
Section 1: Ownership and background

1.1 Title E-participation Strategy for Scottish Health Council 2013-15
1.2 Start date April 2013
1.3 Publication date: May 2013
1.4 Owner Sandra McDougall
1.5 Directorate/unit/committee/group: Scottish Health Council
1.6 Related Programme of work: Person Centredness
1.7 Type of work being assessed: Policy

Section 2: Involvement and impact

2.1 Aims of the policy: To set out an e-participation strategy for the Scottish Health Council, both in terms of its own use of e-participation and how it works with NHS Boards to support their use of e-participation in the context of engaging with patients and communities.

2.2 Stakeholders: Patients and communities; Public partners and others involved in our work; Staff within the Scottish Health Council Directorate; NHS Boards.

2.3 Evidence of potential impact (from existing Healthcare Improvement Scotland documentation, research, consultation or literature search):
Excerpt from Scottish Health Council briefing paper Social media and e-participation in NHSScotland, April 2013:

Internet access

A summary of the latest Office for National Statistics (ONS) research on internet access shows that around 85% of people access the internet in the UK. In Scotland around 84% of people access the internet. Internet use is linked to various socio-economic and demographic characteristics including age, sex, disability, earnings as well as geographical location. For example, adults who are less likely to have used the internet include the elderly (in particular those over 75) and people with a disability.
Generally, internet access increases with income and education and decreases with age. Key points from this research include the following.

- Access to the internet varies across local authority area within Scotland from a low of 78% in North Lanarkshire to a high of 91% in East Lothian and Midlothian.
- 15% of people in the UK have never accessed the internet (a drop from 35% in 2006), and half of these people have a disability.
- Almost a third (31.7%) of people in Scotland with a disability do not have access to the internet compared with around one in ten people (10.6%) who do not have a disability.
- Men (85%) were more likely to be internet users than women (83%).
- While almost all people aged 16-44 have used the internet, use declines down to 21% for those over 75 in Scotland and this age group accounts for almost half of those who do not access the internet.

Mobile internet access and prevalence of social networking

ONS has also released research data for mobile access to the internet and use of social networking. Some of the key findings are included below.

- In 2012 almost half (48%) of the UK population used social networking sites. This varies considerably with age as almost nine out of ten 16-24 year olds used social networking compared to only one in ten of over 65 year olds.
- Around six in ten people (58%) accessed the internet via a portable or hand held device and of these around a third access social networking sites using these devices (although this varied considerably with age from 72% of 16-24 year olds to only 1% of over 65 year olds).

These figures demonstrate what popular mechanisms the internet and social networking sites are with the general public and allow public services the potential to inform, engage and consult with the online population.

A recent report on ‘Social Media in Mental Health Practice’ describes how mental health practitioners can use social media to help people recover and live well and states that social media use is now “woven” into everyday use for the majority of the population.

Social media has the potential to reach out to some groups that the NHS historically finds challenging to involve, e.g. working people, the housebound, young people, and communities living in remote and island areas. As younger age groups mature, these online tools will become the norm for many people and the potential to increase patient and public involvement within health and social care services can be realised, as a recent report on citizen engagement highlights:

“The rise and increasing pervasiveness of digital social media—Facebook, Twitter—have dissolved the many technical barriers to widespread and sustained citizen involvement in actually co-producing and co-delivering public services.”
However, this is not to say we should ever rely totally on social media for engagement and participation in NHSScotland, especially when engaging particular groups of people. Community engagement practitioners need to be aware of the barriers to involvement when using social media – including access to technology, computer and online literacy, language skills and physical impairment – and consider how best to overcome them.

2.4 **Areas where evidence is unavailable or unclear:**
Beyond the evidence cited in section 2.3 above, there is no evidence on whether this approach to engagement might have an adverse impact on other protected characteristics of gender-reassignment, marriage and civil partnership, pregnancy and maternity, race religion/belief, sex and sexual orientation. However, it is possible that there may be barriers for people who speak languages other than English.
## Section 3: Checklist

### 3.1 We have checked the following protected characteristics, as a legal obligation:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Positive Impact identified</th>
<th>Negative Impact identified</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>yes</td>
<td>yes</td>
<td>While the younger people may find use of this model of engagement convenient, use decreases in older age groups.</td>
</tr>
<tr>
<td>Disability</td>
<td>yes</td>
<td>yes</td>
<td>While some people with disability who would not take part through traditional engagement forums may find this useful, it may prove challenging for some who need practical help in using the internet.</td>
</tr>
<tr>
<td>Gender</td>
<td>no</td>
<td>no</td>
<td>Evidence shows there is little variation in internet use between men and women.</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>no</td>
<td>no</td>
<td>The policy is neutral to this protected characteristic.</td>
</tr>
<tr>
<td>Marriage or Civil Partnership</td>
<td>no</td>
<td>no</td>
<td>The policy is neutral to this protected characteristic.</td>
</tr>
<tr>
<td>Pregnancy or Maternity</td>
<td>no</td>
<td>no</td>
<td>The policy is neutral to this protected characteristic.</td>
</tr>
<tr>
<td>Race</td>
<td>no</td>
<td>no</td>
<td>There may be barriers for those who speak languages other than English, but we could not identify evidence available in this regard.</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>no</td>
<td>no</td>
<td>The policy is neutral to this protected characteristic.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>no</td>
<td>no</td>
<td>The policy is neutral to this protected characteristic.</td>
</tr>
<tr>
<td>In accordance with Healthcare Improvement Scotland policy we have also checked the following characteristics:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>no</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>no</td>
<td>yes</td>
<td>Access to e-participation tools may be more difficult for people experiencing homelessness.</td>
</tr>
<tr>
<td>Language or social origin</td>
<td>no</td>
<td>yes</td>
<td>There may be barriers for those who speak languages other than English.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>yes</td>
<td>no</td>
<td>A recent report on ‘Social Media in Mental Health Practice’ describes how mental health practitioners can use social media to help people</td>
</tr>
</tbody>
</table>
recover and live well and states that social media use is now “woven” into everyday use for the majority of the population

| Poverty | no | yes | Rates of internet access increases with income |

3.2 **This policy promotes or improves equality by** encouraging the use of e-participation and social media with a more diverse audience than might be engaged solely by traditional means, whilst recognising that it should supplement rather than replace traditional methods so that no-one is excluded from being involved.

3.3 **A full Equality Impact Assessment is not required.**

This has been agreed because a review of existing evidence relating to use of internet and social media across protected characteristics has just been completed within the organisation, and this has underpinned the need for online methods of participation to complement rather than replace traditional approaches.

3.4 **Recommendations:**

1. Implementation of this strategy and related activities within the Scottish Health Council Directorate should promote the benefits of social media and e-participation in enabling people who might otherwise be excluded to engage with the NHS, whilst at the same time promoting the need for continuation of more traditional approaches to engagement to ensure that no-one is excluded through increasing use of e-participation.

2. This EQIA should be shared with the Healthcare Improvement Scotland Communications Team in order that it may inform the wider approach to e-participation and social media in Healthcare Improvement Scotland.

3.5 **Review date for this Checklist:** April 2014

3.6 **Assessors:** Sandra McDougall, Jeniffer Kibagendi, Gary McGrow

**Date of assessment:** 29.04.2013

3.7 **Quality Assurance (E&D Officer):** Jeniffer Kibagendi

**Date of Quality Assurance:** 1.04.2013