



Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the '*policy or practice*'* you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Integrated Appraisal Toolkit) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

*see definition below on Page 5

EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Integrated Appraisal Toolkit (IAT) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IAT should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IAT, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- > **All** significant policies, strategies and projects* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- > **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- > **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Integrated Appraisal Toolkit.

Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

*see full definition Page 5

Stage 1: Screening

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online [Integrated Appraisal Toolkit](#)

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

Stage 2: Full Impact Assessment

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

*see full definition Page 5

EFIA Form

Complete this for all *relevant policies*
'Relevant' means it will have an impact on people
'Policy or Practice' - see definition below

Definition of policy or practice for the purposes of EFIA:
For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.

Section 1: Policy Details (see definition of 'Policy' or 'Practice' above)

Name of Policy or Practice:

P&K Primary Care Strategic Delivery Plan 2023-2026

Service and Division/Team:

P&K HSCP Primary Care

Owner/Person Responsible (include your Name and Position):

Lisa Milligan, Service Manager, Primary Care P&K HSCP

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Lisa Milligan, Service Manager, Primary Care, P&K HSCP
Ruth Buchan, Senior Nurse, Primary Care, P&K HSCP
Beverley Finch, Programme Manager, Primary Care, P&K HSCP
David McPhee, Equalities Team Lead, P&K Council
Mark Dickson, Clinical Governance & Risk Co-ordinator, P&K HSCP
Anna Cunningham, Locality Integration Programme Manager, P&K HSCP

Is the 'policy' or 'practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

☒ New

☐ Existing

What are the main aims of the policy or practice?

To outline the vision and priorities of the Perth & Kinross Health and Social Care Partnership (PKHSCP) to support the delivery of Primary Care services across Perth & Kinross during the period 2023-2026.

Who are the main target groups/beneficiaries?

All residents of Perth & Kinross who use, or work in, Primary Care services in Perth & Kinross.

What are the intended outcomes of the policy or practice?

The intended vision of the strategy is:

- To put general practice and primary care at the heart of the healthcare system;
- For people who need care to be informed and empowered, ensuring they can access the right care at the right time and in the right place, at or near home wherever possible;
- That care in the community will be delivered by multidisciplinary teams who will be involved in the strategic planning of our services;
- For our teams to be highly skilled, well motivated and fairly rewarded, and operating from modern, fit for purpose premises.

Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	<p>The Strategic Delivery Plan was written by the Primary Care Team to outline how they propose to support and improve the service over the next 3 years. An online survey was distributed in December 2022, in conjunction with Teams and face to face meetings with Cluster groups where appropriate. Detailed responses to the survey were received from a range of General Practice and Primary Care staff, representatives from the Cluster Quality Leads (CQLs), representatives from the Dundee and Angus HSCPs and representatives from the GP Sub Committee Local Medical Committee (LMC). These responses have been used to develop the key strategic priorities outlined below.</p> <p><u>OUTCOMES FOR PEOPLE</u> PRIORITY 1 We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.</p> <p><u>OUTCOMES FOR WORKFORCE</u> PRIORITY 2 We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more</p>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
	<p>integrated and better co-ordinated with community and secondary care.</p> <p><u>OUTCOMES FOR THE SYSTEM</u></p> <p>PRIORITY 3 We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.</p> <p>PRIORITY 4 We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.</p> <p>This EQIA will focus on the potential impacts of these priorities on people with protected characteristics, and on those living in circumstances of socio-economic deprivation.</p>
Employee involvement/consultation feedback (e.g. survey, focus groups)	The Primary Care service management team disseminated an online survey to general practice and primary care staff groups. This ran in conjunction with Teams and face to face sessions, to allow as many staff as possible to contribute to the development of the strategy. Key themes which emerged – including, but not limited to, integration and collaboration, patient education, alignment with national strategies, resilience, effectiveness and sustainability – underpinned the development of the key strategic priorities listed above.
Research and information list main sources	P&K HSCP population data and data from Information Services Division, Scotland. The team also utilised the findings from the staff consultation exercises to underpin strategic development. The SDP references other key documents, e.g. the Older Peoples Strategy and Mental Health & Wellbeing Strategy.
Officer knowledge and experience	This is the first Strategic Delivery Plan for P&K HSCP. Officers conducting the EQIA comprised a service manager, senior nurse, equality team lead, clinical governance & risk co-ordinator, practice manager and two programme managers with many years of NHS operational and strategic experience, and significant experience of conducting EQIAs.
Equality monitoring data	This EQIA is being undertaken to foreground any potential impacts of the strategy on people with protected characteristics and those experiencing the effects of socioeconomic deprivation. Focusing on the four identified strategic priorities, this document will allow the Primary Care team to review the draft strategy and design any improvements necessary to mitigate potential negative impacts on these groups.
Service user feedback (including customer contact,	This document outlines a strategic vision which will

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
services and complaints)	give rise to a range of workstreams over time. As plans for each workstream are finalised and come on stream, a dedicated engagement exercise will be undertaken to collect service user feedback on planned changes.
Partner feedback	Consultation work was taken forward at Integrated Joint Board and Executive Management Team meetings. It also included representatives from primary care managed services, the LMC and CQLs.
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	NHS Tayside is currently refreshing its Primary Care Strategy which was originally written several years ago. No other local HSCP Primary Care strategies were found, despite an extensive search. This document is therefore aligned to the national Primary Care strategy, which provides a direction of travel for this strategy to follow.

Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader (equalities@pkc.gov.uk) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Age	Older People (65+)		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Younger People (16-64)		
	Children (0-16)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected
	Sensory Impairment		
	Mental Health		
	Learning Disability		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
			characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Gender Reassignment	Male transitioning to female		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Female transitioning to male		
Marriage/Civil Partnership	Women		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and
	Men (Paternity)		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
			distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Race	A list of categories used in the census is here		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Religion / Belief	A list of categories used in the census is here		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Sex	Female		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with
	Male		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
	Other Gender Identity		workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Sexual Orientation	Lesbian		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Gay		
	Bisexual		
Socio-economic(fairness)	Options detailed in Appendix 2		Plan supports a universal GMS for all residents in Perth and Kinross. Beyond that, as outlined above, specific impacts on people living in circumstances of socioeconomic deprivation are difficult to pinpoint in the absence of agreed workstreams and action plans. Accordingly, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.

Section 4: Detail the Positive and/or Negative Impacts or Tick to Indicate No Impact

Key Questions to Address

The Assessment should highlight areas of interest covering the following:

- > Positive and Negative impacts across all protected characteristics.
- > Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
- > Anticipated duration of the impact if relevant
- > Whether there is a specific differential impact to a particular protected characteristic or characteristics
- > Or if the impact is more wide ranging and general in its effect.
- > Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	Supporting and improving primary care services across Perth & Kinross to become more resilient to future	The principal negative impact on all population groups with protected characteristics would be the maintenance of the	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have
	Sensory Impairment			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Mental Health	population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	been finalised and actions identified.
	Learning Disability			
Gender Reassignment	Male transitioning to female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Female transitioning to male			
Marriage/Civil Partnership	Women	Supporting and improving primary care services across	The principal negative impact on all population groups with	Not possible to assess whether specific actions are

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Men	Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	impact neutral until the relevant workstreams have been finalised and actions identified.
	Same Sex Couple (Male)			
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Men (Paternity)			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Race	A list of categories used in the census is here	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
Religion / Belief	A list of categories used in the census is here	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
		characteristics.		
Sex	Female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Gay			
	Bisexual			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
		incurred by population groups with specific protected characteristics.		
Socio-economic(fairness)	Options detailed in Appendix 2	As outlined above, specific impacts on people living in circumstances of socioeconomic deprivation are difficult to pinpoint in the absence of agreed workstreams and action plans. Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.

Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ☐ *reduce or remove any identified **negative impact***
- ☐ *promote any **positive impact** or*
- ☐ ***gather further information/evidence***

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Sensory Impairment			
	Mental Health			
	Learning Disability			
Gender Reassignment	Male transitioning to female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Female transitioning to male			
Marriage/Civil Partnership	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men			
	Same Sex Couple (Male)			
	Same Sex Couple (Female)			

Pregnancy / Maternity/Paternity	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men (Paternity)			
Race	A list of categories used in the census is here	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Religion / Belief	A list of categories used in the census is here	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Sex	Female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Gay			
	Bisexual			
Socio-economic(fairness)	As detailed in Appendix 2	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	

		no planned actions will have a disproportionate negative impact on patients with protected characteristics.		
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Section 6: Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment

Section 7: Authorising the Assessment

The following signatures are required:

Service Manager

Signed *Lisa Milligan*

Name Lisa Milligan

Date 31/3/23

Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed *David McPhee*

Name David McPhee

Date 31/3/23

Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed

Date for Review of EFIA

Section 9: Committee Reporting

Ensure your Committee **report** to accompany this policy **includes information** about any **actions** taken to reduce or remove **negative impacts** identified, or include any **positive impacts** expected when the policy is implemented.

Section 10: Review and Monitor

Note of Action required (from Section 5)

Equality impact assessments to be carried out once specific workstreams and actions have been identified in relation to the strategic vision of the service.

Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Appendix 1 – Equality Monitoring Data Guidance

The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The [Scottish Government Equality Evidence Finder](#) is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.

Appendix 2– Socio-economic (Fairness)

Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.
- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.
- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.
- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.
- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to [Fairer Scotland Duty -Interim Guidance for Public Bodies](#)

Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

Absolute rights:

- > the right to life,
- > the right to freedom from inhuman and degrading treatment

Limited rights:

- > the right to liberty,
- > the right to a fair trial

Qualified rights

- > the right to respect for private and family life, home and correspondence
- > the right to freedom of thought, conscience and religion
- > the right to freedom of assembly and association
- > the right to protection of property

Any restriction of Qualified Rights must be:

- > In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
- > In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
- > Necessary
- > Proportionate
- > Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: <http://eqhria.scottishhumanrights.com/>