

Appendix 4: LHEES 2024-2028 Health Inequalities Impact Assessment

Introduction

Carrying out a Health Inequalities Impact Assessment (HIIA) will help you to consider the impact of your policy* on people. Using this workbook, alongside the [HIIA: Answers to frequently asked questions](#) guide, will help you to work through the process and strengthen your policy's contribution towards health equity.

The workshop is a core element of the HIIA and, together with a group of key stakeholders, you will work through six questions to identify any impacts your policy will have on: different population groups; health inequalities; and people's human rights. Policies do not impact on people in the same way – impact assessment is a way to consider how people will be affected differently. It will also help you to meet the requirements of the Public Sector Equality Duty by considering those groups who are protected under the Duty (information about the Duty is available at www.scotland.gov.uk/Topics/People/Equality/PublicEqualityDuties). During the workshop, the facilitator or lead for the impact assessment will take you through the process and outline the next steps.

The six questions in the workshop are:

- 1 Who will be affected by this policy?
- 2 How will the policy impact on people?
- 3 How will the policy impact on the causes of health inequalities?
- 4 How will the policy impact on people's human rights?
- 5 Will there be any cumulative impacts as a result of the relationship between this policy and others?
- 6 What sources of evidence have informed your impact assessment?

*The word 'policy' represents any option, procedure, practice, strategy or proposal being assessed.

You should identify impacts as positive or negative, remembering that some policies may have no impacts for a population group.

Positive impact: would demonstrate the benefit the policy could have for a population group: how it advances equality, fosters good relations, contributes to tackling health inequalities or upholds human rights.

Negative impact: would mean that a population group is at risk of being disadvantaged by the policy, there is a risk of breaching the human rights of people or the requirements of the Equality Duty, or that there is a risk of widening health inequalities.

No impact: If you find that the policy will have no impacts for some groups, you do not need to record this information.

Question 1: Who will be affected by this policy?

Example: Keep this brief, such as 'Children aged 5–12 years'. There is no need to explore subgroups yet, just provide an indication of how well-defined the target group is at this stage.

The Local Heat and Energy Efficiency Strategy (LHEES) is a locally led and tailored approach to set out a long-term plan for decarbonising heat in buildings and improving their energy efficiency across the Scottish Borders area. The LHEES has been led by Scottish Borders Council (SBC) with input from numerous stakeholders and via a public consultation. This strategy aims to:

- set out how each segment of the building stock needs to change to meet national and local objectives, including achieving zero greenhouse gas emissions in buildings, and the removal of poor energy efficiency as a driver of fuel poverty.
- identify strategic heat decarbonisation zones, and set out the principal measures for reducing buildings emissions within each zone; and
- prioritise areas for delivery, against national and local priorities.

The Local Heat and Energy Efficiency Strategy ambition for decarbonising heat in buildings and improving their energy efficiency across the Scottish Borders will focus on improving all buildings across and will affect everyone who lives in the Scottish Borders.

Question 2: How will the policy impact on people?

When thinking about how the policy might impact on people, think about it in terms of the right for **everyone** to achieve the highest possible standard of health. The [Right to Health](#) includes both the right to healthcare and the right to a range of factors that can help us lead a healthy life (the determinants of health). Equality and non-discrimination are fundamental to this right. The Right to Health has four related concepts: goods, facilities and services should be available, accessible, acceptable and of good quality. When thinking about how the policy might impact on people, their human rights and the factors that help people to lead healthy lives, consider and discuss:

- Is the policy **available** to different population groups?
- Is the policy **accessible**, (e.g., in terms of physical access, communication needs, transport needs, health literacy, childcare needs, knowledge and confidence)?
- Is the policy **acceptable** to different population groups (e.g., is it sensitive to age, culture and sex)?
- Is the policy of good **quality**, enabling it to have its desired effects and support the above?

Apply these questions to each population group in the following table. Try to identify any factors which can contribute to poorer experiences of health and any potential positive or negative impacts of the policy. Think about people, not characteristics, such as how the policy impact on the right to health of a disabled older man with low literacy who lives in a deprived area.

Population groups & factors contributing to poorer health	Potential Impacts and explanation why
Age	Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia and problems with childhood development. The LHEES will have a positive impact on people of all ages and the biggest risk factor was the prospect of it not being delivered.

Population groups & factors contributing to poorer health	Potential Impacts and explanation why
	<p>For children, the major positive impact identified is the link between housing costs and child poverty. Improving the energy efficiency of homes will help to reduce energy costs and provide warm affordable homes. Addressing fuel poverty and quality of housing are important drivers in children’s overall health and wellbeing including physical health and educational attainment.</p> <p>For older adults, due to the changes in health, lifestyle and income which are often associated with, and experienced by, this age group there are a number of areas this strategy could impact upon. Older people, particularly if retired, spend more time in the home which can mean increased fuel bills resulting in households experiencing fuel poverty. Households reducing their fuel bills through energy efficiency measures was identified as important but there were a number of challenges to be tackled including how to encourage and support older owner occupiers who are often asset rich, but cash poor to invest in their homes. This highlighted a need to help owner occupiers of all ages and private landlords become knowledgeable about how to improve the energy efficiency of their home. This also applies to registered social landlord tenants for whom there is a need to balance investing in homes with rental increases so as to not place people in poverty due to increases in their housing costs to pay for the investment.</p>
Disability	<p>Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia and problems with childhood development. This also includes disabilities. The LHEES will have a positive impact on people with disabilities.</p> <p>Similar to reasons for age, people with disabilities often spend more time at home which can mean increased fuel bills resulting in households experiencing fuel poverty.</p>
Low income	The LHEES is driven by Scottish Government targets, including ‘In 2040, as far as reasonably possible, no household in Scotland is in fuel poverty’ and the removal of poor energy efficiency as a driver of fuel poverty. By increasing the energy efficiency of homes will mean people live in a warm home which if more affordable to heat.
Living in deprived areas	The LHEES ‘s will focus on improving all buildings across the Scottish Borders area. There is likely to be a positive impact on people on low incomes due to the increased availability of affordable housing. This seeks to ensure housing is affordable to rent/purchase and is affordable to heat, thus contributing to the wellbeing and health of occupants.
Living in remote, rural and island locations	The LHEES will have a positive impact on everyone living in the Scottish Borders as the ambition applies to all buildings in the area, the majority of which live in a rural location. Impacts linked to health include improvements in health, fuel poverty levels and availability of affordable housing in a variety of tenures. There will be more developments in more rural locations and in less accessible rural locations.
Gender Reassignment	<p>The LHEES does not include any plans or actions that directly relate to, or will otherwise impact any of these groups, meaning the strategy is likely to have no impact on these groups. The LHEES ‘s ambition for decarbonising heat in buildings and improving their energy efficiency across the Scottish Borders will focus on improving all buildings across the area. So while there is no direct impact on these groups there will still be a positive impact by making homes and buildings more energy efficient and more affordable to heat, reducing fuel poverty.</p> <p>The Scottish Government’s target to tackle fuel poverty will impact the most vulnerable – by improving the energy efficiency of all buildings in the Scottish Borders it will help people living in fuel poverty and help to provide warm affordable homes for all.</p>
Marriage & Civil Partnership	
Pregnancy and Maternity	
Race and ethnicity	
Religion and belief	
Sex	
Sexual orientation	
Looked after children & young people	
Carers	
Homelessness	
Involvement in the criminal justice system	
Addictions & substance misuse	
Staff	
Low literacy / Health Literacy	
Discrimination/stigma	
Refugees and asylum seekers	

Recommendations to reduce or enhance such impacts include:

- Implementing the LHEES and delivery Plan
- Delivering EES:ABS
- Continue to deliver advice on energy efficiency and fuel poverty through updating the website and engaging with a range of stakeholders
- Ongoing collaboration through the Borders Home Energy forum
- Home Energy Efficiency Programme, and other health and wellbeing initiatives are targeted in SIMD areas, or areas identified to be in fuel poverty.
- Rural Proofing Exercise has been undertaken and will be considered going forwards.

To comply with the general equality duty of the Equality Act 2010 when conducting impact assessment, you must demonstrate 'due regard' for the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
- foster good relations between people who share a relevant protected characteristic and those who do not share it.

This means that you must identify, record and eliminate (through appropriate policy changes) any impacts that could amount to unlawful discrimination under the act. Wherever possible you should also try to identify, record and enhance any impacts that enable the policy to advance equality of opportunity or foster good relations.

Question 3: How will the policy impact on the causes of health inequalities?

The wider environmental and social conditions in which we are born, grow, live, work and age are shaped by the distribution of power, money and resources. These conditions can lead to health inequalities. While considering how your policy will impact on people and their right to health, it is also important to think about how it may impact on the causes of health inequalities (see the table below). Further information on the causes of health inequalities can be found in [NHS Health Scotland's Health Inequalities Policy Review](#). Not all policies will be able to act or impact on these causes, but it will be useful to reflect on whether yours will. Think about any opportunity this policy might offer to reduce inequalities and also try to identify any ways in which it might inadvertently increase inequalities (you may find the prompts in Appendix 1 helpful). You may have discussed some of these issues when considering question 2.

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>Income, employment and work</p> <ul style="list-style-type: none"> • Availability and accessibility of work, paid/unpaid employment, wage levels, job security. • Tax and benefits structures • Cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco • Working conditions 	<p>Helping those in fuel poverty which includes information and advice on benefits.</p> <p>Through energy efficiency measures, reducing the cost and use of energy in the home and all buildings</p>	<p>Implement the LHEES.</p> <p>Continue to deliver EES:ABS</p> <p>Ongoing collaboration through the Borders Home Energy forum.</p>

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
	Helping to creating jobs and opportunities for businesses.	
The physical environment and local opportunities <ul style="list-style-type: none"> • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces • Air quality and housing/living conditions, exposure to pollutants • Safety of neighbourhoods, exposure to crime. • Transmission of infection • Tobacco, alcohol and substance use 	More access to energy efficient housing and buildings for all	Implement the LHEES. Continue to deliver EES:ABS
Education and learning <ul style="list-style-type: none"> • Availability and accessibility to quality education, affordability of further education • Early years development, readiness for school, literacy and numeracy levels, qualifications 	Provide good quality energy efficient homes and buildings so children and young people have access to homes and buildings that helps with their development and education	Implement the LHEES
Access to services <ul style="list-style-type: none"> • Availability of health and social care services, transport, housing, education, cultural and leisure services • Ability to afford, access and navigate these services • Quality of services provided and received 	Provide good quality energy efficient homes and buildings for all A warm home can help people with health conditions (older people, people with disabilities and health issues)	Implement the LHEES Continue to deliver EES:ABS
Social, cultural and interpersonal <ul style="list-style-type: none"> • Social status • Social norms and attitudes • Tackling discrimination • Community environment • Fostering good relations • Democratic engagement and representation • Resilience and coping mechanisms 	Not applicable	Implement the LHEES

Question 4: How will the policy impact on people’s human rights?

Human rights are the basic rights and freedoms which everyone is entitled to in order to live with dignity. They can be classified as **absolute**, **limited** or **qualified**. Absolute rights must not be restricted in any way. Other rights can be limited or restricted in certain circumstances where there is a need to take into account the rights of other individuals or wider society. Not all policies will be able to demonstrate an impact against human rights, but it will be useful to consider if yours will. Think about the potential impacts you have identified and consider whether these could help fulfil or breach legal obligations under the Human Rights Act. Can you think of any actions that might promote positive impacts or mitigate negative impacts? The following table includes rights that may be particularly relevant to health and social care policies.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (Absolute right)	Housing is a human right – having access to a good quality energy efficient homes and buildings.	Implement the LHEES and Delivery Plan.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right not to be tortured or treated in an inhuman or degrading way (Absolute right)	Not applicable	
The right to liberty (Limited right)	Not applicable	
The right to a fair trial (Limited right)	Not applicable	
The right to respect for private and family life, home and correspondence (Qualified right)	Affordable housing Energy efficiency Sustainable community	Continue to deliver energy efficiency programmes.
The right to freedom of thought, belief and religion (Qualified right)	Not applicable	
The right to freedom of expression (Qualified right)	Not applicable	
The right not to be discriminated against	Not applicable	
Any other rights relevant to this policy	No further rights identified	

Question 5: Will there be any cumulative impacts as a result of the relationship between this policy and others?

Consider the potential for a build-up of negative impacts on population groups as a result of this policy being combined with other policies, e.g. relocation of services at the same time as changes to public transport networks.

There are no negative impacts that will result from this policy.

Question 6: What sources of evidence have informed your impact assessment?

Formal sources of evidence to consider include population data and statistics, consultation findings and other research. However, your professional or personal experience and knowledge of individuals and communities (and the potential impact of a policy on them) is equally as valuable. Further information can be found in the planning a workshop section. <http://www.healthscotland.scot/publications/planning-resources-hiia-scoping-workshop> What evidence have you used to support your impact assessment thinking? Have you identified any areas where more evidence is needed or where there are gaps in your current knowledge to inform the assessment?

Evidence type	Evidence available	Gaps in evidence
Population data E.g. demographic profile, service uptake.	Aging population Children and young people	N/A
Consultation and involvement findings E.g. any engagement with service users, local community, particular groups.	Wide range of engagement have been carried out	N/A
Research E.g. good practice guidelines, service evaluations, literature reviews.	Followed LHEES guidance. Collated a wide range of evidence and policies (both nationally and locally) to inform the LHEES	N/A
Participant knowledge E.g. experiences of working with different population groups, experiences of different policies.	Part of the LHEES includes consulting and engaging with everyone in the Scottish Borders, including all ages groups and people from a wide range of backgrounds and experiences. It's important the LHEES	N/A

	is informed by different policies but it also impacts on other policies being developed	
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Summary of discussion

The Local Heat and Energy Efficiency Strategy (LHEES) 2024-2029 has a positive impact on the health and wellbeing of the population of the Scottish Borders. The LHEES delivers a positive impact on people and their right to health, the causes of health inequalities, and people’s human rights. The Public Sector Equality Duty has been considered and actions have been identified to ensure impacts are positive and all opportunities to improve health outcomes are pursued. There are no data gaps that have been identified.

The discussions and recommendations from this HIIA will form part of the evidence to inform the implementation of the Local Heat and Energy Efficiency Strategy (LHEES) 2024-2029