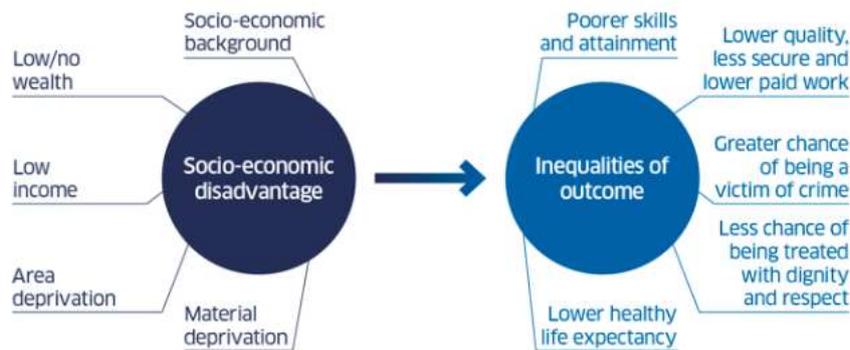


Meeting the Board’s Obligations under the Fairer Scotland Duty Assessment Tool

A completed copy of this form should be available to the decision-makers in relation to your proposal. The decision-makers should consider the results of this assessment when they make their decision about your proposal.



1. **Name of Proposal** (policy, proposition, programme, proposal or initiative)

NHS Grampian Three Year Delivery Plan 2023-2026

Brief Description

This is NHS Grampian’s overarching Delivery Plan for 2023-2026 and sets out how the Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), our colleagues, citizens, communities and partners (including the third sector), will make progress against the vision and strategic priorities as set out in our [‘Plan for the Future 2022-28’](#), along with responding to key priorities set out by the Scottish Government.

Overall in the Three Year Delivery Plan, the objectives and priorities outlined are very high level in nature, as to be expected in a strategic document such as this. The expectation would be that assessment against the Fairer Scotland Duty is undertaken in more detail on individual actions and areas of work as appropriate.

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2. Evidence

What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this issue or decision? Please summarise in the box below providing the sources of your evidence (published evidence, service data, research etc.)

What does the evidence suggest about the proposal's actual or likely impacts on people experiencing socio-economic disadvantage?

Grampian Population

NHS Grampian's 'A Case for Change'

www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/plan-for-the-future_2022-2028_case-for-change.pdf

- Section 6 focuses on 'building and supporting local communities' and highlights that reducing inequalities would ease the burden on healthcare services, citing an example - emergency admissions among people in Grampian living in most disadvantage are double the rate of those that live in the most affluent areas.

NHS Grampian's Director of Public Health (DPH) Annual Report 2022, 'Delivering change, improving lives'

nhsgrampian.org/siteassets/your-health/temp-docs/dph-report-final.pdf

Accompanying population data report

www.hi-netgrampian.scot.nhs.uk/wp-content/uploads/2023/04/The-Health-and-Wellbeing-of-people-living-in-Grampian-2022.pdf

- Specifically discusses higher cost of living and increasing levels of people experiencing poverty in Grampian and their impact on health and wellbeing, as then referenced in key drivers section of Delivery Plan and priority areas of 'people powered health' and 'population based approach to health'.
- Provides data charts demonstrating the inequalities in health by SIMD in Grampian, across the three HSCP areas (Aberdeen City, Aberdeenshire and Moray).

NHS Grampian workforce

NHS Grampian's Workforce Plan 2022-2025

www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/NHSGrampian-Workforce-Plan-2022to2025.pdf

- Section 5.3 focuses on 'Fair Work' highlighting NHS Grampian's role as an Anchor organisation and outlining the commitment to attract an inclusive workforce, with five 'under-represented groups' as a focus: ethnic & minority groups; care experienced; disabled; long-term unemployed; ex-offenders. All of these groups will include a proportion who are living with socio-economic disadvantage as well.

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The voices of people and communities will be important here. How do we involve communities of interest (including those with lived experience of poverty and disadvantage) in this process?

Have you undertaken any consultation or engagement activity to understand the views of people living with socio-economic disadvantage? Please provide details of this activity and what were the main findings?

In developing NHS Grampian's 'Plan for the Future 2022-2028', extensive engagement was undertaken with a summary report available which describes the key overarching themes: www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/plan-for-the-future-summary-engagement-report-and-key-findings.pdf

Key to developing the Plan for the Future was getting the views of our staff, partners and public on what matters to them, with a focus on hearing from as many different people, community groups and staff, including those who are seldom heard.

While it is not possible to quantify those participating who may be living with socio-economic disadvantage as that was not a question we asked of them, we can identify five specific populations who did participate, that could also include those living with socio-economic disadvantage, and the themes were specifically analysed these: adults with learning disabilities; carers; minority ethnic communities; New Scots; young parents. The detail is in an appendix of the report above, but there were five principles that were present across all those populations:

1. Equity
2. Inequalities
3. Access and availability
4. Being valued and supported
5. Person centred care and holistic approach

These are evident in the Three Year Delivery Plan, particularly within the sections focusing on people powered health; population based approach to health; and preventative and timely access to care.

The expectation is that further engagement will be undertaken as part of specific actions and programmes of work outlined in the Three Year Delivery Plan.

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Is it possible to collect new evidence quickly in areas where we don't currently have any? For example, through consultation meetings, focus groups or omnibus surveys?

As previous answer, the expectation would be that additional evidence is gathered in terms of specific actions and programmes of work outlined in the Three Year Delivery Plan to ensure that further impact assessment is undertaken as part of implementation.

What does our EQIA planning work – for this issue and previously – tell us about gender, ethnicity, disability and other protected characteristics that we may need to factor into our decisions?

Separate EQIA undertaken – no anticipated negative impacts from high level Delivery Plan but all actions and programmes of work outlined will need to undertake their own impact assessment to ensure no adverse impact.

3. Assessment

It's essential that appropriate officers in the organisation are involved at this stage to ensure that opportunities for developing a better proposal are able to be taken up. This will be key for meeting the 'due regard' test.

Executive Lead: Adam Coldwells, Director of Strategy / Deputy Chief Executive

Assessment under taken by: Jenna Young, Planning Manager, with support from Public Health

Identify who – from relevant categories / disadvantaged communities – will (or may be) affected and how (please tick the appropriate box)

People/ families living on a low income	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			

The priority areas of focus in the Three Year Delivery Plan should mean a positive impact on this population group as summarised below:

Culture

Focus on ensuring staff feel supported with their health and wellbeing and increasing inclusiveness of our colleagues, working with the Staff Equalities and Grampian Empowered Multicultural Staff Networks to break down barriers to attraction, recruitment and retention. Any programmes of work and opportunities for staff need to be equally accessible to all professions and locations, regardless of grade.

People powered health

This is about recognising people's lived experience and opinions as a valuable asset in helping shape health. We aim to collaborate with communities and partners to bring people together, including healthcare professionals, the community and third sector to support people to live well. It is a redefined relationship, one which seeks to create a partnership of equals and places people more in control of their health and wellbeing. There are specific actions under this heading relating to models of engagement and

development of a volunteering strategy – these need to be cognisant of evidence that social-economic disadvantaged communities can be less likely to engage and barriers to access need to be part of the mitigation.

Employment, procurement & physical assets

This focuses on NHS Grampian’s role as an Anchor organisation, to consider how we influence economic, social and environmental sustainability in Grampian. Specific actions include continuing to widen access to health and care careers, through increased entry routes, targeted initiatives, apprenticeships and flexible working policies.

Population based approach to health

Focus on developing a five year plan for health inequalities, development of a Women’s Health Plan and test-beds related to child health, mental health and wellbeing, substance use and place and wellbeing.

Greening health systems

Improving our ability to be net zero and contribute to reducing emissions – in particular, urban areas of deprivation tend to be more affected by pollution.

Intelligence-led improvements

Aim to better understand emerging population health data and demographics and develop live data modelling, improving our ability to identify variation in access.

Making Every Opportunity Count

Making Every Opportunity Count and Waiting Well programmes – both of which will be led by the needs of the individual person so would involve discussing support options and signposting relative to their own needs.

As in initial question, the expectation would be that assessment against the Fairer Scotland Duty is undertaken in more detail on individual actions and areas of work as appropriate, such as:

- Ensuring work to increase the reach of recruitment and widen access to health and care careers includes those with socio-economic disadvantage.
- Aims to improve engagement need to be cognisant of evidence that social-economic disadvantaged communities can be less likely to engage and barriers to access need to be part of the mitigation.
- Any programmes of work and opportunities for staff health and wellbeing need to be equally accessible to all professions and locations, regardless of grade.
- Smarter/hybrid working needs to consider the cost of working from home made me felt more in lower incomes/grades (e.g. heating, equipment, suitable space to work).
- Community led health initiatives need to consider areas of deprivation, both urban and rural.
- Women’s Health Plan – given that women are often lower earners than men and more single parents are more likely to be women, actions need to be actively considering socio-economic disadvantage.
- Value & Sustainability Programme – need to ensure that projects to meet savings target do not adversely impact those living with socio-economic disadvantage.
- Pathway redesigns (adult general mental health and frailty) – both will be experienced by people with socio-economic disadvantage and therefore project plan needs to fully consider the impact of any changes.

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<ul style="list-style-type: none"> Improvements in access (relating to primary & community care; planned care; cancer care; mental health) – all improvement projects will need to ensure there are no unintended negative impact on those living with socio-economic disadvantage and have mitigations in place to overcome. 				
People/ families with low or no wealth	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>As per section focusing on: People/ families living on a low income</p>				
People with material deprivation	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>As per section focusing on: People/ families living on a low income</p>				
People living in deprived areas	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>As per section focusing on: People/ families living on a low income</p>				
People's socio-economic background	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>As per section focusing on: People/ families living on a low income</p>				
Looked after children & young people	Positive Impact	Negative Impact	No Impact	Impact Not Known
				X
<p>Please explain your assessment:</p> <p>Children's health and wellbeing is one of the priority areas of focus within this Delivery Plan. This includes a focus on the Child Poverty Action Plan and improving engagement with children, young people and their families - while looked after children and young people are not mentioned specifically, any individual projects and programmes of work should consider how to ensure their voices are heard and no adverse impact experienced.</p>				
Carers	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			

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<p>Please explain your assessment:</p> <p>While the Delivery Plan does not explicitly mention unpaid carers, the priority focus areas of people powered health and population health based approach are centred around working with those with lived experience, which will include carers and families. The actions to develop the engagement model and tools need to include unpaid carers and any service redesigns and improvements in access to care will need to ensure there are no unintended negative impact on unpaid carers.</p>				
People who are Homeless	Positive Impact	Negative Impact	No Impact	Impact Not Known
				X
<p>Please explain your assessment:</p> <p>There is nothing specific to this population group, though would be part of broader work mentioned to develop a five year plan for health inequalities in Grampian. Any service redesigns and improvements in access to care will need to ensure there are no unintended negative impact on those at risk of or experiencing homelessness and have mitigations in place to overcome.</p>				
People with addictions &/or substance misuse issues	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>A population health based approach is one of the priority areas in this Delivery Plan, which includes a specific focus on a number of ‘test-bed’ topics – one of which is substance use. There is also a continued focus on Medication Assisted Treatment (MAT) Standards – which were published nationally to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.</p>				
People involved in the criminal justice system	Positive Impact	Negative Impact	No Impact	Impact Not Known
				X
<p>Please explain your assessment:</p> <p>There is nothing specific to this population group, as responsibility for delivery of healthcare to this population is hosted by Aberdeenshire Health & Social Care Partnership (HSCP) and therefore the detail will be within their strategic plan. However, this population group should be considered as part of broader work mentioned to develop a five year plan for health inequalities in Grampian.</p>				
People living in remote and rural areas	Positive Impact	Negative Impact	No Impact	Impact Not Known
	X			
<p>Please explain your assessment:</p> <p>A key focus of the Delivery Plan is to improve access to services across Grampian, while also taking a population health based approach, focusing on community led health</p>				

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working alongside our partners and communities. Specific improvement projects and pathway redesigns outlined in the document will need to undertake their own impact assessment in order to ensure no adverse impact.				
Refugees and asylum seekers	Positive Impact	Negative Impact	No Impact	Impact Not Known
				X
Please explain your assessment:				
There is nothing specific to this population group, though would be part of broader work mentioned to develop a five year plan for health inequalities in Grampian. Any service redesigns and improvements in access to care will need to ensure there are no unintended negative impact on refugees and asylum seekers and have mitigations in place to overcome.				

How could the policy/proposal be improved so it reduces or further reduces inequalities of outcome, with a particular focus on socio-economic disadvantage?

<p>The expectation would be that additional evidence is gathered in terms of specific actions and programmes of work outlined in the Three Year Delivery Plan to ensure that further impact assessment is carried out as part of implementation. A robust governance process will be developed to ensure that impact assessment at the right level for individual programmes and projects is undertaken and acted upon from the initiation.</p> <p>In developing the next rolling Three Year Delivery Plan for 2024-2027, impact assessment will be embedded into the development process from the beginning to ensure robust evidence available to demonstrate how it is has formed part of decision-making.</p>

If you are now planning to adjust the proposal/decision, could it be adjusted still further to benefit particular communities of interest or of place who are more at risk of inequalities of outcome?

N/A

4. Decision

The completed assessment should be reviewed by an appropriate officer to confirm that due regard has been paid. They should be satisfied the organisation has understood the evidence, considered whether the policy can narrow inequalities of outcome, considered improvements and the links to socio-economic disadvantage and equality.

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This assessment has been acknowledged and noted by:

Name	Roda Bird
Job Title	Interim Equality and Diversity Manager
Email	roda.bird@nhs.scot
Date	24/07/2023

5. Publication

The Board must be able to show that it has paid due regard to meeting the Fairer Scotland Duty. This should be set out clearly and accessibly, and signed off by an appropriate official.

Template produced by NHS Grampian Public Health Directorate (May 2023)