Equalities and Human Rights Committee – Inquiry on Destitution and Asylum in Scotland

Healthcare Improvement Scotland response

Thank you for the opportunity to provide views on the Committee’s inquiry into destitution and asylum in Scotland. We have answered the three questions posed by the Committee below, with reference to our work and that of the Scottish Health Council, which is part of Healthcare Improvement Scotland.

1. As a public service provider, what support are you able to provide to asylum seekers and what are the main barriers to providing support.

As Healthcare Improvement Scotland does not provide frontline NHS services we do not offer regular, direct support to asylum seekers that may require assistance.

Through the Scottish Health Council and its local office network we promote improvement with regards to how the NHS in Scotland involves people in decisions about health services. We promote good practice, exchange ideas and develop new approaches on involving people in health services, which includes guidance on involving diverse groups of people. We are keen to extend our engagement activities to include asylum seekers and those organisations that represent them and we will consider how best to do that as part of Our Voice.

Our Voice is designed to support people to engage with health and social care providers to continuously improve and transform services. It utilises a wide range of engagement approaches to encourage the voices of local communities to be heard, such as a Citizens’ Panel, local gathering of views and liaising with third sector partners. This work is being developed by the Scottish Health Council, The Alliance, COSLA and the Scottish Government.

There is more information about the Scottish Health Council and the work of Our Voice on our websites.

Through our Improvement Hub (ihub) we provide support to Health and Social Care Partnerships to improve the quality of health and social care services. In particular, we are developing support for Partnerships in relation to strategic commissioning, which encompasses assessing and forecasting the health and social care needs of the whole community, which will include asylum seekers.

2. We’d also like to hear about how a person’s need for support is assessed and what would make this assessment process easier, please make reference to any policies and procedures within your organisation.

As a non-patient facing Board, we do not assess the needs of individuals requiring healthcare.
3. If your area does not have experience of asylum seekers, it would be helpful to know what policies, guidance or procedures are in place or being developed to address support for asylum seekers.

When developing policies, guidelines, standards etc., we undertake equality impact assessments to determine the impact our work will have on our ability to meet the general equality duty. Our equality impact assessment process also takes into consideration the potential for our policies to widen the health inequalities gap. For example, consideration is given to the impact our work may have on people experiencing poverty or homelessness. If any potential adverse impact is identified then we will take appropriate actions to mitigate this.

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