



Integrated Impact Assessment (IIA)

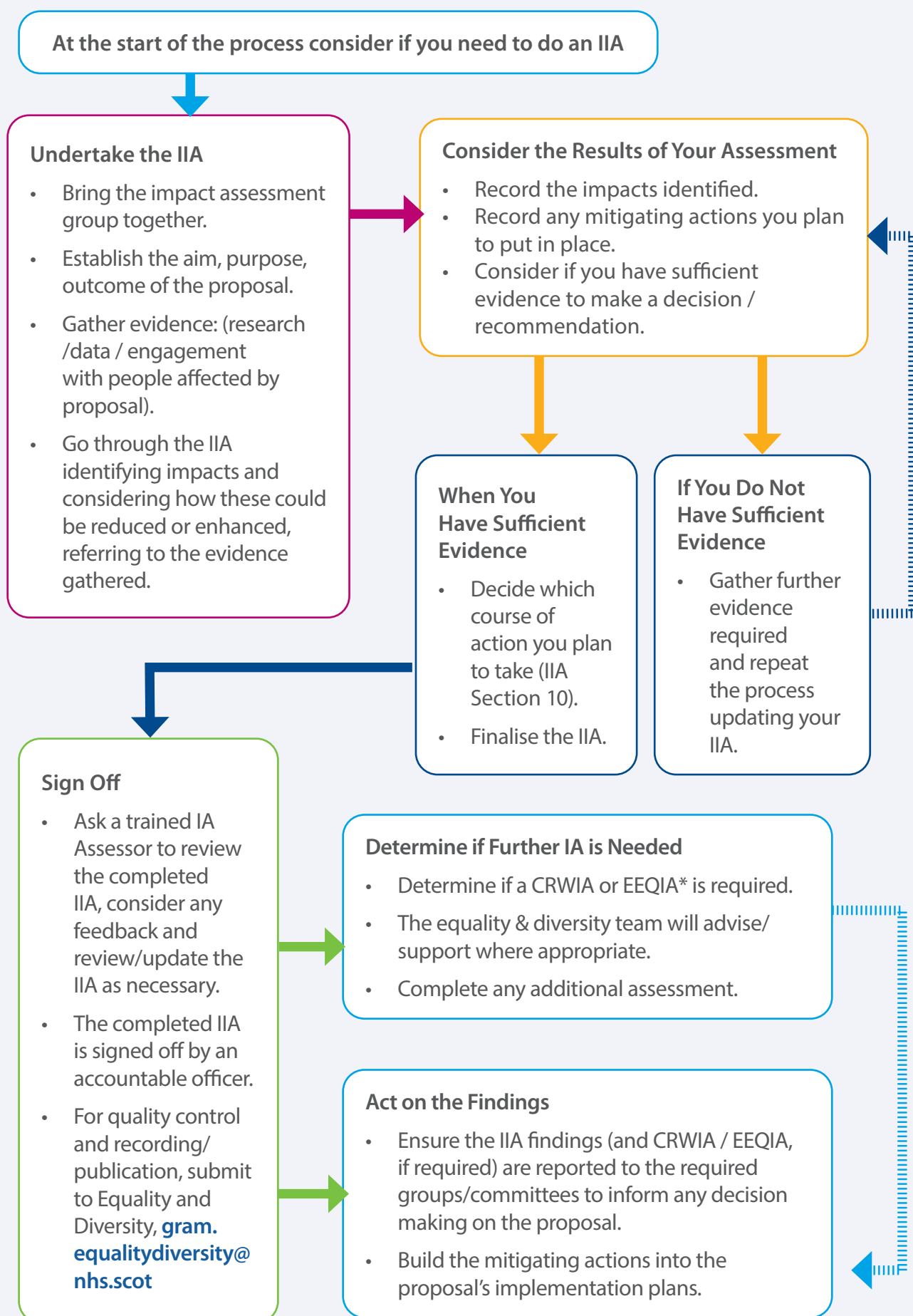
A Guide for NHS Grampian
Staff, Managers, Directors
and Non-Executives

Version 1

Contents

IIA Flowchart	1
Section One	2
Getting Started & How to Complete an Integrated Impact Assessment	
Introduction	2
What is an Integrated Impact Assessment (IIA)?	2
What is the aim and purpose of the IIA?	3
Who is responsible for the doing the IIA?	3
When should we do an IIA?	4
What should we impact assess?	4
What should we be considering when we do an IIA	5
Who can provide support?	5
Terminology, Language and Accessibility	5
Completing the IIA - The 10 Steps of Effective Impact Assessment	5
Children's Rights and Wellbeing Impact Assessment	8
Enhanced Equalities Impact Assessment	9
Section 2	10
Supporting Information to complete an Integrated Impact Assessment	
Assessing Impact	10
Gathering Evidence	11
Participation, Engagement and Involvement (staff and public)	12
Equality Diversity & Human Rights	13
Health Determinants / Health In All	16
Children and Young People's Rights and Wellbeing	17
Fairer Scotland Duty – People Experiencing Socio-Economic Disadvantage	18
Consumer Duty – Service Users	20
Climate Emergency, Sustainability and Environment	21
Other Impact Assessments	
- Island and Mainland Rural Communities Impact Assessment (IMRCIA)	24
- Financial Impact Assessment	
Wording for Board and Committee Reports	25

Integrated Impact Assessment (IIA) – Flowchart



Getting Started & How to Complete an Integrated Impact Assessment

• Introduction

The decisions that Non-Executives, Directors, Managers and staff make every day influence the health and wellbeing of our community in Grampian.

Integrated impact assessment (IIA) supports us all to make good decisions and meet NHS Grampian's legal duties to consider equality, human rights (including the rights of children and young people), inequalities and the climate emergency, sustainability and environment. It also helps identify and tackle impacts on wider causes of poor health outcomes in our communities.

This guidance takes you through the IIA process, how to decide if an IIA is needed and what supporting information you need to complete the IIA. The supporting information provides the policy and legal context.

Carrying out Impact Assessment does not prevent NHS Grampian from taking difficult decisions when needed, but it will ensure that those decisions are made in line with our policy objectives and full understanding of the implications for staff, service users, the population, environment and NHS Grampian.

The integrated impact assessment will enable NHS Grampian to demonstrate that we are making decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of the community.

This guidance aims to support NHS Grampian staff to assess impacts and meet our statutory duties.

• What is an Integrated Impact Assessment?

An impact assessment will help analyse and explain the impact of a proposal or decision-making process. It is an evidence-based approach to help organisations ensure that their policies, practices and decision-making processes are fair and do not have significant or adverse impacts.

An integrated impact assessment (IIA) takes a holistic approach that considers equality and diversity, human rights, children and young people's rights, socio-economic status, health inequalities, climate change environment and sustainability.

1. Proposal is the generic term used to cover strategy, plan, programme, policy etc.

• What is the aim and purpose of the IIA?

Assessing impact is an important part of all the public sector's decision making processes, including NHS Boards. It is important when developing any proposal to understand how the needs of different groups in the population may differ. IIA is a mechanism which enables you to consider the needs of different groups.

The purpose of the IIA:

- Develop better policies and practices based on evidence.
- Prevent or minimise negative impacts for the local population and equality groups.
- Meet legal requirements in relation to equality, human rights (including children and young people's rights), socio economic status, health inequalities, climate change, environmental and sustainability.
- Be more transparent and accountable.

The IIA is a legal document to support NHS Grampian comply with legislation and good practice to ensure "fairness, transparency and accountability and is non-discriminatory. It is not optional.

• Who is responsible for doing an IIA?

The people responsible for developing the new proposal (this includes policies, strategies and plans), or delivering a service are responsible for undertaking the assessment. Legal cases highlight that the duty cannot be delegated – it must be considered by the person with the responsibility for the proposal or the service and for the decision to implement the proposal. Therefore the relevant NHS service manager or project lead needs to be aware that the IIA is being undertaken and **must sign-off the final document.**

Carrying out an IIA is a group exercise with the relevant managers, projects leads and team members involved. This should include those involved in developing the proposal to bring together different perspectives.

At least one member of the group should have undertaken training on Equality Impact Assessment/Integrated Impact Assessment.

The group should include people who:

- wrote the proposal
- have strategic responsibility for it
- will implement it
- have an operational or front line perspective.

The lead of the proposal / service must sign off the final document and submit to the Equality and Diversity Team.

- **When should we do an IIA?**

Assessing the impact is not an end in itself but should be an integral part of proposal development and decision making. The regulations emphasise that it is the **impact** of applying a new or revised proposal that must be impact assessed.

This means that the assessment process must happen **before** a proposal is finalised, preferably early in its development but when the proposal is clear enough to be able to make a reasonable assessment. If the proposal then changes significantly the IIA may need to be repeated.

The assessment should not be retrospective, or undertaken only near the end of the process, but instead should be seen as integral to the development process and able to inform the consultation process.

For existing policies or strategies, impact assessment should be undertaken when they are being reviewed or amended.

- **What should we impact assess?**

An IIA should be carried out on:

- new policies and strategies
- existing policies and strategies when they are reviewed
- service and strategic plans
- transformation and service re-design processes
- disinvestment and significant budget decisions
- major procurement / commissioning decisions
- proposals being considered by NHS Grampian Board and Sub Committees.

You do not need an IIA for:

- progress and performance reports
- research projects
- press releases
- guidance to implement policies etc.
- audits.

- **What should we be considering when doing an IIA?**

The following questions will support you and your team when developing, reviewing or updating a proposal / policy:

- What will actually change?
- Who will be affected by the change?
- Will any groups of people be affected? Will any groups of people be affected more than others?
[Groups may refer to people with protected characteristics or other vulnerable population groups]

- How will the policy/ proposal impact on them?
- Will it affect human rights? Children and young people's rights?
- Will there be an impact on the environment, climate change or sustainability?
- Have you made sure that this does not result in unlawful discrimination?
- Will it help tackle inequalities and achieve equity for people experiencing disadvantage or with different needs?
- Does the policy/ proposal pose any risk to NHS Grampian?
- What evidence or data do you need to inform your policy/ proposal?
- What have the people most likely to be affected by the proposal / policy told you?
- If the policy has a negative or adverse impact, what mitigations will be put in place? Have you considered other ways or modifying the policy/ proposal to achieve the desired aims without causing negative impacts? If you still propose to recommend the policy, what justification do you have?
- Will the policy/ proposal eliminate discrimination? Advance equality of opportunity? Foster good relationships?

• Who can provide support?

	Contact
Staff who have completed Level 1 IA Training	gram.equalitydiversity@nhs.scot to signpost to level 1 assessors
Equality and Diversity	gram.equalitydiversity@nhs.scot roda.bird@nhs.scot
Children's Rights and Wellbeing	TBC
Public Involvement	NHS Grampian gram.involve@nhs.scot Aberdeen City HSCP Aberdeenshire HSCP Moray HSCP Scottish Health Council
Health Inequalities / Socio economic Disadvantage	kim.penman@nhs.scot Public Health
Climate Change, Environment and Sustainability	gram.scar@nhs.scot Facilities

• Terminology/Language and Accessibility

Ensure language and images in the document or any communications are non-discriminatory, inclusive and appropriate.

• Completing the IIA - The Ten Steps of Effective Impact Assessment

The IIA should be used routinely and be an integral part of proposal development and decision making within NHS Grampian.

Step 1

Develop and scope your proposal. Consider the aim, purpose and intended outcomes of the activity you are taking forward.

Step 2

Gather relevant data / research and evidence to understand the context of the work you are undertaking. This should include information to understand the needs and experiences of people who will be affected, especially people with protected characteristics, who are likely to experience socio-economic disadvantage and children and young people.

Step 3

As a group exercise, go through and complete the IIA. This may need more than a single session.

First of all consider all the different population groups that will be affected by the proposal / activity. You should think how the proposal may impact on different groups in different ways (differential impact).

Step 4

Assess the likely impact of your proposal by critically thinking about how your proposal will meet the needs of and impact on different groups of people (particularly those with protected characteristics or who are most vulnerable to poverty and inequality), how it will impact on human rights, children and young people's rights, sustainability, climate change and the environment.

For each section you will need to consider if the likely impact will be positive, negative, there will be no impact or it is not known. Refer to the evidence (data / research / service feedback/ engagement with people) to inform your assessment. Provide a brief description of the impact based on the evidence.

It is a legal requirement to engage with communities and services users when assessing the impact of a proposal.

**Step
5**

Consider alternative ways of delivering your proposal or adjustments to it in order to minimise any negative impact or enhance the positive impact identified. Record these.

You must also consider how the proposal will eliminate unlawful discrimination and harassment, promote equality of opportunity and promote good relations.

**Step
6**

Consider if further research or consultation is needed to understand the impacts of the proposal. This is particularly relevant if you have recorded the impacts are 'Not Known'.

**Step
7**

If required, gather further evidence and engage relevant stakeholders. Revise your IIA checklist taking account of this additional information.

**Step
8**

A Level 1 Assessor should review your IIA to check full consideration has been undertaken. Take into account any feedback from the assessor and update your IIA. Make your decision and complete the IIA, recording the decision, ensuring the responsible officer signs the final IIA. Send the completed IIA to be reviewed by the Equality and Diversity Team.

**Step
9**

Make arrangements to monitor and review the impact. Set review dates to ensure any issues identified are addressed.

**Step
10**

Publish results of the Integrated Impact Assessment to comply with equalities legislation. The Equalities and Diversity Team will do this on receipt of the signed off IIA.

• Children's Rights and Well-Being Impact Assessment

In Scotland, Child Rights and Wellbeing Impact Assessments (CRWIAs) are required to ensure children's rights are taken into account.

The IIA has incorporated Children's Rights and Wellbeing Impact Assessment screening questions to ensure that children and young people's rights are systematically considered by NHS Grampian.

On completing the IIA if you identify that your proposal does affect children and young people, you will then need to consider the scale of impact and how significant it is.

If it is likely to be significant, then the Children's Rights and Wellbeing Impact Assessment (CRWIA) will need to be undertaken. Not every proposal that will affect children and young people will require a full CRWIA. There is no threshold or test for what is 'significant' enough to trigger a CRWIA.

To help you make that decision you should take into account:

- the vulnerability of the groups affected by the programme or project
- the consequences of the decision for these children
- whether a high level of resources will be committed to the piece of work
- how high profile the decision is
- whether this is a major new direction for the work
- whether the decision will be subject to consultation
- whether there is a lack of evidence on the way in which this type of work could impact children and young people, including evidence from children themselves
- whether it is difficult to anticipate what the potential impact will be on children and young people.

If your answer to any of these is it is significant, then you should go on and complete the Children's Rights and Wellbeing. If unsure, the advice is to lean on the side of caution and complete the CRWIA.

- **Enhanced Equalities Impact Assessment**

In the vast majority of situations, completion of the IIA will be sufficient if you are able to fully demonstrate how you will amend your proposal to mitigate any negative impacts identified **and** your assessment is based on evidence (data, research and engagement findings of people who will be affected by the proposal).

If your decision is to continue with the proposal despite identifying negative impacts you must have strong justification that is based on evidence. **You must be confident that all reasonable steps to reduce / minimise negative impacts for people legally protected are taken.**

There may be occasions when an enhanced Equalities Impact Assessment will be recommended. This is when the IIA has identified adverse negative impact and fuller staff and public / patient engagement is still required to understand if / how the impacts can be mitigated for people legally protected. This might be necessary if it is a major service development or service closure or for a major investment plan. The Equality and Diversity Team will advise if this is required when the IIA is reviewed. The Equality and Diversity Team will advise and support where appropriate to undertake this further in-depth assessment

Supporting Information to Complete the Integrated Impact Assessment

- **Assessing Impact**

The group should get together to go through the IIA systematically. It is intended to help you to critically consider the possible impacts. Your comments should focus on how the proposal may impact on different groups in different ways (differential impacts).

The IIA asks you to critically consider the impact of the proposal on equality, human rights, children and young people's rights, people experiencing socio-economic disadvantage, service users / consumers and sustainability, climate change and the environment.

IIA is not a way of gathering new evidence or a part of the consultation process. These are separate activities which help to inform the impact assessment as well as the development of the proposal.

NB A service provided to all people will not necessarily address inequality. It is important to remember that some people will fall into multiple groups e.g. many people will have more than one protected characteristic e.g. age, disability, ethnicity and sex. Some other groups will share the same concerns or barriers to services or participation.

The IIA includes factors that influence people's health, wellbeing and human rights. Health and wellbeing are not only affected by people's individual lifestyles but also by their families, social circumstances and the environment in which they live and work and the amount of control they have over decision making.

Positive Impact	An impact that could improve or support work towards the objectives of the proposal i.e. there will be a positive impact on the group /area being considered. This positive impact maybe different for different groups of people, this is acceptable as long as it does not amount to direct or indirect discrimination of other groups. Consider how the proposal will contribute to advancing equality.
Negative impact	An impact that does not support or hinders the achievement against the objectives of the proposal to specific groups of people / areas i.e. there will be a negative impact on the group / area being considered.
Neutral	Where you have not identified any impact (positive or negative).
Not known	Where there is no known impact. This is most likely when you do not have the evidence to make that judgement.

• Gathering Evidence

You will need evidence about the needs and experiences of the people affected by your proposal to inform your IIA. Engaging with people and referring to research and knowledge about their needs will help you complete your impact assessment. Evidence can come from various sources:

- Service user feedback, consultations or public engagement.
- Published research.
- National and local population data.
- Equality monitoring data

This will help you understand who accesses services, barriers to participation / access to relevant activities and services, inequalities experienced by groups of people, and how to meet needs effectively.

If there are gaps in your evidence, you should proactively involve the relevant groups and communities.

Useful Sources of Evidence

[Celcis: Statistics about children and young people in and leaving care](#)

[Children's Parliament](#)

[Consumer Scotland – Consumer Outlook](#)

[Equality and Human Rights Commission](#)

[Grampian Health Inequalities Data](#)

[Integration Joint Board Strategic Assessments](#)

[NHS Grampian Equality and Diversity Webpages](#)

[Joseph Rowntree Foundation \(JRF\) Poverty in Scotland Annual Report: Poverty in Scotland 2024](#)

[Poverty and Income Inequality Statistics](#)

[Public Health Scotland Poverty and Health](#)

[Public Health Scotland](#)

[Scottish Government Equality Evidence Finder tool](#)

[Scottish Government Long-term monitoring of health inequalities collection of annual reports](#)

[Scottish Parliament Research Briefings](#)

[Scottish Government – Supporting disabled children, young people and their families: guidance](#)

[Scottish Household Survey](#)

[Scottish Public Health Observatory](#)

[Scottish Attitudes Survey](#)

[Scotland's Census](#)

[Scottish Index of Multiple Deprivation](#)

[Scottish Government official statistics](#)

[Who Cares? Scotland](#)

• Participation, Engagement and Involvement (staff, patients and public)

Putting People First is NHS Grampian's approach to how we listen to and involve people. It sets out an ambition to work in equal partnership with colleagues and citizens to develop a more preventative and sustainable health system in Grampian. In taking a *Putting People First* approach, people's feedback and insights are used to improve existing services and shape new services and approaches.

Taking a *Putting People First* approach is key to ensuring you understand the needs of people affected by your proposal, which in turn will inform your IIA. This requires engagement and involvement of staff, patient and/or the public. This is particularly important when an adverse / negative impact is identified. Involving people is a key requirement of the legal duties covered by the IIA.

NHS Boards in Scotland have a statutory responsibility to involve people in developing and delivering care services. All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement.

It is important to:

- Involve groups most likely to be affected, including staff.
- Consider the most appropriate methods of engagement.
- Consider communication support requirements, if any.
- Consider in –depth approaches such as using focus groups to explore issues in greater detail.
- Use existing trusted networks to connect with people where they are comfortable.
- Ensure you 'close the loop' and let people know what has happened as a result of their input.
- Get advice and support from NHS Grampian and/or Health and Social Care Partnership Involvement Teams (see contact details in Sources of Help and Advice).

Planning With People sets out the responsibilities of NHS Boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully

There is support available to you to help plan how to engage effectively. Voice — VOiCE (voicescotland.org.uk) developed by the Scottish Community Development Centre offers a practical tool. **The Community Empowerment Toolkit** has lots of helpful resources to help plan and undertake your engagement activities effectively.

• Equality, Diversity and Human Rights

Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. No one should be denied opportunities because of differences such as their protected characteristics (race, age, disability, sex, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership, pregnancy/maternity).

Diversity is positively striving to meet the needs of different people and progressed together with equality and equality of opportunity.

The [Equality Act 2010](#) places a duty on public authorities to pay “due regard” to the need to: Eliminate unlawful discrimination, Advance equality of opportunity, Foster good relations.

You must consider all protected characteristic groups when developing your proposal and in decision making.

The IIA requires you to consider the following:

Age	<p>People can be treated unfairly based on assumptions and stereotypes related to their age. Consider potential impact on groups: early years, children, young people, middle years or older people.</p> <p>Issues may include access to facilities or care provision, transport or mobility, education/learning, discrimination through business practices, not being involved in decisions affecting them</p>
Disability	<p>Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.</p> <p>Disability includes physical impairment, learning disability, neurological, sensory (visual or hearing) loss, mental health, long term conditions and “hidden conditions” such as epilepsy</p> <p>Issues may include: social isolation, social stigma, low income, access to healthcare, care support, treatment, mobility and transport, access to information and communication support, accessible buildings/premises and services.</p>
Gender Re-assignment	<p>A person has a protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex.</p> <p>Transgender people typically report poor experience in healthcare and may also experience discrimination.</p>
Married/ Civil Partnership	<p>People who are married or in civil partnership must not be discriminated in accessing service or in employment.</p>

Pregnancy & Maternity	<p>Women who are pregnant and/or on maternity leave, breastfeeding and also protection against maternity discrimination up to 26 weeks after giving birth.</p> <p>Issue affecting pregnant women and who have recently given birth may include: employment, attitudes to breastfeeding.</p>
Race / Ethnicity	<p>Race includes ethnicity, colour or nationality. It includes minority ethnic people, racial groups, national origins, gypsy/traveller, refugees, asylum seekers, migrant workers.</p> <p>It is unlawful to discriminate a person or group based on their race or ethnicity.</p>
Religion or Belief	<p>It is unlawful to discriminate against someone because of</p> <ul style="list-style-type: none"> • Religion or belief. • Lack of religion or belief. <p>Religion means any religion and a reference to religion. It can be an organised religion or smaller religion, as long as it has a clear structure and belief system.</p> <p>Belief means any religious or philosophical belief someone might hold.</p> <p>Philosophical belief must be genuinely held and more than an opinion. It must be rational, serious, and not affect other people's fundamental rights. It must be worthy of respect in a democratic society and not incompatible with human dignity.</p> <p>Respecting the religious and cultural needs of people will foster good relations and eliminate discrimination and other prohibited conducts under the Equality Act 2010.</p>
Sex	<p>Sex is in reference to a person who has a protected characteristic (man or woman). For the purposes of the Equality Act 2010, it refers to a person's legal sex which is their biological sex (male or female) recorded in their birth certificate.</p> <p>It is unlawful to discriminate a person based on their sex.</p>
Sexual Orientation	<p>Sexual orientation is how a person choose to express their sexual orientation (e.g. heterosexual, lesbian, gay, bisexual).</p>

Human Rights	<p>In Scotland people are entitled to basic rights and freedoms. NHSG is legally required to protect and abide by human rights, making sure its activity supports human rights.</p> <p>The following rights are legally protected and should be considered in all proposals and decision making:</p> <ul style="list-style-type: none"> • Right to life • Freedom from torture and inhuman or degrading treatment • Freedom from slavery and forced labour • Right to liberty and security • Right to a fair trial • No punishment without law • Respect for your private and family life, home and correspondence • Freedom of thought, belief and religion • Freedom of expression • Freedom of assembly and association • Right to marry and start a family • Protection from discrimination in respect of these rights and freedoms • Right to peaceful enjoyment of your property • Right to education • Right to participate in free elections • Abolition of the death penalty
---------------------	---

Eliminate unlawful discrimination	<p>Direct discrimination – we must not treat someone less favourably because of a protected characteristic.</p> <p>Indirect discrimination – when everyone is treated the same but we put someone with a protected characteristic at a disadvantage.</p> <p>Harassment –unwanted or offensive behaviour related to a protected characteristic.</p> <p>Victimisation – negative treatment as a result of being involved with a discrimination or harassment complaint.</p>
Advancing equality of opportunity	<p>Removing or minimising disadvantage suffered by people due to their protected characteristics.</p> <p>Taking steps to meet the needs of people with protected characteristics where these are different from the needs of other people.</p> <p>Encouraging people to participate in public life or in other activities where the participation of people with certain protected characteristics is disproportionately low.</p>
Fostering good relations	<p>Fostering good relations is when we tackle prejudice and promote understanding between people from different groups.</p>

• Health Determinants / Health In All

Many factors affect health and wellbeing. The physical and social conditions in which people live, culture, education, transport, housing, employment, crime, income, leisure and other services – these may all affect health either positively or negatively. The factors that affect health are called the ‘determinants’ of health.

These include:

- the social and economic environment,
- the physical environment
- the person’s individual characteristics and behaviours / lifestyle
- access to services.

The context of people’s lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health.

Lifestyles	Personal behaviour and coping skills such as balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health. People’s lifestyle choices are influenced by other determinants of health such as income, culture etc.
Social Environment	<p>Social factors affect health. Social support networks are important. Greater support from families, friends and communities is linked to better health.</p> <p>The culture (customs traditions, and beliefs) of the family and community all affect health.</p> <p>Income, access to employment and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.</p>
Physical Environment	<p>The Physical environment such as safe water and clean air, healthy workplaces, safe, warm and damp-free houses, communities and roads all contribute to good health.</p> <p>People who have good working conditions and who have control over these tend to be healthier.</p>
Access to Services	<p>Access to a range of services is fundamental to health and wellbeing. Timely access and use of health services that prevent and treat disease influences health.</p> <p>Access to education, with low education levels linked with poor health, more stress and lower self-confidence.</p>

Plans and policies in any sector can affect people’s health through changes in these determinants, often in unintended ways. Ensuring that planning and decision making take full account of the possible impacts on the determinants of health should facilitate healthier communities, help address current health challenges and prevent some future problems.

This is taking a ‘Health in All’ approach.

• Children and Young People's Rights and Wellbeing

Children and young people have the same human rights as adults. These are the same rights that protect everyone. Children and young people also have rights to special protection in Scotland.

They have the right to be treated fairly, to be heard and to be as healthy as possible. This is in recognition that the majority of policy decisions affect children to some degree. Also that children and young people face unique barriers to accessing their rights. Their future often depends on the action taken by adults and their voices can be unheard, or more easily dismissed.

Legislation to incorporate the United Nations Convention of the Rights of the Child (UNCRC) into Scots law came into force in 2024. The United Nations Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. Children's rights apply to every child/young person under the age of 18 and to adults still eligible to receive a "children's service" (e.g. care leavers aged 18 – 26 years old).

You can read the [full UN Convention \(pdf\)](#), or just a [summary \(pdf\)](#), to find out more about the rights that are included.

Child Rights and Wellbeing Impact Assessments (CRWIA) are recognised as a means of upholding and fulfilling children's rights in the decision-making process. This is a process to identify, research, analyse and record the anticipated impact of any proposal, policy or measure on children's human rights and wellbeing.

These should be used for proposals **that impact on children, not just children's services**. The impacts can be direct or indirect; short, medium or long-term; and positive, negative or neutral.

In line with [Scottish Government CRWIA guidance](#) NHS Grampian has incorporated Children's Rights and Wellbeing Impact Assessment screening questions into the IIA. The IIA requires you to consider what aspects of the proposal will affect children and young people and how, as well as which particular groups are more likely to be affected. You also have to identify if any [UNCRC articles](#) could be affected.

If on completion of the IIA you have identified the proposal significantly affects children and young people you will **also** need to complete a second stage -the Children's Rights and Wellbeing Impact Assessment.

This process is comparable to the IIA but requires you to consider in more detail all relevant UNCRC articles and the [Getting it Right For Every Child \(GIRFEC\) wellbeing indicators](#). The UNCRC articles have been grouped in three categories to support assessments against the Convention, those most directly related to the PROVISION of services, those most directly related to the PROTECTION of children and young people, and those to encourage their active PARTICIPATION in decision making.

● Fairer Scotland Duty – People Experiencing Socio-Economic Disadvantage

The health outcomes for people who experience socio-economic disadvantage are poorer than for the population as a whole. [The Fairer Scotland Duty](#) requires NHS Grampian to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage. The impact of all its activities (such as strategic plans, strategies and policies) that require a strategic decision and have potential to impact on health and widen health inequalities must be considered. This Duty applies at strategic level, which normally include decisions around setting priorities and targets, allocating resources and commissioning services.

The IIA requires you to consider the impact of your proposal on those groups of people who are vulnerable or at most risk to socio economic disadvantage.

People Living on a Low Income and / or low wealth	<p>The health of people with low income can be affected if they can't afford day to day living costs such as housing, heating, food and costs associated with quality of life such as leisure, culture activities etc. Living on a low income is stressful.</p> <p>Having access to wealth provides some protection from poverty and disadvantage, particularly when the wealth is in the form of accessible savings. Access to savings can help someone deal with problems as they arise. People more likely to have low wealth include lone parents, people living in social rented housing or unemployed/ economically inactive.</p>
Single Parent Household with Children	<p>A quarter of all families are lone parent families, with the vast majority headed by women. Whilst the majority of lone parents are in paid employment 40% of lone parent families live in poverty. They tend to work fewer hours and have lower pay. Poverty affects parents and children's' health and wellbeing, limits their ability to live full and fulfilling lives and can affect their life chances.</p> <p>Scottish Government 2024</p>
Households including Young Children and/ or more than 3 children	<p>Child poverty is higher in larger families with nearly ½ of children living in families with 3 or more children living in poverty.</p> <p>Scottish Government 2024</p>
Retirement / Pensioner (s)	<p>Age Concern estimates that nearly 20% of pensioners live in poverty in the UK. Those who are most at risk include pensioners who are tenants in social rented/ private rented accommodation, from minority ethnic groups, older pensioners and women particularly those who live alone. People's financial position in retirement is generally linked to their circumstances over the course of their lifetime with access to an adequate pension and savings being important factors.</p> <p>Age Concern 2022</p>

Unskilled Workers and Unemployed	People who are unemployed are more likely to experience poverty and socio-economic disadvantage. Low paid work is associated with unskilled / low skilled jobs.
Carers (consider Kinship carers and carers who support a family member or friend without pay)	Unpaid carers have an increased risk of socio-economic disadvantage. 1 in 4 adults living in poverty are unpaid carers. This reflects the tension between paid work and unpaid care, alongside limited benefits and statutory leave policies. Many carers are forced to stop working or reduce their hours. Carers UK 2022
People experiencing Homelessness / are at risk of Homelessness	People become homeless for lots of different reasons. There are social causes of homelessness, such as a lack of affordable housing, poverty and unemployment; and life events which push people into homelessness. People are forced into homelessness when they leave prison, care or the army with no home to go to. Many women experiencing homelessness have escaped a violent or abusive relationship. Many people become homeless because they can no longer afford the rent. Crisis
Remote / Rural / Coastal Communities	15% of people in rural areas are living in relative poverty with 11% in severe poverty. Rural poverty tends to be harder to identify as it is more dispersed. In rural areas people experiencing socio-economic disadvantage often live alongside more affluent neighbours. Issues associated with rural deprivation include access to services, transport and higher cost of living e.g. affordable housing, fuel, transport etc. Disposable income will not go as far. Scottish Government 2021 Socio economic factors facing coastal communities include limited employment (often seasonal), migration of young people out and older people in, access to housing, isolation etc.
Communities in Areas of Deprivation	The Scottish Index of Multiple Deprivation is a measure of deprivation across all data zones (small areas) in Scotland. It ranks areas from the most deprived to the least deprived. Factors contributing to areas of deprivation include unemployment, low income, inadequate housing, high crime rates, poor education etc.

- **Consumer Duty – Health Service Users (consumers)**

The Consumer Scotland Act 2020 places a consumer duty on the public sector to put consumer interests at the heart of strategic decision-making, emphasising the need for accessible and affordable public services, especially during times of financial pressure. This person-centred approach is intended to result in better quality services and outcomes for the public as consumers of public services across Scotland, including health services.

[How to meet the Consumer Duty: Guidance for Public Authorities](#) provides detailed information about the duty and our responsibilities.

We are required to put the service user (consumer) perspective at the heart of strategic decision-making to deliver better outcomes. We need to consider how strategic decisions will have an impact on service users (the consumer) and how to minimise negative outcomes for consumers such as causing them stress, cost them money or take up their time.

The consumer principles provide a framework to understand consumer needs and outcomes and how to minimise harm and maximise value and benefits to consumers.

These are:

Access	Can people get the goods or services they need or want?
Choice	Is there any meaningful choice? While there might not be choice of service provider or what service is provided, choice might sometimes mean how a service is provided.
Safety	Are consumers adequately protected from risks of harm?
Information	Is it accessible, accurate and useful?
Fairness	Are all consumers treated fairly?
Representation	Do consumers have a meaningful role in shaping how goods and services are designed and provided?
Redress	If things go wrong, is there an accessible and straightforward way to put them right?

The IIA requires you to consider the impact of your proposal on service users, having involved them to understand their views / perspective.

• Climate Emergency, Sustainability and Environment

NHS Grampian has a duty to meet its legal environmental responsibilities by working towards Net Zero emissions, adapting to climate change, and acting in a way it considers most sustainable. We must fulfil the [biodiversity duty](#) and [sustainable procurement](#) duty in addition to ensuring our future builds and carried out taking into consideration the [SHTM 02-01 Sustainable Design and construction \(SDaC\)](#)

Mandatory requirements are set out in [A Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development](#)

Many of the health benefits of action to address the climate emergency and ecological crisis will have the greatest benefits for those with the worst health outcomes, those experiencing socio-economic disadvantage.

Potential climate risks to the health and care sector are wide ranging and include the disruption of coordinated services, which affects access, coverage, continuity of care and care quality. This can be the result of major infrastructure damage (e.g. road networks, energy and IT systems), as well more localised extreme-weather impacts such as flooding to individual facilities or staff shortages related to travel disruptions. The supply of medical equipment and medications in a complex and often international supply chain is also threatened by the increasing frequency of global extreme weather.

The IIA has incorporated the consideration of climate emergency, sustainability and the environment to support NHSG to transition to an environmentally and socially sustainable, climate resilient health service.

It requires you to consider if your proposal will have any impact on achieving net zero. The term net zero means achieving a balance between the carbon emitted into the atmosphere, and the carbon removed from it. This balance – or net zero – will happen when the amount of carbon we add to the atmosphere is no more than the amount removed.

The IIA also requires you to consider any impact in relation to adapting the health and care system. Adaptation refers to actions which minimise the “potential impacts of climate change, and to reduce, with the least cost, the adverse effects on health”. Adaptation measures are important for social and health equity, given the worst impacts of climate change are expected to disproportionately affect those with the least ability to respond. Health and care professionals need to be involved in recognising, preparing for and managing the health risks posed by climate change as a way to protect population health.

You are required to consider if your proposal will impact on achieving net zero and adapting the health care system in relation to the following:

Sustainable provision of care	<p>A system that meets the health needs of the present, without compromising the health of future generations. Sustainable care is about understanding that our health and that of our environment around us are intrinsically linked, and acting in a way that supports both people and planet health.</p> <p>Staff and services are mindful of the resources they use and the environmental impacts of treatment / services are considered.</p>
Sustainable Procurement	<p>Social and environmental sustainability is considered / optimised when procuring goods and services. It aims for the lowest environmental impact possible and the most positive social results.</p>

Circular Economy	<p>Circular economy is the model of production and consumption, which involves sharing, leasing, reusing, repairing, refurbishing and recycling existing materials and products as long as possible.</p> <p>Design out waste and consider the entire life cycle of products and services to reduce the environmental impact, keeping products and materials in use and contributing to the regeneration of the natural system.</p>
Water Usage	Understand and monitor water usage and action to reduce unnecessary water consumption.
Resource and Waste Management	<p>Natural resources are valuable assets. The air we breathe, the water we drink, the land we use, and the material resources we use every day must not be taken for granted.</p> <p>Minimising waste, promoting resource efficiency and moving towards a circular economy will help preserve natural resources. It is also important to minimise the damage caused to our natural environment by reducing and managing waste safely and carefully.</p> <p>Consider how your activity might impact on these health setting targets: reduce domestic waste by a minimum of 15%, and greater where possible, compared to a financial year 2012/13 baseline;</p> <p>ensure that no more than 5%, and less where possible, of all its domestic waste goes to landfill;</p> <p>reduce the food waste by 33% against a financial year 2015/16 baseline</p> <p>ensure that 70% of all domestic waste is recycled or composted.</p>
Bio-diversity and Greenspace	<p>Greenspace can have benefits for the health and wellbeing of staff, patients and communities. Managing greenspace to increase its provision and improve access, quality and regular use by staff, patients and the local community is important.</p> <p>Greenspace can have benefits in relation to climate change mitigation / adaptation by reducing flooding and absorbing heat etc.</p>
Travel and Transport	<p>A transport system needs to meet the specific and diverse needs of patients, staff and the wider community.</p> <p>This should:</p> <ul style="list-style-type: none"> • enable everyone to move around safely to meet their needs, whilst considering how to reduce the need for travel • encourage safe and active transport and use of public / community transport to access services and sites • not create or contribute to environments that are harmful to health, and it reduces carbon emissions.

Efficient Facilities – buildings we own and occupy	Buildings and facilities we use can have an impact on health and the environment. Facilities should be environmentally sustainable by optimising the consumption of resources, reduce emissions of greenhouse gases, and properly managing waste. They should also be resilient to impacts of climate change for their lifespan and promote greenspace and bio-diversity.
Energy Use - Efficiency and consumption	Improving energy efficiency and reducing energy consumption will help reduce the carbon footprint. This includes fossil fuel use in buildings and fleets, use of fluorinated gases and anaesthetic gases, purchased energy use, travel, energy transmission and distribution, waste and water use / treatment.

• Environmental Impact Assessment (EIA)

If this activity is defined as a Plan, Programme or Strategy by the Environmental Assessment (Scotland) Act 2005 a further Strategic Environmental Assessment will be required.

EIA is a means of drawing together, in a systematic way, an assessment of the likely significant environmental effects arising from a major proposed development. This EIA is only required for very specific developments that are detailed in the EIA regulations, and in most cases are unlikely to be required. Please refer to the guidance for further information.

<https://www.gov.scot/policies/environmental-assessment/environmental-impact-assessment-eia/>

• Other Impact Assessment

Island and Mainland Rural Communities Impact Assessment (IMRCIA)

If the proposal will impact on groups living in island and mainland rural communities, the IMRCIA must be complete to assess for impacts which are likely to have an effect on an island community or a rural mainland community which is significantly different from its effect on other communities. The Island Communities Impact Assessment (ICIA) as required under the Islands (Scotland) Act 2018.

See the guidance and toolkit and the importance of consultation and robust community engagement. The guide includes an Impact Assessment Template (see Annex B)

[Island communities impact assessments: guidance and toolkit - gov.scot \(www.gov.scot\)](https://www.gov.scot/policies/island-communities-impact-assessments-guidance-and-toolkit)

Financial Impact Assessment

EHRC, 2015. Making fair financial decisions. [Introduction \(equalityhumanrights.com\)](https://equalityhumanrights.com/) (29/08/2024)

• Wording for Board and Committee Reports

It is important that when your proposal is being considered by the NHS Grampian Board or sub-committees that the findings of your IIA are understood by members and they are aware of any identified potential impacts.

This will enable the members to actively consider how their decision in relation to the proposal may affect local populations and the climate emergency.

Taking this conscious approach will make sure that 'due regard' is adequately given, the legal duties of NHS Grampian are complied with, but most importantly how health outcomes of people experiencing inequalities and for children and young people can be improved.

The following are provided to inform your response:

	Proposed Wording
IIA is not required	<p>This report is for information purposes only, so the Impact Assessment process does not need to be applied.</p> <p>or</p> <p>The in/equalities issues associated with the recommendations of this report have already been considered by members in a previous report (include the date when the report was considered). No further amendments have been made.</p>
IIA identifies no adverse impact	<p>This proposal has been subject to an Integrated Impact Assessment (using the IIA Checklist). No potential negative impact has been identified. The appropriate senior manager and Impact Assessor have reviewed and agreed with this assessment.</p> <p>No recommendations for change are made.</p>
The IIA identifies potential negative or adverse impact	<p>This proposal has been subject to an Integrated Impact Assessment. A potential negative and/or adverse impact was identified. The copy of the IIA shows the impacts and accompanying mitigations to address / reduce the impact.</p> <p>A summary of the main points and proposed mitigating actions are <i>(insert)</i></p> <p>The appropriate senior manager and Impact Assessor have reviewed and agreed with this assessment.</p>
The IIA identifies potential positive impacts	<p>This proposal has been subject to an Integrated Impact Assessment. A potential positive impact was identified.</p> <p>A summary of the main points are <i>(insert)</i></p> <p>The appropriate senior manager and Impact Assessor has reviewed and agreed with this assessment.</p>

This publication is available in other languages and
formats on request. Please call NHS Grampian on
01224 551116 or email:
gram.communications@nhs.scot
Ask for publication MVC 240116