Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as '**activity**'.

General Information			
Name of activity	*New Performance Management Framework to support the IJB Strategic Commissioning Plan 2022-25 (SCP)*		
Lead person and job title	*Ananda Allan, Performance and Intelligence Manager*		
Contact Information *(telephone and/or email)*	*Ananda.allan2 @nhs.net*	*Ananda.allan2 @nhs.net*	*Ananda.allan2 @nhs.net*
Names and roles of those involved in the impact assessment process	*Ananda Allan, Performance and Intelligence Manager* *Elizabeth Forsyth, Strategy Support Manager* *Laura Durling, Workforce Intelligence Analyst* *Lynda Forrest, SAM Programme Manager* *Kathy Jennings, Performance and Intelligence Analyst* *Laura Grierson, Admin Officer*		
Describe the activity in no more than 200 words	*The Performance Management Framework (PMF) is a strategic tool that sets out how the IJB and the Health and Social Care Partnership will measure, demonstrate and report progress regarding the delivery of the SCP and the National Health and Wellbeing Outcomes.* *In particular, the outcomes and measures chosen to demonstrate progress should support good outcomes for all people.*		
How will **people** be affected by this activity?	*All people supported by/or working across the Health and Social Care Partnership will be affected by the PMF. Performance monitoring provides the IJB and the delivery partners with a level of assurance that the services being delivered are meeting people's outcomes. It is therefore important that wherever possible, aspects of inequality across services are considered.* *Performance reporting enables people who access and deliver care and support to be engaged and informed about how outcomes are measured.*		
Who has been **involved** in the development of this activity and in what capacity?	*During the development of the PMF, there has been engagement with members of the public (as part of the SCP consultation process), delivery partners, elected members, the NHS Board, the Third Sector Forum, the Independent Sector Forum and the Partnership management team, the IJB and the Strategic Planning Group.*		
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	*Evidence includes the IJB Strategic Needs Assessment* https://dghscp.co.uk/performance-and-data/strategic-needs-assessment-second-edition/*, for patterns of population health,* *the Public Health Outcomes suite of documents available on SG website,* *the SCP public consultation findings,* *SCOTPHO (*https://www.scotpho.org.uk/*) and* *the SG equality impact evidence finder (*https://scotland.shinyapps.io/sg-equality-evidence-finder/*).* *Scotland's' Census* *NRS population estimates* *Scottish Household Survey*		
Impact Assessment Questions			

Please complete the table below and outline within the comments sections:
1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	What will the positive impacts be?	What will the negative impacts be?	What measures will be put into place to mitigate any negative impacts?
Age	All indicators link back to the SCP and the SCIs. A selection of indicators are available that specifically focus on older adults. Children's Health Indicators are reported within the Performance Reports relating to the Children's Services Plan 2020-23 (link). Transparency around service performance has the following positive impacts for people of all ages: • gives people an opportunity to be engaged and informed about their services • enables people to scrutinise and challenge service outcomes • enables groups with specific needs to have representation ("we pay attention to what we count") • protects and promotes individuals' rights and freedoms in relation the Human Rights Act 1998 Performance reports will be produced using inclusive language and imagery to ensure that people of all ages are not excluded and kept informed. All public performance reports will be provided across a range of platforms, and in different formats.	No negative impact identified by the group.	

Disability	People with disabilities are more likely to experience health and social care services. The performance framework supports service improvements which have a positive impact on those who use services. Transparency around service performance gives an opportunity for people to engage with, understand and challenge service outcomes. Performance reports will be produced using inclusive language and imagery to ensure they are accessible. All public performance reports will aim to be provided across a range of platforms in different formats. For example, the IJB has committed to publishing its annual report in Easy Read format and BSL video. As the organisation becomes a Disability Confident employer, indicators in relation to the delivery of this will be considered at each review of the PMF.	. No negative impact identified by the group.	
Sex	Performance reports will be produced using inclusive language and imagery to ensure people of any sex feel represented	No negative impact identified by the group.	
Gender reassignment and Transgender	Performance reports produced using inclusive language and imagery protects and promotes individuals' rights and freedoms in relation the Human Rights Act 1998	No negative impact identified by the group.	
Marriage and Civil Partnership	No positive impact identified by the group.	No negative impact identified by the group.	

Pregnancy and Maternity	Pregnancy indicator included in PMF. Performance reports produced using inclusive language and imagery protects and promotes individuals' rights and freedoms in relation the Human Rights Act 1998 by enabling groups with specific needs have representation ("we pay attention to what we count")	No negative impact identified by the group.	
Race	Performance reports produced using inclusive language and imagery to ensure people can relate to it and feel that it represents them. All public performance reports will aim to be provided across a range of platforms and include information on our translation services	No negative impact identified by the group.	.
Religion or belief	No positive impact identified by the group.	No negative impact identified by the group.	
Sexual orientation	Performance reports produced using inclusive language and imagery to ensure people can relate to it and feel that it represents them.	No negative impact identified by the group.	
Carers	Indicators relating to Carers are included in the PMF. Protects and promotes individuals' rights and freedoms in relation the Human Rights Act 1998 by enabling groups with specific needs have representation ("we pay attention to what we count") Performance reports will be produced using inclusive language and imagery. For example, 'Carers' is always capitalised and included wherever people's family is mentioned.	No negative impact identified by the group.	
Human Rights	Transparency around service performance protects and promotes individuals' rights and	No negative impact identified by the	.

	freedoms in relation the Human Rights Act 1998 as it: • gives people an opportunity to be engaged and informed about their services • enables people to scrutinise and challenge service outcomes • enables groups with specific needs have representation ("we pay attention to what we count") Disclosure control of personally identifiable details in reporting and employing informed consent when collecting people's stories protects people's right to privacy. Performance reports will be produced using inclusive language and imagery. All public performance reports will aim to be provided across a range of platforms in different formats to support people's right to be informed.	group.	
Health & Wellbeing & Health Inequalities	All IJB performance measures are mapped back to the National Health and Wellbeing Outcomes. Including indicators where possible that are stranded by equality characteristic supports the partnership to evidence their equality agenda.	No negative impact identified by the group.	
Economic & Social Sustainability	Transparency around service performance supports the IJB to make informed commissioning decisions. Producing high quality performance reports	No negative impact identified by the group.	

	contributes to the reputation of the partnership and the region, which in turn impacts on recruitment and sustainability of services.		
Staff	Transparency around service performance has the following positive impacts: • gives people who deliver services, including Carers and unpaid volunteers an opportunity to be engaged and informed about services • enables people to scrutinise and challenge service outcomes and be engaged in performance management and service development discussions • developing reports involves engagement and collaboration with people who deliver services, which gives opportunities for people to have a voice	Where services are not meeting targets, over-emphasis on negative outcomes may lead to reduced morale.	Encourage a performance culture that is one of compassionate critical friend, rather than 'holding people to account'. All performance conversations are framed within a continuous improvement ethos. Encourage people to see performance discussions as an opportunity to raise awareness and make improvements.

Where any potentially negative impacts are identified on page 2 of this document, **the mitigating/follow up actions must be fully documented.**

Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	*Performance reports will be produced using inclusive language and imagery to promote inclusion. Where people's stories are used to demonstrate outcomes, we attempt to represent a spectrum of experience.*
Does this activity require consideration of the Fairer Scotland Duty? If yes, please outline the steps taken to meet the needs of the duty.	*Activity mainly relates to the accessibility of reporting formats.*

Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats:	Easy Read	*Set at minimum standard for Annual Report*
	British Sign Language	*Set at minimum standard for Annual Report*
	Alternative Languages	*Inclusion of information on translation services*
	Large Print	*No paper versions have been produced during the COVID period*
	Other (please specify)	

How will you monitor the ongoing impact of the activity on protected characteristic groups?	*We are able to monitor how often people have asked for our documents to be translated, and online 'hits' of our Easy Read and video reports.*
Please outline next steps	*The PMF will be regularly reviewed and measures that support the equality agenda will included wherever possible.*

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – dg.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please take 5 minutes to share your experience of completing this Impact Assessment by completing this short survey

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider when completing the Impact Assessment Tool. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion which should be noted within the template above.**

Equality Issues: All groups	Points to consider

- Consider the following equality impacts:
  - o Access: consider whether different groups have the same ability to make use of your information or service
  - o Experience: Think about what different people might think and feel during your programme, or as a result of your policy.
  - o Outcomes: Consider how people from different groups may be at a disadvantage in the results achieved by your project or policy.
  - o Participation: Think about the ways in which people are able or encouraged to take part, or the ways in which they are given the opportunity to make their own choices.
- Don't make assumptions
- Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.
- Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?
- Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.
- People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.
- Consider intersectionality: the impacts on people with several protected characteristics that could result in them being particularly impacted
- Have you **engaged with the people affected** by any changes to services?
- Thinking about the information, language and imagery you are using..
  - Is it translatable?
  - Is it understandable in different formats?
  - What alternative arrangements could be put in place to make it accessible?
  - How do people know how to access those alternatives?
- Alternative formats include, Easy Read, British Sign Language and languages other than English.
- Consider **access** to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks
- Are there particular groups who do not use or under use your service, or who are less satisfied with it?
- Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative
- How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person
- Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

Age	Points to consider

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

- What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?

- Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?

- Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people

- Is information given in an appropriate format in relation to the age of your service users?

Disability	Points to consider

- 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

- Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as:

  - Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.
  - Employment opportunities for people with disabilities – does your piece of work positively support this?
  - Are you sure that the output from the activity is "accessible to all"? Many people have disabilities that are not visible or that they don't feel comfortable to disclose

- Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.

- Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?

- Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them)

- Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?

- Have you considered the accessibility of any technology being used?

Gender Reassignment	Points to consider

- 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).
- **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.

- Have you used non gender-specific language that is inclusive of Trans people, including non binary people?
- Where relevant, are there opportunities for people to indicate the pronouns they use rather than relying on assumptions?
- Do you consider the confidentiality of Trans people?
- Do you consider needs of Trans people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

Marriage and Civil Partnership   Points to consider

- The rights and responsibilities that come with marriage and civil partnership are almost identical. Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably 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.
- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

Pregnancy and Maternity   Points to consider

- 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 a woman unfavourably because she is breastfeeding.
- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to reuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

Race and Ethnicity   Points to consider

- 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, Gypsy/Traveller communities, Jewish communities, English people as well as visible minority groups like African, Caribbean and Asian.
- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?
- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?
- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

Religion, Faith and Cultural   Points to consider

- 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.
- Do you currently record patients' religion in order to assist you in identifying users and non-users of

your service from various religious backgrounds and any specific needs which they may have?

- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?

- How do you consider necessary dietary requirements?

- Have you considered the gender of staff when caring for females?

- Does the service allow for requests from staff to have time off for religious festivals and functions?

| Sex/Gender | Points to consider |

- 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.

- Does the data you are basing this piece of work on clearly show whether or not there any differences between the needs of women and men?

- Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

| Sexual Orientation | Points to consider |

- 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.

- Does your service recognise and respect individual's sexual orientation?

- Does your service recognise same sex relationships in respect to next of kin etc?

- Recording forms / use terminology such as partner / civil partner?

- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?

| Carers | Points to consider |

- Will the policy or service change impact on staff who are carers?

- Does the policy or service change include provision for staff who are carers to access support?

- How will you inform and involve patients' carers?

- Have you involved patients' carers in the development of the service or policy?

| Human Rights | Points to consider |

- This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998

- **Does the activity affect people's human rights?**

Right to Life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

Freedom from torture and inhuman or degrading treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

Freedom from slavery and forced labour - you should not be treated like a slave or subjected to forced labour

Right to liberty and security - 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

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

Respect for your private and family life, home and correspondence – you have the right to live your life privately and enjoy family relationships without interference from government

Freedom of thought, belief and religion - you can believe what you like and practise your religion or beliefs

Freedom of expression – your right to hold your own opinions and to express them freely

Freedom of assembly and association – your right to protest by holding meetings and demonstrations with other people

Right to marry and start a family - you have the right to marry and raise a family

Protection from discrimination in respect of these rights and freedoms - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

Right to peaceful enjoyment of your property – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

Right to Education – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

Right to participate in free elections – support your right to free expression by holding free elections at reasonable intervals

Health, Wellbeing and Health Inequalities	Points to consider

- 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 potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem

- Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?

- Will the activity support those experiencing poverty to move from dependence to independence?

- Will information and services related to the activity be easy to access?

- Will the activity provide services that meet the needs of people experiencing poverty?

- Think about how the activity will impact on increasing opportunities for:
    - Participation in physical activity
    - Accessing healthy food choices
    - Promoting positive mental health and wellbeing

Economic and Social Sustainability	Points to consider

- This is about e.g. pay, employment opportunities, assisting businesses to develop and 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.

- How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits?

- How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?