



People Impact Assessment – completed in partnership with UHI and NHS Highland

People impact assessment helps you assess the contribution your proposal - strategy, policy, programme etc. - will make to addressing inequalities and socio-economic disadvantage. Identifying positive impact strengthens the case for approval of your proposal. Identifying potential adverse impact enables you to eliminate or mitigate negative effects in its delivery.

Most importantly this strengthens HIE's ability to influence and deliver inclusive growth, particularly those elements which relate to people and place. It guides you through 3 stages:

- Screening : screens out proposals which do not need assessment
- Assessment : identifies how your proposal is likely to address inequality and socio-economic disadvantage
- Action Plan : identifies action you will take as a result of the assessment

Proposal being assessed

Title of the proposal being assessed:	Centre for Health Science II		
Type of activity: please tick as appropriate	<input type="checkbox"/> at HIE's own hand	<input type="checkbox"/> third party intervention	<input checked="" type="checkbox"/> partnership activity
Is your proposal: please tick as appropriate	<input checked="" type="checkbox"/> new	<input type="checkbox"/> existing and being revised	
Group or Area Team delivering the proposal:	Partnership of NHS Highland, University of the Highlands and Islands and HIE		
Name and role of person leading the assessment:	HIE - Project Director, Inverness Campus, Equalities Manager NHS Highland - Clinical Advisor, Ophthalmologist UHI - Head of Health Research and Innovation, Governance, Academic Partnerships, City-Region Deal		

April 2018

Screening

Question A1

Please tick any of the following which apply to your proposal:

- a) it contributes to achieving one or more of **HIE's equality outcomes 2017-21**:**
- increasing the diversity of leadership and workforce participation in the Highlands and Islands
 - people better recognise and understand prejudice-based incidents and hate crimes and feel confident reporting them
 - growing the working age population in every part of the Highlands and Islands
- b) it contributes to the following in relation to any of the **protected characteristics** (age, disability, gender, gender-reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sexual orientation)**
- eliminating unlawful discrimination, victimisation or harassment
 - advancing equality of opportunity:-
 - by removing or minimising disadvantage for a group(s) of people
 - by meeting the needs of particular groups which differ from the needs of others
 - by encouraging participation in public life for a group(s) of people
 - by taking account of disabled people's impairments
 - fostering good relations:-
 - by tackling prejudice
 - by promoting understanding between groups of people
- c) it addresses **known areas of inequality** such as the gender pay gap, youth out-migration, occupational segregation, in-work poverty, income inequality, inequalities in educational attainment (health inequalities).**
- d) it considers proposals of a strategic nature. Consider the impact of **socio-economic disadvantage**:**
- in communities within particular disadvantaged places
 - within particular disadvantaged communities of interest such as disabled people, young people leaving care etc.
 - specifically for people in rural, remote and islands areas
- e) it uses **EU funding**; assessment is mandatory for European Structural Fund Programmes (potentially)**

If you have **ticked** any of the options a) to e) above proceed now to the Assessment on page 4.

If you have **not ticked** any of the options a) to e) this indicates that your proposal is not relevant to equality and not likely to address socio-economic disadvantage. You should sign off the screening below.

Signing off the screening

You must include in relevant approval papers:

- a) a statement to confirm that the proposal has been screened for impact in relation to equality and socio-economic disadvantage and that full assessment is not required
- b) a statement to confirm, if your proposal includes procurement activity above OJEU threshold levels, that there is no need to consider award or contract performance criteria related to equality.

Assessment of your proposal ends at this stage.

Name of person who carried out the screening:	
Job Title:	
Date of decision:	

This document must be retained with your strategy, policy or programme papers. Screening documentation is subject to the provisions of the Data Protection Act 1998 and Freedom of Information Act 1998.

Assessment to address inequality and socio-economic disadvantage

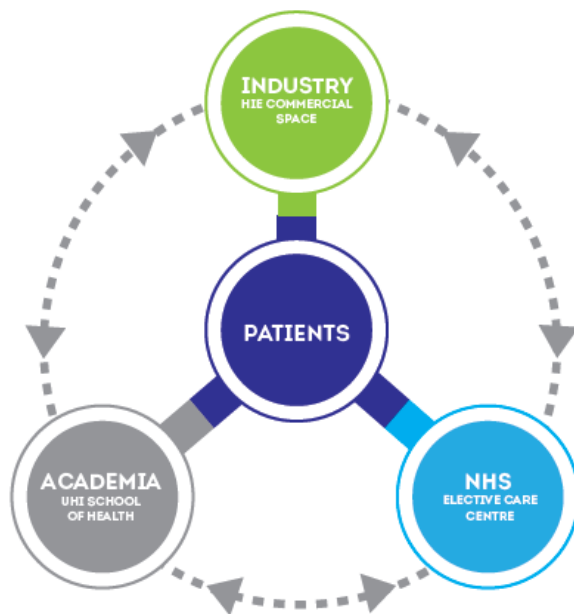
Requirement to publish impact assessments

Impact assessments must be published, demonstrating that HIE has paid due regard to equality in the development and delivery of our functions. Assessments are subject to the provisions of the Data Protection Act 1998 and Freedom of Information Act 1998.

Question B1

What is the purpose of the proposal; how will it achieve this; who will benefit from it?

The Centre for Health Science II (CfHSII) project's purpose is to create a centre which brings together excellence in delivery of NHS "elective" clinical care, increased clinical academic research, product and service innovation and ultimately increased levels of commercial activity in the healthcare sector.



In terms of healthcare, the project delivers an Elective Care Centre for Orthopaedics and Ophthalmology; 28 bedded unit for in-patients and 4 operating theatres

Innovation and commercial activity will be much broader in scope: University of the Highlands and Islands activity focuses on a multidisciplinary centre for clinical research and innovation; the application of digital health and medical technology to remote and rural health & social care; commercialisation of new medical products and technologies and pre-incubator space for start-ups and SMEs

HIE's engagement ensures the development of commercial space to support: technology transfer; open innovation; smart specialisation and the development of local cluster(s)

The project will achieve this through the design, construction and development of a dedicated building, service and outreach facilities, based in Inverness but covering a wider geographical area.

It will impact on the lives of patients, members of the public accessing the facility, clinical and research staff, student placements in the NHS facility and post graduates in UHI's Innovation facility, businesses, third sector organisations and their employees.

Question B2

What evidence do you have of the likely impact your proposal on different groups of people (younger or older people, men or women, disabled people etc.) or communities within particular disadvantaged places, including rural, remote or islands areas?

What does the evidence tell you	Source of evidence
<p>Ageing population The population of the Highlands and Islands is ageing, both as a result of an increasing number of older people and out-migration of younger people. Older people are more likely than younger people to require orthopaedic and ophthalmic care, requiring an increase in provision. Outmigration of young people impacts on the ability to attract new workers locally. CfHSII will provide enhanced career opportunities for young people.</p>	<p><i>“Young People and the Highlands and Islands: attitudes and aspirations”</i> (2017) - HIE</p>
<p>Patient profile data Changing population demographics will increase demand alongside increasing patient expectations. The NHS North Scotland Strategic plan identifies there will be an increasing need for treatment and care that will have an impact on local authorities, general practice, community services, and secondary and tertiary services arising from the growing elderly population (over 75's will increase by 35% by 2035) and the dispersed nature of the population (93 inhabited islands). Relative to the national figures, the Highland region has a higher percentage of population in the +65- age bracket, and it is estimated that by 2031 the number of people aged 75 or over in Highland will double. Therefore, the pressure areas in the region over the next 10-15 years will be in the provision of Orthopaedic Services (particularly hip and knee replacements) and Ophthalmology Services.</p>	<p>NHS North Scotland Strategic Plan</p>
<p>Patient feedback/ complaints It is estimated that 10 complaints per week are received across ophthalmic and orthopaedic services and the theme within complaints for both services is the lack of access and waiting times.</p>	<p>NHS complaints</p>
<p>Patient access to services Currently some patients have to travel to the central belt of Scotland for specialist orthopaedic and ophthalmic treatment This requires significant travel which, for some patients, is not feasible. Particularly given the nature of their medical condition they may rely on public transport or the support of friends and family. This is particularly onerous for those living beyond Inverness e.g. those living in the islands and areas such as Wick. These patients will be repatriated within this facility.</p>	<p>NHS operational experience</p>
<p>UHI student experience on placement in an NHS environment An elective care centre provides a greater number and better, qualitative experience for optometry and nursing students through placements. This also enhances career progression, succession planning and leads to better clinical outcomes.</p>	

Gender balance in nursing profession

Evidence, sourced from Israel, indicates greater gender balance in nursing staff, where nursing is regarded as a good career choice for men. Suggests potential to influence gender balance in nursing career.

NHS experience of recruitment and retention

Nursing qualifications and inpatient mortality

Analysis of 300 hospitals in nine countries showed that an increase in nurses' workloads by one patient increases the likelihood of inpatient hospital mortality by 7%, and a 10% increase in bachelor's degree nurses is associated with a decrease in odds of mortality by 7%. These findings emphasize the risk to patients that could emerge in response to nursing cuts and suggest that an increased emphasis on bachelor's education for nurses could reduce preventable hospital deaths.

"Nurse staffing and education and hospital mortality in nine European countries" (2015) - Lancet paper: RN4CAST consortium

NHS Highland staff – data shows patterns of occupational segregation in staffing across the majority of disciplines (data published 2017).

NHS Staff	Female No.	Male No.	Female %	Male %
Administrative Services	1545	208	88.1%	11.9%
Allied Health Profession	610	82	88.2%	11.8%
Dental support	240	47	83.6%	16.4%
Healthcare Sciences	169	108	61.0%	39.0%
Medical and Dental	337	353	48.8%	51.2%
Medical Support	13	13	50.0%	50.0%
Nursing / Midwifery	3377	334	90.0%	10.0%
Other Therapeutic	206	33	86.3%	13.7%
Personal and Social Care	359	34	91.3%	8.65%
Senior Managers	25	22	53.2%	46.8%
Support Services	732	452	61.8%	38.2%
Unassimilated (TUPE)	898	118	88.4%	11.6%

NHS Occupational segregation data (occupational segregation is the clustering of men and women in different types and levels of job role)

Gender balance within the senior Ophthalmic workforce is improving and has almost reached 50% female

NHS Equality Mainstreaming information and established knowledge within the sector

UHI Nursing student profiles

In 2017/18 nursing student profiles (BSc and MSc level) show that:

- 92% of students are female
- 72% White Scottish, 22% other White background; 3% Black and Asian
- 10% declare having a disability

UHI Equality Mainstreaming Report and Gender Action Plan

UHI acknowledges and is trying to address gender imbalance on some courses by embedding gender equality and counter-stereotyping within prospectuses, websites and open-day activities. The Gender Action Plan

shows that all programmes in Applied Life Sciences, including health and social care have more than 75% female representation.

This aims to encourage men into childcare and women into STEM subjects (Women in Science, Technology and Engineering).

In terms of active health within the UHI area of the building, an Active Health Workshop, involving consultation with stakeholders such as NHS Highland staff and other possible research “volunteers”, has been carried out. This highlighted the need for accessible facilities, including for cyclists.

UHI

Question B3

If there are evidence gaps which prevent you from understanding the likely impact on groups of people or communities affected, how will you fill the gaps?

N/A

Question B4

Note below any positive or adverse impact which may occur as a result of the planned delivery of your proposal. Leave blank any groups you consider will not be disproportionately affected.

Tick Nature of anticipated impact for groups of people likely to be affected

Age – younger or older people, people of a particular age

✓

Positive impact identified 😊

Older people - given the age profile of those seeking care provided by CfHSII this project will be of particular benefit to older people across the area.

Out-migration – training and career opportunities leading to well-paid employment locally may help address out-migration of young people from the area

☐

Adverse impact identified ☹️

Disability - people who have a disability (physical or mental health condition, long term illness)

✓

Positive impact identified 😊

People requiring ophthalmic and orthopaedic care will be able to access this much closer to home with reduced need for travel, time away from home and associated cost. Use of remote access diagnostics will support this for those still some distance from Inverness.

There is an opportunity for implementation of the project to promote the “active health” ethos, e.g. providing facilities which promote active lifestyle such as adequate provision in the building for staff to cycle to work – showers/ lockers, bike storage.

The focus on pre-rehabilitation, improving satisfactory patient outcomes and improving patient “length of stay” also support the health and wellbeing of service users.

The active health theme will be taken forward in a research and business development context leading, over time, to improved outcomes for people with serious and long-term health conditions

Building design includes a patient drop off point at the main entrance with car parking towards the rear of the NHS portion of the building.

Building design includes a sensory facility in the waiting area for children and young adults with special needs

Adverse impact identified ☹️



Gender - men or women



Positive impact identified 😊

The elective care centre is based on a principle of single occupancy rooms which can be beneficial, e.g. enabling a gender-sensitive service. Given the patient age profile it is likely that the CfHSII will benefit women particularly, who are more likely to be in the older age category.



There is potential raise awareness of and help address occupational segregation for roles in which men or women are underrepresented. This applies to both students (future skills pipeline) and staff of partner agencies using the facility.

Adverse impact identified ☹️

Gender-reassignment - people who have undergone or plan to undergo gender re-assignment



Positive impact identified 😊

The elective care centre is based on a principle of single occupancy rooms, enabling gender-sensitive service provision



Adverse impact identified ☹️

Marriage or civil partnership - people who are married or in a civil partnership



Positive impact identified 😊



Adverse impact identified ☹️

Pregnancy and maternity - women who are pregnant or linked to maternity



Positive impact identified 😊

The building specification includes provision for nursing mothers

Adverse impact identified ☹️

Race - people of diverse race, nationality or ethnicity

Positive impact identified 😊

✓ Adverse impact identified ☹️

It may be that the supply of EU member country workers will diminish prior to and after Brexit. Where possible ways to retain this labour-flow should be explored.

Religion or belief - people of diverse faiths or beliefs

Positive impact identified 😊

✓ Adverse impact identified ☹️

There will be no dedicated area for contemplation on site. Experience suggests the current chapel at Raigmore Hospital was used by staff and patients from a range of religious denominations. This facility will continue to be available for use but will be less accessible, particularly for patients. Single occupancy rooms may provide adequate privacy for in-patients but there will be no dedicated facility for out-patients or staff. This should be explored further to minimise adverse impact.

Sexual orientation – lesbian, gay, bisexual or transgender people

Positive impact identified 😊

Adverse impact identified ☹️

Question B5

General Equality Duty

In what way will your proposal contribute to:

- eliminating unlawful discrimination, victimisation or harassment
- advancing equality of opportunity (by removing/minimising disadvantage, meeting the needs of particular groups, encouraging participation in public life, taking account of disabled people's impairments)
- fostering good relations (by tackling prejudice or promoting understanding)

The development of the CfHSII will be significant in advancing equality for people requiring orthopaedic and ophthalmic care across the Highlands and Islands. It will reduce the need for travel outwith the region for specialist services, increase the number of people treated and provide a better quality of

patient experience.

This is also an opportunity to address persistent patterns of occupational segregation such as under-representation of men in nursing, improving the student and workforce experience. This can be achieved through imaginative planning and delivery of the recruitment and development of both students and staff in the sector.

Question B6

Economic, social and cultural (human) rights

HIE is well placed to create the conditions in which economic, social and cultural rights can be realised, such as working towards:

- an adequate standard of living e.g. Minimum Income Standard, addressing poverty
- access to well-paid employment for all e.g. job creation, income levels
- just and favourable work conditions e.g. encouraging inclusive workforce practices
- social participation and community confidence e.g. inclusive capacity building and representation

In what way will your proposal help people realise their economic, social or cultural rights?

Identify any areas where there is risk of preventing individuals from realising their human rights. Provide justification where this is considered a proportionate response to achieving the overall aim of the proposal.

The elective care centre element of the CfHSII increases the ability of people requiring ophthalmic and orthopaedic care to receive a service based in the area, meeting their right to health. CfHSII facility is founded on a theme of “active health”, encouraging people of all ages to lead active lives.

The project also focusses on provision of well -paid, career focussed jobs which might help retain a young workforce in the area, ensure staff have access to an adequate standard of living and students a good level of education.

Question B7

Socio-economic impact

Public authorities, including HIE, are expected to consider how to address socio-economic disadvantage, when taking decisions of a strategic nature, such as economic development strategy, setting budgets for key investment choices, city / region deals etc. Consider how this might impact on:

communities within particular disadvantaged places

particular disadvantaged communities of interest (e.g. young people leaving care; disabled people; people from minority ethnic communities)

people in rural, remote and islands areas

Disadvantaged places

In what way does your proposal address socio-economic disadvantage in communities within particular disadvantaged places?

Provision of specialist health services within the region reduces the financial and social impact on people on low earnings, including those in

areas of deprivation. It will provide an increase in learning or career opportunities for people in rural area.

Disadvantaged communities of interest

In what way does your proposal address socio-economic disadvantage within communities of interest not already outlined in question 5 above?

Not aware of any other groups who will experience particular benefit

Rural, remote, and islands areas

In what way does your proposal address the specific nature of socio-economic disadvantage experienced by people in rural, remote and islands areas?

The development of CfHSII in Inverness will reduce the cost, time and emotional challenges faced by those currently travelling to the central belt for specialist treatment. It is recognised that this will not address disadvantage faced by all as travel to Inverness for some will still be prohibitive.

Increase in the use of remote access technologies (e.g, “virtual assessment” clinics) will be of particular benefit for those at a geographical distance from the CfHSII and will mitigate disadvantage faced by those in rural, remote and islands areas. A “hub and spoke” model of care (e.g. physiotherapy) will enhance service accessibility for patients in more rural areas and will provide an increase in career and study opportunities.

Question B8 European Structural Fund Programmes only

Equal Opportunities - “to increase the opportunities within the programme for all groups and to prioritise and adapt support for groups facing particular disadvantages to participation”

Clarify precisely how the proposal takes account of and reflects the diverse needs of any target group(s).

Outline how the proposal will overcome any potential barriers to access to participation and how policies in place will make a positive difference.

One of the project’s main purposes is to increase access to specialist medical services most likely to be required by older people. Development of the centre and its implementation brings services to the area, remote diagnostics open up access to those not physically able to attend in Inverness and a focus on providing well educated, skilled students and staff aim to increase patient experience and potentially reduce inpatient mortality. The project will also increase clinical and academic research opportunities in the region, ultimately leading to new products and services and well-paid careers.

Social inclusion - “to ensure that economic growth and tackling exclusion go hand in hand to help people overcome multiple barriers to employment and realise their full potential”

Demonstrate how the proposal will reconcile a commitment to social inclusion with a focus on improving the competitiveness and economic performance of the locality.

Outline how it will reduce inequalities between the least advantaged communities and the rest of society.

Outline how the proposal will overcome any potential barriers to access to participation and how policies in place will make a positive difference.

This project demonstrates how the provision of high paid employment and career-enhancing educational opportunities can help enhance service provision, increase local employment opportunity and help reduce youth out-migration

People Impact Assessment Action plan to address inequality and socio-economic disadvantage

Title of the proposal assessed: **Centre for Health Science II**

Financial and resource allocation decisions must take into account potential equality impact and, for strategic decisions, socio-economic impact. Proposals which include procurement activity at OJEU level must consider whether to include contract award or performance criteria related to equality. We also recommend this as good practice for lower value contracts.

The following summarises actions to be taken as a result of People Impact Assessment and should be submitted with relevant approval papers.

Summary of impact identified and action to be taken to ensure inequalities and socio-economic disadvantage are addressed			
Potential impact to be addressed	Action to be taken	By whom	When
The majority of impacts identified depend on continuing focus and responsibility for actions being passed to relevant agencies or bodies as the project develops and is implemented	Ensure impact assessment actions are included in project handover arrangements	Project Working Group	On completion of Project Working Group involvement
Opportunity for healthy working lives / active health promotion as a staff attraction and retention tool	Ensure adequate provision of lockers and changing facilities / bike storage / cycle schemes etc, and positive and inclusive marketing to sell the CfHSII as an aspirational place to work. There is further potential for an electric bike pool for use by all staff	Project Working Group	
Ability of those relying on public transport to access services, particularly given the nature of medical conditions treated at the CfHSII	Review accessibility of CfHSII by public transport and for those being transported by car (parking etc.). Consider the role of “collective” travel arrangements where appropriate e.g. to and from specific locations. Also ensure distance from disabled parking to door is minimised. Although not part of this contract the construction of a new North Bridge will enhance public transport links	Project Working Group	

Balance demand for staff parking spaces and drive for active health practices (cycle to work etc)	Explore impact of car sharing, transport subsidy payment, electric bikes and other arrangements to discourage staff travel to work by car and promote a healthy workplace	Project Working Group	
Lack of dedicated religious observance facility	Explore how the requirements of out- and in-patients as well as staff can be met.	NHSH	
Impact of Brexit on flow of EU Workers	Explore how flow of labour can be maintained or replaced e.g. by maximising visa support / bursary arrangements in recruitment processes, providing enticements for surgical training	NHSH	
Gender imbalance is evident in associated qualifications (future skills pipeline) and careers (CfHSII staffing). For example there are disproportionately fewer men in nursing.	Address occupational segregation in relevant qualifications and career paths – “male” recruitment days, questioning experience requirements which discount younger candidates or those who have had a career break.	NHSH / UHI	
Ensure marketing and promotional imagery and language reflect inclusion (gender, age, disability, race etc)	Requirement to be included in relevant procurement activity and by partner agencies	NHSH / UHI / HIE	
Unaware at this stage of how procurement can be used to advance equality and address inequalities	Ensure equality related procurement criteria are considered at relevant stages throughout the project	Project Working Group	
As a flagship facility CfHSII should provide a high standard of accessibility	Revisit accessibility requirements to ensure construction, signage, policy, procedural arrangements, marketing and promotion reflect an inclusive environment, resulting in a positive experience for people of all backgrounds and abilities: translation services, age-appropriate, dementia friendly environment ...	Project Working Group	
Impact in terms of the active health component of the building on businesses and other stakeholders. An Active Health Workshop, involving consultation with stakeholders such as NHS staff and other possible research “volunteers”, has been carried out. This could provide a relevant reference for the people impact assessment once completed.	Assess the outcome of the proposed Active Health Workshop, involving consultation with stakeholders such as NHS staff and other possible research “volunteers”	UHI	
Patient representation was invited to take part in the initial impact assessment but was unable to attend	The views of patients must continue to be incorporated as the project is implemented to ensure that it meets patient needs	NHS	

Arrangements to monitor and review impact over time

Monitoring and review arrangements	By whom	When
Project Working Group to consider progress on assessment actions at regular stages through to project completion (March 2021)	Project Working Group	6 monthly

Procurement

Proposal involves procurement activity at OJEU level Yes / No

Award criteria to be included in tender	How criteria will be evaluated
Elective care centre - clarification of BREEAM vs BREEM EXCELLENCE requirements at the time of procurement activity (NHS Highland as lead on procurement)	To be determined at stage of procurement tender specification
Contract performance criteria	How delivery of performance criteria will be monitored
To be determined for each specific procurement activity	

The full signed assessment is held with proposal papers and published on partner websites.

Senior Responsible Officer (name):	 (Chair) on behalf of Joint Programme Board
Job Title:	Director of Regional Development, Highlands and Islands Enterprise
Date of signing off completed assessment:	Tuesday 20 th November 2018

