

EQUALITY IMPACT ASSESSMENT (EQIA) and
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)



1. INTRODUCTION

Title of policy, practice or project being assessed	Tayside Primary Care Strategy 2024 - 2029
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy	X		Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Sally Wilson
Date Assessment Started	4 October 2023

3. BACKGROUND INFORMATION

<p>Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)</p>	<p>As set out in the Integration Scheme, the Angus Integration Joint Board (IJB) has responsibility of the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions). As such, AHSCP has a role in working with the NHS Tayside Board and Primary Care Contractors and other Integration Joint Boards.</p> <p>The Tayside Primary Care Strategy (TPCS) is one of the key strategies supporting the delivery of the Angus, Dundee and Perth & Kinross respective Strategic Commissioning Plans and the nine National Health and Wellbeing Outcomes.</p> <p>The scope of the TPCS includes General Medical Services, Community Pharmacy, Optometry and Dental Services.</p> <p>The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general</p>
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practitioners, nurses, pharmacists and allied health professionals to meet growing demand.

The TPCS will enable the transformation of primary care services so we can better meet changing needs and demands. It focuses on ensuring quality and sustainability to improve health and wellbeing outcomes for the people of Tayside and to reduce inequalities. The strategy recognises the importance of preventing ill-health, self-care and self-management and identifies three priorities:

- Prevention and proactive care
- Reduce inequalities and unequal health outcomes
- Delivery of care closer to people's homes.

Five enablers have been identified which will support the delivery of the TPCS: workforce; finance; infrastructure, data, technology; communication and engagement; premises.

The development of the TPCS supports a collaborative whole systems approach across NHS Tayside, Angus, Dundee and Perth & Kinross HSCP.

Engagement with all key stakeholders will be essential. Two events have taken place to date and further engagement will continue in order to fully develop the TPCS.

The strategy has been developed with the following principles at its heart:

Person-centred. The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision

Empowerment. Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing

Partnership. Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach

Excellence. Promoting excellence in service delivery and building on evidence-based practice

Safety. Ensuring that practice and services are of the highest possible quality

Deliver best practice. Ensuring that all services are affordable and delivered efficiently and cost effectively.

Equity. Consistency in service delivery ensuring equity of access and treatment for those in need of services.

Outcome focused. Aimed to achieve the priorities

	that patients/service users identify as important
<p>What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The intension is that TPCS will ensure the delivery of excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population of Tayside.</p> <p>The intension is that the TPCS will ensure:</p> <p>Proactive and Community-Based Health & Wellbeing</p> <ul style="list-style-type: none"> • People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them. • Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time. <p>Independence, Care and Quality</p> <ul style="list-style-type: none"> • Care organised around populations, individuals and their carers, as opposed to organisations. • Delivering the right type of care, in the right setting, based on people's needs • Primary care is supported and enable to achieve and engenders pride among those who work in it and respect by those who use it. <p>Effective Resource Utilisation</p> <ul style="list-style-type: none"> • Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience. • A sustainable model of Primary Care, supported by appropriate estates, facilities. <p>Primary Care Services are a vital part of our health and care system with significant reach into our local communities. The majority of health care episodes start and finish in primary and community care. The TPCS impacts on the population of Tayside and all those who support the delivery of Primary Care Services across Tayside.</p>

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in ANY way on the service users and/or public holding any of the protected characteristics ? (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment	X	
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership	X	
Sex	X		Religion or Belief	X		Sexual Orientation	X	

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in ANY way on employees or volunteers holding any of the protected characteristics ? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment		X
Disability	X		Pregnancy and Maternity		X	Marriage and Civil Partnership		X
Sex		X	Religion or Belief		X	Sexual Orientation		X

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.	
Quantitative evidence (numerical/statistical)	<p>The current Tayside population is 417,650 (National Records of Scotland, mid '2021 estimates). 153,810 people (37%) live in Perth and Kinross, 147,720 (35%) in Dundee City and 116,120 (28%) in Angus.</p> <p>The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas.</p> <p>The number of people aged over 75 in Tayside is expected to increase by 24% between 2018 and 2028.</p> <p>Life expectancy in Scotland is the lowest of all the UK countries and no longer increasing. While life expectancy overall in Tayside is higher than the Scottish average, it varies across the region. Males born in the most deprived areas in Dundee City are on average likely to live 14.1 years fewer than males in the least deprived areas of Dundee City.</p> <p>The proportion of life spent in good health varies across Tayside. Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average.</p> <p>Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.</p> <p>The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,596 new cases diagnosed in 2022 with the majority (approximately 90%) being new cases of type 2 diabetes.</p> <p>Trends in the diagnosis of new cancers have changed very little over the past 10 years, however, data for 2020 and 2021 show that there was a decrease in the number of new diagnoses in 2020, during the COVID-19 pandemic, and a subsequent increase in 2021.</p> <p>While lung cancer is the most common cancer in Scotland, incidence has decreased over time. Liver</p>

cancer mortality has increased the most (by 38%) over the last decade with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses.

The suicide rate in Tayside is higher than the national average, with Dundee City showing particularly high rates of 22 per 100,000 population compared to 14 per 100,000 population for Scotland, with there being a substantial increase affecting males over the last decade.

Alcohol-related health harm is increasing in Tayside. Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher.

Drug-related hospital admissions have increased in Dundee City by almost 800% in the last 18 years and current rates in Dundee City are more than double the national average.

Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher.

Post-pandemic data shows that rates of sexually transmitted infections (STIs) are increasing, with Tayside showing higher rates of infection than Scotland. Gonorrhoea infection rates more than doubled in Tayside between 2019 and 2022.

Two thirds of adults in Tayside are meeting physical activity guidelines, however, this varies considerably by sex, area and deprivation.

Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males than females and for people living in more deprived areas.

The proportion of children who are of healthy weight in Tayside has decreased from 75% in 2014/15 to 72% in 2021/22 and is consistently lower than the national average.

The proportion of primary school children showing no obvious dental decay continues to improve – only two thirds of children had no signs of decay in 2012/13 compared to over three quarters in 2021/22.

Breast screening uptake in Tayside is above the Scottish average and the minimum standard of 70% but is not meeting the target uptake rate of 80%.

Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate of

	<p>60%, however, uptake is below the target rate in areas of greatest deprivation.</p> <p>Uptake rates for diabetic eye screening almost halved to approximately 48% for Tayside and Scotland during COVID-19 and have not yet recovered to the pre-pandemic levels of 85</p> <p>While the proportion of children completing their childhood immunisation schedule was consistently above the national target of 95% in Tayside, uptake rates have dropped both locally and nationally in recent years due to the impact of the COVID-19 pandemic.</p>
Qualitative evidence (narrative/exploratory)	Information from the Health and Care Experience Survey 21/22 (responses from people registered with a GP Practice) will be used to inform the TPCS.
Other evidence (please detail)	None
What gaps in evidence/research were identified?	Feedback from people, especially seldom heard groups is required to inform the TPCS.
Is any further evidence required? Yes or No (please provide reasoning)	Yes, further engagement with a wide range of internal and external stakeholders as we further develop the TPCS. Additional workforce information is also required.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Work continues to ensure all appropriate information will be used to inform the development of the TPCS.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.	
Has engagement taken place? Yes or No	Yes
If No, why not?	

If Yes, please answer the following questions:	
Who was the engagement with?	<p>On 29 August 2023 a stakeholder meeting met to discuss and develop the vision, priorities, core principles and strategic enablers. The draft Plan on a Page (Appendix 1) provides the outputs of this meeting and details of the vision, values, priorities, strategic enablers and the core principles underpinning the transformation of primary care services to ensure they are person centred and responsive to the needs of individuals.</p> <p>On 3 October 2023 a meeting was held Microsoft MS Teams with NHS Tayside Public Partners to discuss the rationale for preparing a TPCS, the Plan on a Page and the high-level intensions of the strategy. Overall, we received positive feedback about the work that has been undertaken thus far. An overwhelming theme of the discussion was the importance of effective communication about the range of primary care services and how and when to access them. Engagement will continue as we further develop the TPCS.</p>
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Not yet but they will be a communication and engagement plan is under development.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	To date a meeting has been held to NHS Tayside Public Partners.
What were the results from the engagement?	Suggestion made to change the format of plan on a page to make it more 'user friendly'
How did the engagement consider the protected characteristics of its intended cohort?	Further engagement will take place
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	

Is further engagement required? Yes or No (please provide reasoning)	
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8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X	X	<p>A review of the population of Tayside has informed the development of the TPCS. Consideration has been given to demographic projections, in particular the expected 24% increase in the number of people aged over 75. A consequence of more people living longer is the likelihood to more people experiencing a decline in physical and mental capacity who may require support from primary care services.</p> <p>The TPCS should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Sex		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Disability		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.</p> <p>All people living with a disability should have access to primary care services and this includes access to health promotion and prevention activities. The Communication and Engagement Plan will identify actions to ensure people living with a disability are provided with the opportunity to help shape and inform improvements.</p> <p>One of the enablers of the TPCS is premises and the actions required to ensure appropriate accessibility for the whole population of Tayside. With a focus on integrated working there is recognition of the need to consider delivering services within shared facilities. All developments relating to premises will have an EQIA completed.</p> <p>Another enabler of the TPCS is technology and to maximise the potential of digital solutions to support services being more widely accessible. Any digital developments will be undertaken being mindful of the impact of digital exclusion to ensure that this does not become a barrier for people. An EQIA will be undertaken for all ne digital</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>developments to ensure inclusivity for all people.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Race		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them.</p> <p>The TPCS should not directly impact based on race alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Sexual Orientation		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them.</p> <p>The focus on reducing health inequalities will provide the opportunity to engage with people of Tayside and provide an opportunity to respond to the requirements of a wide range of people.</p> <p>The TPCS should not directly impact based on sexual orientation alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Religion or Belief		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them.</p> <p>The TPCS should not directly impact based on religion or belief alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Gender Reassignment		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them.</p> <p>A review of premises provides an opportunity to consider the needs of this population as we know that this population may find it hard to engage with services.</p> <p>The TPCS should not directly impact based on gender alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Pregnancy and Maternity		X	X	<p>The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity.</p> <p>A review of premises provides the opportunity to consider the needs of this population ensuring access to suitable baby feeding spaces.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Marriage and Civil Partnership	X		X	<p>The TPCS should not directly impact on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services.</p> <p>With particular reference to GP services, it will be important that people understand new</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Any other relevant groups i.e. unpaid carers (please specify)		X		<p>The TPCS will recognise the needs of carers when accessing primary care services including that this may be difficult due to their individual caring circumstances.</p> <p>A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals such as carers.</p> <p>With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age	X			
Sex	X			
Disability	X			
Race	X			
Sexual	X			

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Orientation				
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			
Any other relevant groups i.e. unpaid carers (please specify)	X			

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make	

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	X
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 – Continue communication and engagement activities with all stakeholders ensuring inclusion of seldom heard groups	January 2024	SW

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No? (FSD assessments are only required for strategic, high-level decisions)	YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 13 onwards to conclude.
	X	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	<p>Information taken from the NHS Tayside Director of Public Health Annual Report 2023.</p> <p>Deprivation across Tayside varies. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland compared to only one-in-14 people (7%) in Angus and one-in-17 people (6%) in Perth & Kinross.</p> <p>Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.</p> <p>Fewer than one third of the Tayside population are of health weight, with this proportion being lower in males and in people living in more deprived areas.</p> <p>Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher.</p> <p>People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times), and be diagnosed with cancer (1.2 times) than people in the least deprived areas.</p> <p>Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The</p>

incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall.

Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City and anticipated to live on average 14.1 years fewer than people in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.0 and 7.9 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 11.2.

The number of years that males and females are expected to live healthy lives in Tayside is similar to the national average, however there is variation across Tayside.

Comparing the premature mortality rate over time, there has been a widening of the gap between people living in the most and least deprived areas. In Tayside the gap closed slightly in 2020 and data for 2021 show that despite overall premature mortality rates increasing, the difference in rates between the most and least deprived areas (820 v 448) has closed very slightly.

There are difference in the main causes of death when the most and least deprived areas in Tayside are examined. While lung cancer and myocardial infarction (heart attack) were the most common cause of death in the least deprived areas, substance use (drugs) followed by lung cancer were the most common drivers of premature mortality in the most deprived areas.

Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least deprived quintiles.

Psychiatric hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside four times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness.

Many factors influence mental health and wellbeing, e.g. diet, physical activity, sleep, substance use, social relationships, the school experience, as well as deprivation. Children from socio-economically deprived backgrounds are 2-3 times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health.

Participation in physical activity and sport also varies with deprivation with people in the most deprived areas of Scotland less likely to be physically active than people in the least deprived areas (57% compared to 77% in 2021).

Healthy weight also varies by deprivation. Data for Scotland by SIMD shows that in the most recent year (2021), 40% of adults in the least deprived quintile were estimated to be of healthy weight compared to 31% of people living in the most deprived areas in Scotland. While the inequality gap has closed in the most recent year, it remains wider than it had been prior to 2015.

Children's healthy weight also varies by deprivation and data show that while the inequality gap had closed in the proportions of healthy weight

	<p>children in 2016/17 in Tayside, they widened again in the subsequent two years. Data in the most recent year show a slight closing of that gap once again with 79% of children being of healthy weight in the least deprived areas and 68% in the most deprived areas.</p> <p>While 62% of P1 children in Tayside had no obvious tooth decay experience in the most deprived areas, this proportion increased to 86% in the least deprived areas.</p> <p>Poverty is a significant driver for ill health and is a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities have also increased with the gap between the least deprived and the most deprived widening across Scotland.</p> <p>There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas.</p> <p>The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 54% in the most deprived areas of Tayside.</p>
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Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or No Wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future)		X		The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance leisure and hobbies)		X		As above
Area Deprivation (where people live (e.g. rural areas), or where they work (e.g. accessibility of transport))		X		As above
Socio-economic Background (social class including parents' education, people's employment and income)		X		As above

Unpaid Carers		X		As above
Homelessness, Addictions and Substance Use		X		As above
Children's, Family and Justice		X		As above
Other (please specify)				

13. EVIDENCE OF DUE REGARD

<p>Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.</p>	
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	
Foster good relations between any of the Protected Characteristic groups	

14. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No
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15. SIGN OFF and CONTACT INFORMATION

Head of Service Responsible		Lead Officer Responsible	
Name:	Jillian Galloway	Name:	Sally Wilson
Designation:	Head of Health and Community Care Services, AHSCP	Designation	Service Manager – Integration, AHSCP

Signature of Lead Officer:	Date:
Signature of Head of Service:	Date:

For further information on this EQIA and FSDA, or if you require this assessment in an alternative format, please email: tay.angushscp@nhs.scot

16. EQIA REVIEW DATE

<p>A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)</p>	<p>April 2024</p>
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17. EQIA 6 MONTHLY REVIEW SHEET

<p>Title of policy, practice or project being reviewed</p>		
<p>Lead Officer responsible for review</p>		
<p>Date of this review</p>		
<p>Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.</p>	<p>Status of action (with reasoning)</p> <ul style="list-style-type: none"> • Complete • Outstanding • New • Discontinued etc. 	
<p>Action 1 -</p>		
<p>Action 2 -</p>		
<p>Action 3 etc. -</p>		