to do this. It is important that people are aware that there are other ways of accessing services should they choose or need to do so.</p>

13 DISABILITY

A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. For example:

- Is there any reason to believe that disabled people are being, or could be, adversely affected by this plan?
- Are there any impairment groups who are particularly adversely affected by the plan?
- Could your plan adversely affect individuals as a result of something arising from their disability?
- Does your plan ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld?

Useful websites and publications: [Disability Rights](#) [Equality and Human Rights Commission](#) [DGVoice](#)
[Keys to Life Report- Improving Quality of Life for People with Learning Disabilities](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	<p>✓</p> <p>✓</p>	<p>✓</p>		<p>No impact was indicated in respect of discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Engagement with health and social care professionals as well as invitations to groups that represent people with disabilities was particularly important because this group of people are more likely to be affected by any changes to health and social care.</p> <p>Efforts were made to minimise disadvantage by making the plan as accessible as possible. This included working with the NHS Intellectual Disability team and Third Sector partners, in particular a working group representing people with additional support needs who co-created the Easy Read version of the draft SCP.</p>

	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p>		<p>Hard copies of the consultation document were also posted out on request, with a reply paid envelope.</p> <p>The pandemic has made events such as meeting people more challenging but advice has been sought from partners to ensure people with disabilities and their Carers have opportunities to engage and submit their thoughts. People with additional care and support needs were supported to engage with funding for additional support to ensure they had the time and access to the necessary resources to do so.</p> <p>Opportunities to engage through virtual 1-2-1 meetings and phone conversations were available for people who were unable to participate in group sessions.</p> <p>By recording the views and experiences of people living with a disability and representing it within the draft plan we aim to promote understanding, foster good relations and build relationships, trust and partnership working.</p> <p>Learning from the engagement process has lead to more emphasis on making more accessible versions of the plan available as early in the process as possible (British Sign Language (BSL), Video, audio).</p> <p>We will seek to explore national resources such as ContactScotland-BSL, Disability Equality Scotland and UK Easy Read to help create these as well as working with local organisations such as Powerful Voices Together.</p>
--	-------------------------------------	----------	--	--

		✓		Learning from people's experiences and changing our approach during the development of the plan has highlighted improvements that we have made in respect of providing accessible information, but also shown that there is still a great deal to learn.
--	--	---	--	--

14 SEX (GENDER)

This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she. For example:

- does the function or plan take account of different roles and responsibilities?
- does it assume, perhaps wrongly, that men for example, have no caring responsibilities?
- is the function or plan flexible enough to provide a service that everyone can access?

Useful websites: [Scottish Women's Convention](#) [Fawcett Society](#) [Engender](#) [Equality and Human Rights](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>No specific issues were raised around this characteristic.</p> <p>It is recognised that gender identity could be a potential issue in relation to accessing care and support. The plan and associated supporting resources have used gender neutral terms.</p> <p>The person at the centre of the model of care will be androgynous to avoid any stereotyping in relation to gender, ethnicity, age or disability and supports people to recognise the plan as being relevant to them.</p> <p>According to census data, more Carers identify as female than male, however, no assumptions will be made in the plan in relation to different roles and responsibilities based on gender. Where images of Carers are used it may be more representative to use a female image or this.</p>

		✓		Important to acknowledge however, that unpaid Carers can be any gender or age – we should ensure that visuals are representative of all Carers and does not exclude people.
--	--	---	--	---

15 GENDER REASSIGNMENT (TRANSGENDER IDENTITY)

This covers both:

Gender reassignment, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress); and **Other transgender identities** - such as polygender, androgyne, intersex, cross-dressing and transvestite people.

The terms **transgender** and **trans** are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.

- Does your plan, function or service include people of different gender identities?
- Will your facilities impede transgender individuals in any way?

Useful websites: [Equality and Human Rights](#) [Transgender Equality and Rights](#) [Equality Network](#) [LGBT Youth](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>No specific issues were raised around this characteristic – this does not mean we should be complacent.</p> <p>Recognition that presenting with ‘gender specific’ conditions such as prostate issues may cause distress for transgender women as the clinic may be perceived as male orientated. The Gender Recognition Act should be acknowledged.</p> <p>Care has been taken to ensure that trans (including non-binary) people are not excluded by language around gender in the context of pregnancy and parenthood and other life events as depicted in the SCP and supporting resources such as videos and animation.</p>

	✓			<p>Promoting the completion of Anticipatory Care Plans (ACP) and Power of Attorney (POA) across the partnership will promote understanding among care and support providers. This should help health and social care professionals to recognise a person's individual needs and concerns, including those in relation to gender identity.</p>
--	---	--	--	---

16 MARRIAGE AND CIVIL PARTNERSHIP

The rights and responsibilities that come with marriage and civil partnership are almost identical although civil partnerships in Scotland are currently only available to same-sex couples.

Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably in employment than people who are not married or in a civil partnership.

Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.

Useful websites:

[Registration – Getting Married or Registering a Civil Partnership in Scotland](#)
[Marriage and Civil Partnership in Scotland](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> removing or minimising disadvantage meeting the needs of particular groups that are different from the needs of others encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p>		<p>No specific issues were raised around this characteristic.</p> <p>The plan should promote respect for individual people and relationships and promote that care and support should be delivered with no favour or discrimination on the basis of marital status.</p> <p>The model highlights that people should have choice and control in relation to their needs and rights (regardless of their marital/partnership status).</p> <p>The focus on a person centred approach discourages assumptions about relationship status.</p>

17 PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating anyone unfavourably because they are breastfeeding. For example:

- Do you provide facilities for breastfeeding?
- Does your plan provide flexibility and privacy for pregnant people and breastfeeding?

Useful websites:

[Maternity Pay and Leave](#)

[Maternity Leave and Pay – ACAS](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>		✓		No specific issues have been raised in relation to Pregnancy or Maternity.
		✓		The Breastfeeding etc (Scotland) Act 2005 made it an offence to prevent or stop a person feeding milk to their child (under 2) in a public place. This includes hospitals and other locations where someone could be accessing health or social care and support.
		✓		If someone who is in receipt of care and support becomes pregnant it is important that their rights are respected and that any adjustments in their care, are done so in partnership with the person, and where appropriate their Carer.
		✓		Ensuring that people who are absent from their role within health and social care (paid or unpaid) due to pregnancy or

				parental leave (including adoption leave) are kept up to date with opportunities, and any changes in legislation or working practices that may affect them or the person they care for.
--	--	--	--	---

18 RACE

This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, gypsies and travellers, Jews, English people as well as visible minority groups like African, Caribbean and Asian.

Consider the impact your function or plan has on someone from a minority ethnic group. Remember the impact may differ depending on the gender, disability, faith, sexual orientation or age of the person as different cultures have different views on what is acceptable. For example:

- What about language and information?
- Is it in the right format?
- Does your plan appear to be inclusive to all people regardless of their skin colour and background?

Useful websites: [Equality and Human Rights](#) [BEMIS – Scotland's Ethnic & Cultural Minority Communities](#) [CEMVO](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>No specific issues were raised around this characteristic.</p> <p>Opportunities to engage were shared with the D & G Multicultural Association members and gypsy traveller community and Partnership Black Asian and Minority Ethnic Staff network. Guidance was sought on how we could increase engagement through various partners.</p> <p>It is recognised that cultural beliefs, language barriers and requirements of faith may impact on a person or their Carer's access to support from health and social care services. Invitations went out to local faith leaders to try to ensure our approaches were appropriate.</p> <p>It is acknowledged that care and support should be person</p>

	<p>✓</p>		<p>centred and respectful of people’s ethnicity and cultural needs.</p> <p>The plan will not be automatically published in different languages; it can be made available in alternative formats on request using the most appropriate translation services.</p> <p>Learning from the consultation period has led to the addition of information in 5 frequently spoken languages and appropriate visual cues to help someone who may not read or speak English at the start of the final Draft SCP. This is being shared with colleagues across all sectors.</p> <p>Ensuring people from minority ethnic groups are aware of the information and the opportunity to get that information in a format that will make it more accessible to them needs to be considered when publishing all health and social care resources.</p> <p>We have taken learning from partners about using appropriate visual cues to help someone who may not read or speak English. E.g. some members of the Deaf Community. Ensured that people are aware that LanguageLine or ContactScotland is available.</p> <p>Awareness raising should highlight that people can have communication/language or cultural needs that staff and volunteers may need to adapt their approach to ensure people understand.</p> <p>It should be clear that it is not appropriate to use informal friends and family members as interpreters in a health and social care setting. External approved interpreters should be used to ensure the quality of the translation for both the</p>
	<p>✓</p>	<p>✓</p>	
	<p>✓</p>	<p>✓</p>	
	<p>✓</p>	<p>✓</p>	
	<p>✓</p>	<p>✓</p>	

				person receiving and delivering care and support.
--	--	--	--	---

19 RELIGION OR BELIEF

Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. For example:

- Does the function or plan take into account different festivals, holidays, religious days and traditions?
- Will the different faith beliefs impact on, for example, women from that group and exclude or prevent them from using the service?

Useful websites: [Interfaith Scotland](#) [National Secular Society](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>No specific concerns were raised in relation to cultural and religious practices. The process so far appears to ensure that it is respectful of people's beliefs.</p> <p>Spiritual and religious care is recognised as an important factor for some people and should be available to those receiving or delivering health or social care and support. This is reflected within the model of care in the plan.</p> <p>Hospitals and residential care homes in Dumfries and Galloway try to accommodate cultural, religious, spiritual beliefs wherever possible and are respectful of those needs for both the person in receipt of care and their Carers.</p> <p>It is acknowledged that further efforts are required to build relationships with religious and spiritual leaders to ensure information is shared across all communities.</p>

20 SEXUAL ORIENTATION

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay or bisexual. For example:

- What are the issues for this group in terms of your function or plan?
- Are the needs of this group being met?

Useful website: [LGBT Youth](#) [Stonewall Scotland](#) [Equality Network](#)

How does your plan affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> • removing or minimising disadvantage • meeting the needs of particular groups that are different from the needs of others • encouraging participation in public life <p>Foster good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>No specific issues were raised around this characteristic. It was recognised that care and support needs should be person centred, regardless of a person's sexual orientation.</p> <p>It is recognised that training and awareness raising in relation to equality and diversity should be embedded across all sectors involved in the delivery of health, care and support.</p> <p>Respecting privacy and encouraging people to be open about their needs, will improve understanding and experience for people receiving and delivering care and support, including unpaid Carers.</p> <p>Use of language and images around communities of interest and communities of experience are considered and included in resources.</p>

21 HUMAN RIGHTS

This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998. The UN Convention on the Rights of the Child has a much broader approach that may be of interest and reference although the focus of the Impact Assessment is the UK legislation, linked below.

1	The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody;
2	The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation
3	The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime
4	Protection against slavery and forced labour – you should not be treated like a slave or subjected to forced labour;
5 and 6	The right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law
7	Respect for privacy and family life – protects against unnecessary surveillance or intrusion into your life
8	Freedom of thought, religion and belief – you can believe what you like and practise your religion or beliefs
9 and 10	Free speech and peaceful protest – you have a right to speak freely and join with others peacefully, to express your views
11	The right to marry - you have the right to marry and raise a family
12	No discrimination – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age
13,14 and 15	Protection of property, the right to an education and the right to free elections – protects against state interference with your possessions; means that no child can be denied an education and that elections must be free and fair

Please refer to the Guidance for more information.

Useful Websites and documents: [Scottish Human Rights Commission](#), [Equality and Human Rights Commission](#)
[A Guide to the Human Rights Act for Public Authorities](#)
[UN Convention on the Rights of the Child](#)

How does your plan affect people's human rights?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate discrimination, harassment, victimisation or any other prohibited conduct</p> <p>Advance the aims of the Human Rights Act</p> <ul style="list-style-type: none"> • Prevent breaches of human rights • Respect people's rights • Foster good relations – tackle prejudice, promote understanding 	✓	✓		<p>People in prison have access to the same health, care and support as people who are not. Justice Social Work and Scottish Prison Service were included as stakeholders and invited to disseminate the information and participate in the consultation</p> <p>Appropriate risk assessments are carried out to protect all people accessing and providing health, care and support. This is for everyone, including those detained in prison or under the Mental Health Act.</p> <p>Ensuring a Rights Based approach is embedded in the Model of Care supports the PANEL principles of Participation, Accountability, Non-discrimination Empowerment and Legality</p>

22 HEALTH & WELLBEING and HEALTH INEQUALITIES

This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving your potential. It also covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem.

Think about the determinants of health and the different causes of health inequalities:

- **fundamental causes** like macro-economic position, societal values about fairness and equity
- **wider environmental influences** like availability of jobs; physical environment e.g. pollution, housing, food production, learning, availability services, democratic engagement
- **individual experiences** like mental health and wellbeing, family income, home and heating, diet and nutrition, exercise and physical activity, substance use, learning, readiness for school, ability to navigate services, connectedness, community involvement and personal resilience

Think about the different causes and types of poverty:

- Will this plan give people and families experiencing poverty the opportunity to make sure that their **voice is heard**?
- Will the plan support people experiencing poverty to **move from dependence to independence**?
- Will the **information and services be easy to access**?
- Will the plan **provide services that meet the needs of people** experiencing poverty?

Think about how this plan will impact on increasing opportunities for:

- participation in physical activity
- accessing healthy food choices
- promoting positive mental health and wellbeing
- promoting personal confidence and self determination

Useful websites and publications: [Health Services](#) [Health Inequalities in Scotland](#) [Joseph Rowntree Foundation](#)
[Dumfries and Galloway Council Tackling Poverty](#) [Fairer Scotland Duty – Interim Guidance](#)

How does your plan impact on health and wellbeing inequalities?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p>Eliminate inequalities and increase access to opportunities for improving health and wellbeing</p> <p>Advance opportunities for increasing health and wellbeing across the whole population</p> <p>Foster good practice for population wide health and wellbeing</p>	✓			<p>Providing access to health, care and support in communities via 24/7 community nursing and Home Teams as well as using technology for appointments will support equity and minimise health inequalities for people living rurally.</p> <p>People that do not or cannot use digital technology for whatever reason may feel disadvantaged by the increased emphasis on this mode of access. Alternatives will always be made available to provide choice and control.</p> <p>People can be more self aware, ‘outed’ by their screen image. Respecting people’s rights to anonymity using different means such as avatars, chat boxes should be highlighted.</p> <p>Improving communication and providing information in accessible formats will support choice and control, regardless of a person’s health status, financial circumstances or location in our region.</p> <p>The impact of poverty on people’s ability to access services should be considered. People should not be disadvantaged because of their lack of access to transport to services or wi-fi or technology enabled care through projects such as Connecting Dumfries and Galloway</p>
	✓	✓		
	✓		✓	

23 ECONOMIC AND SOCIAL SUSTAINABILITY

This is about e.g. pay, employment opportunities, assisting businesses to develop or grow, welfare to work schemes and disadvantaged groups, local self-help schemes, and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience. For example

- social status, employment (paid or unpaid), flexibility and agility in working arrangements
- opportunities to expand on learning experiences, encourage investment in skills and training
- opportunities for volunteering, ,
- helping people access advice and support, confidentially and with no stigma
- availability or delivery of services for people living rurally
- increase access to facilities for arts, cultural and leisure pursuits.
- connectivity and infrastructure, particularly in rural areas including mains gas, water, transport and broadband connections
- encourage payment of the Living Wage?
- increase income/reduce expenditure/reduce financial and material deprivation

Useful websites and publications: [Poverty Alliance](#) [Scottish Living Wage](#)

How will your plan impact on economic and social sustainability?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
Eliminate disadvantage or inequality	✓			Access to health, care and support at home or closer to home minimises the socio-economic impact on Carers and those who are in receipt of care and support.
Advance opportunities for individuals	✓			The need for the development of learning and employment and recruitment opportunities for health and care has been highlighted.
Foster good relations and sustainability of communities	✓			Lots of opportunities for involvement and partnership working across disciplines and sectors. Exploring ways to improve outcomes for people, increase skills, knowledge, best use of resources and availability of services for people

	<p>✓</p> <p>✓</p>	<p>✓</p>		<p>living rurally.</p> <p>Valuing and supporting Carers, neighbours, friends and third sector organisations to care and support people in their own community is an integral part of the model of care in Dumfries and Galloway. This builds economic and social resilience and sustainability.</p> <p>Work being undertaken through the Workforce Plan on recruitment and retention of staff will hopefully support economic and social sustainability by 'growing our own' or encouraging people to move to our area for work.</p> <p>Giving up paid employment to become a Carer can impact every aspect of a person's life, financially, emotionally and physically. It is important to recognise this and partners need to work together to make Carers aware of what services, advice and respite they can access e.g. Carer Positive, Short Breaks.</p>
--	-------------------	----------	--	--

24 ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE AND ENERGY MANAGEMENT

This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, conditions for pedestrians and cyclists and promote public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use, renewable energy technologies. For example:

- If your plan may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?
- What is the impact of your plan on infrastructure – housing, roads, and buildings?
- Does it promote pride and taking care of the facilities that we have?
- Does it promote active travel and physical activity?

Useful websites: [Carbon Reduction Commitment Energy Efficiency Scheme](#) [Sustrans](#) [Scottish Environment Protection Agency – carbon reduction](#)

How will your plan affect the environment and carbon usage?

Indicate if the Impact is High (H), Medium (M) or Low (L) or (✓) if No Impact	Positive Impact	No Impact	Negative Impact	Comments
Eliminate bad practice particularly in waste and carbon usage	✓			The reduction of face to face meetings and physical appointments (unless absolutely necessary) will have a long term impact on emission levels and transport costs.
Advance good practice, particularly the use of innovative technology	✓			The availability of virtual appointments and remote monitoring avoids unnecessary travel and intrusion for people accessing care and support and their Carers.
Foster a culture of personal responsibility	✓			Reduced travel time through virtual consultations/eConsult provides more contact time for some care and support providers as it does not require time to travel between appointments. It may also result in fewer missed appointments and reduction of 'waste' travel.

Note: If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet. If there is any likely positive or negative environmental effect, a full SEA may be required.

25 SUMMARY OF IMPACT

Summarise your results from section 12 to 24 in the table below:

<u>Impact Area</u>	<u>Positive Impact</u>	<u>No Impact</u>	<u>Negative Impact</u>
Age	2	3	0
Disability	6	3	0
Sex	2	3	0
Gender reassignment and Transgender	2	2	0
Marriage and Civil Partnership	3	1	0
Pregnancy and Maternity	0	4	0
Race	5	4	0
Religion or belief	2	2	0
Sexual orientation	1	3	0
Human Rights	1	2	0
Health & Wellbeing & Health Inequalities	3	2	0
Economic & Social Sustainability	5	1	0
Environmental Sustainability, Climate Change and Energy Management	3	0	0
	Total Positive Impacts = 35	Total No Impacts = 30	Total Negative Impacts = 0

Positive and No Impact(s) - the Plan needs no further IA at this stage. Transfer the totals to the Summary Sheet for publication

Negative Impact(s) - please complete section 26

26 If Negative Impact(s) have been identified choose the most appropriate option below (a, b or c). Once you have identified your option, record your decision in the table below highlighting the Impact Area and action to be taken.

- a. **unjustifiable** - your plan must be revised and rewritten to remove the negative impact. This is the concept of 'treat' in risk management
- b. **can be justified** without further consultation. The justification is noted and recorded and the plan is signed off. This is the concept of 'managed' in risk management
- c. **may or may not be justifiable** - the proposed justification for the risk is noted and the plan is then consulted upon at the level that is appropriate. For instance, an employment plan may require only internal consultation where as a service delivery plan may require partner and external consultation.

Impact Area	Option (a), (b) or (c)	Explanation and action to be taken

Once completed transfer the actions to the Summary Sheet for publication

Section 5 : Monitoring And Reviewing

		Guidance
27	<p>How will the implementation of the plan be monitored?</p> <p>The implementation of the plan will be monitored by the IJB and the Strategy Development Group. Progress of the outcomes of the Plan will form part of the Annual Review as well as ongoing regular feedback on during the life of the plan.</p>	e.g. customer satisfaction questionnaires, reports to Committee.
28	<p>What (if any) environmental data is to be monitored and who is responsible for the collection of this data?</p>	<i>This will not be required for all policies</i>
29	<p>How will the results of the monitoring be used to develop the plan?</p> <p>Progress will be monitored and learning used to adapt operational plans to best meet the outcomes using approved Quality Improvement methodology.</p>	This information will be useful when you review the plan
30	<p>When and how is the plan due to be reviewed?</p> <p>The Deputy Head of Strategic Planning is responsible for presenting the review to the IJB with support from all relevant heads of service on an annual basis. This will be done one year after the plan is approved – this is likely to be formally agreed at the IJB meeting in March 2022</p>	Give the month and year when this is planned, and also detail who is responsible. If there are a significant number of negative impacts, then an earlier date may be appropriate.

Section 6 : Quality Assurance and Public Reporting of Results

(Information required for the Summary Sheet)

The organisation is required to publish the findings and results of all IAs conducted.

Monitoring of IA returns will be carried out by expert advisors and may result in additional information being required or a revised assessment.

The lead person is responsible for collating the key comments and actions. All members of the group should receive a copy of the final impact assessment.

The Impact Assessment information should be reported as part of the approval process for the plan.

The lead person is responsible for sending a copy of this completed Impact Assessment Toolkit form to the relevant service for the lead organisation where it will be quality assured and then part or all will be published on the public website.

For Dumfries and Galloway Council this is the Plan and Communications Unit - email it to ImpactAssessment@dumgal.gov.uk

For NHS Dumfries and Galloway email it to lynsey.fitzpatrick@nhs.net

SUMMARY SHEET SUMMARY OF IMPACT ASSESSMENT (IA)

Plan	Strategic Commissioning Plan 2022 - 2025	Date of process	14/12/2021
Lead service	Vicky Freeman	Contact person for process	Liz Forsyth

Names of those involved in process

Jennifer Burns, Lynsey Fitzpatrick, Kerry Herriot, Yen Hongmei Nalci, Iain Campbell, Kerry Riddell, Linsey Little, Tracey Wood, Norma Austin-Hart, Laura Grierson (notes), Liz Forsyth (Facilitator)

Summary of IA

The Council is required to publish the findings and results of all IAs conducted. The publication should include a summary of the following:

Research and data (section 3)	<p><i>What was used to assess the impact of the plan and a summary of the findings?</i> The above EQIA was used to assess the impact of the consultation document and engagement so far</p> <p><i>Who was involved and consulted during the assessment stage?</i> Groups representing protected people from characteristic groups</p> <p><i>What were the findings from the consultation and how was this information used to develop the plan?</i></p> <p>The consultation process was assessed as being generally positive and learning from that will be used to inform the development of future plans. Points raised by the assessment group have been recorded within the impact assessment and (where appropriate) anonymised and added to the consultation response document for use in developing the draft plan.</p>
Impact Assessment (section 4)	<p>From the summary table at number 25 list the:-</p> <p>Positive Impact(s) – 35 No Impact(s) - 30 Negative Impact(s) – 0</p>
Monitoring and review (section 5)	<p>How is the plan to be monitored - how often and by whom?</p> <p>The plan will be regularly monitored by the IJB including a formal annual review. The whole plan will be reviewed or replaced on a 3 year basis in line with current Scottish Government legislation</p>

Summary of actions arising from the Impact Assessment

Transfer details from table at number 26

Actions	Responsibility	Timescale

Section 7 : Improving the Impact Assessment Process

Feedback (optional) - Please use the space below to detail any matters arising from the Assessment which will help us improve the process

Please score from 1 to 6 where 1 is low and 6 is high	Please tick (✓)					
	1	2	3	4	5	6
1 How well did this toolkit help you understand the IA process?						✓
2 Did the toolkit assist you in improving your plan?						✓
3 Was the language and format easy to follow?						✓

4	Any other comments
---	--------------------

Please send this form to:

Policy and Communications Unit, Dumfries and Galloway Council, Council Offices, Dumfries DG1 2DD Drop Point: 320
or email: ImpactAssessment@dumgal.gov.uk

Equality and Diversity Lead, NHS Dumfries and Galloway, High East, Crichton Hall, The Crichton, Dumfries DG1 4TG
or email: lynsey.fitzpatrick@nhs.net