COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)
CONSUMER DUTY ASSESSMENT (CDA)
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)

ANGUS
Health & Social Care
Partnership

1. INTRODUCTION

Title of policy, practice or project being assessed	Primary Care Update

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

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Angela Cunningham, Service Manager, Primary Care, Angus Health & Social Care
Date Assessment Started	September 2025

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	The Angus Health and Social Care Partnership (AHSCP) has been actively developing primary care services in response to the 2018 GMS contract, aiming to ensure long-term sustainability of general practice and improve patient care. The contract emphasises the role of primary care as the cornerstone of the National Health Service system and highlights the need for integrated care. While the contract primarily benefits patients by reducing GP workload and improving access to care, it also presents challenges in terms of implementation and funding.

	Additional funding continues to be allocated by the Scottish Government to support the strategic decisions to maximise its impact, especially considering the significant health inequalities in Angus. The Memorandum of Understanding (MoU) outlines priorities for reducing GP workload, including vaccination services, pharmacotherapy services, and community treatment and care services. To inform the Primary Care Improvement Plan (PCIP), extensive engagement sessions were held with various stakeholders, including healthcare staff and third-sector organisations. An Equality Impact Assessment was conducted to address potential impacts on vulnerable patient groups, ensuring compliance with legal duties. While the initial PCIP represented a starting point, ongoing monitoring and assessment are essential to address both positive and negative impacts on patient care. This assessment will serve as a baseline for future equality impact assessments as service changes progress. The PCIP has been endorsed by the Primary Care Oversight Group, reflecting a continued commitment to improving primary care services in Angus.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The overarching aim of the GMS contract and supplementary funding provided through the PCIP is to optimise patient outcomes by streamlining and refocusing the workload of General Practitioners (GPs) and their practices. This initiative seeks to strengthen the role of GPs as proficient medical generalists and empower them to assume leadership positions within diverse multi-disciplinary teams. Ultimately, this strategic approach is poised to notably benefit patients grappling with complex health conditions. Furthermore, the introduction of additional specialised positions, including pharmacists, advanced practitioners and AHP professions is envisioned to facilitate more effective interventions and guidance for patients, particularly those navigating intricate health challenges. The implementation of the contract affects Angus residents, personnel operating within the six key areas delineated by the contract, and partner agencies, including General Practices.

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 (x) 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 (x) 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 section 11.
	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. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Quantitative evidence (numerical/statistical)	The current population of Tayside is just over 400,000, according to estimates from the National Records of Scotland, with 28% of the population (114,399) resident in Angus.. Looking ahead, the number of individuals aged over 75 in Tayside is projected to increase by 24% between 2018 and 2028. Despite life expectancy in Tayside being higher than the Scottish average, there are significant variations across the region. For instance, males born in the most deprived areas of Dundee City are expected to live 14.1 years less on average than their counterparts in the least deprived areas of the city. Furthermore, while life expectancy overall in Tayside exceeds the Scottish average, there is a disparity in healthy life expectancy. Males in Dundee City are experiencing a decline in healthy life expectancy, with current projections indicating an average of only 55.9 years lived in good health. In terms of health outcomes, premature mortality in Tayside is three times higher in the most deprived areas compared to the least deprived areas, with drug and alcohol-related deaths as well as suicides disproportionately affecting individuals in these deprived areas. Moreover, Tayside has witnessed a steady increase in the number of individuals diagnosed with type 1 and type 2 diabetes over the past decade. In 2023 alone, there were 1,630 new cases diagnosed, with approximately 90% of these being new cases of type 2 diabetes. Additionally, while trends in new cancer diagnoses have remained relatively stable over the past decade, there was a notable decrease in new diagnoses in 2020 during the COVID-19 pandemic, followed by an increase in 2021 and 2022. Lung cancer diagnoses have generally fallen across Scotland and Tayside. COPD hospital admission rates continue to decrease across all of Tayside.

	The region also grapples with high rates of suicide, with rates substantially higher than the national average. Furthermore, alcohol-related hospital admissions is higher than the national rate for the first time in 10 years Drug-related hospital admissions have fallen in Dundee City for the first time in 10 years; however rates are still more than double the national average. Data indicates increasing rates of sexually transmitted infections (STIs), with Tayside reporting higher infection rates than Scotland as a whole. Gonorrhoea and chlamydia infection rates have decreases in the last year but remain higher than the national rate. Despite some positive health indicators, challenges persist. While breast screening uptake in Tayside surpasses the Scottish average and meets the minimum standard, it falls short of the target uptake rate. Additionally, the proportion of individuals meeting physical activity guidelines varies significantly by sex, area, and deprivation level. Furthermore, fewer than one-third of the Tayside population are of a healthy weight, with rates lower among males and individuals in deprived areas. The proportion of children of healthy weight in Tayside has also declined over the years and consistently falls below the national average. However, there has been improvement in dental health, with an increasing proportion of primary school children showing no signs of dental decay over the years. In summary, while Tayside faces various health challenges, including disparities in health outcomes and lifestyle-related issues, there are also areas of progress and positive developments that warrant acknowledgment and continued efforts towards improvement. Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate.
Qualitative evidence (narrative/exploratory)	Data gathered from the Health and Care Experience Survey for the year 2023-2024, which includes feedback from individuals registered with GP Practices, will be complemented by ongoing survey initiatives and engagement sessions involving GP practices and key stakeholders. This collective information will serve as crucial inputs for shaping the development of the programme.
Other evidence (please detail)	None
What gaps in evidence/research were identified?	Input from diverse individuals, particularly those from underrepresented demographics, is essential for informing the development of this programme.

Is any further evidence required? Yes or No (please provide reasoning)	We will continue to engage consistently with a broad spectrum of internal and external stakeholders as we advance the development of the programme.
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?)	Efforts persist to ensure that all relevant information is thoroughly utilised to inform the development of the programme.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes
If No, why not?	
If Yes, please answer the following questions:	
Who was the engagement with?	Multiple engagement sessions were conducted during the summer of 2023, aimed at fostering dialogue and collaboration with stakeholders regarding the implementation progress of the contract. Additionally, ongoing monitoring and evaluation of services have been established through platforms such as "Care Opinion," as well as through regular surveys targeting both patients and staff. These efforts underscore our commitment to actively involve stakeholders and ensure continuous improvement in service delivery.

	Further engagement has taken place in relation to specific initiatives, such as the Minor Injury and Illness review in 2025.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	The communication engagement plan is subject to continuous review based on the progress and needs of individual work streams.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Engagement with service users, staff, GPs, and GP staff occurred through various channels. Focus groups, along with regular surveys, have been utilised to gather diverse viewpoints on the implementation and evolution of the contract. This multifaceted approach underscores our commitment to robust engagement and inclusivity in decision-making processes
What were the results from the engagement?	Proposals have been put forward to refine specific service delivery models, aiming to optimise efficiency and accessibility. (e.g. changing CTAC model, IT systems, length of appointments, rebranding of social prescribing etc.)
How did the engagement consider the protected characteristics of its intended cohort?	Further engagement will be required
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	A comprehensive review of operational processes has been conducted and certain aspects of care delivery, such as standardising and shortening appointment lengths were deemed appropriate. These modifications, coupled with other operational enhancements, have significantly bolstered activity capacity and operational efficiency. Additionally, the relocation of services has been facilitated, whether within the practice premises or in closer proximity to it, with the aim of enhancing accessibility and effectiveness.
Is further engagement required? Yes or No (please provide reasoning)	

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, 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		A review of the population of Tayside has informed the development of the PCIP services. Consideration has been given to demographic projections, particularly the expected 24% increase in the number of people aged over 75. A consequence of more people living longer is the likelihood of more people experiencing a decline in physical and mental capacity who may require support from primary care services. The Primary Care Improvement Plan 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. With reference to GP services, it will be important that people understand new ways of working and that they see a 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.
Sex		X		The Primary Care Improvement Plan endeavours to foster the development of multidisciplinary teams and service redesign initiatives aimed at enhancing accessibility to care for all individuals. The overarching ambition is to eliminate barriers to accessing services, with a keen emphasis on embracing a "getting it right for everyone" approach

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.**
				to service redesign. Within the context of GP services, it is imperative to ensure that individuals comprehend new operational procedures and are receptive to receiving care from healthcare professionals other than GPs. Of particular significance is the provision of support to help individuals navigate the healthcare system, especially those with limited literacy skills or individuals who do not speak English.
Disability		X		Services should strive to be accessible to all individuals, with a commitment to removing barriers to access and adopting an inclusive "getting it right for everyone" approach to service redesign. Ensuring that individuals with disabilities have equitable access to primary care services, including health promotion and prevention activities, is essential. The Communication and Engagement Plan will detail strategies to involve individuals with disabilities in shaping and informing improvements to healthcare services. One of the enablers of the PCIP is premises and the actions required to ensure appropriate accessibility for the entire 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. Another enabler of the PCIP 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 new digital developments to ensure inclusivity for all people.

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.**
				With 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.
Race		X		One of the PCIP 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. The PCIP should not directly impact based on race alone and considers the need to be inclusive of all communities and how they will access services. With 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.
Sexual Orientation		X		One of PCIP 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. 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. The PCIP 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. With 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

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.**
				important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Religion or Belief	X			One of the PCIP 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. The PCIP 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. With 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.
Gender Reassignment	X	X		One of the PCIP 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 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. The PCIP should not directly impact based on gender alone and considers the need to be inclusive of all communities and how they will access services. With 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.

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.**
Pregnancy and Maternity		X		One of the PCIP 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 review of premises provides the opportunity to consider the needs of this population ensuring access to suitable baby feeding spaces. With 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.
Marriage and Civil Partnership	X			The PCIP 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. With 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. The PCIP will recognise the needs of carers when accessing primary care services including that this may be difficult due to their individual caring circumstances.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current				All these groups should be covered in the detail above

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.**
& former Armed Forces personnel (please specify)				
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).		X		All NHS Services, including the PCIP are built on the premise that people are treated with dignity and respect

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				All these groups should be covered in the detail above
Sex				
Disability				
Race				
Sexual Orientation				
Religion or Belief				
Gender Reassignment				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces				All these groups should be covered in the detail above

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.**
personnel (please specify)				
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).				

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 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	Ongoing	AC

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

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.	
	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	
Foster good relations between any of the Protected Characteristic groups	

11. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

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 where there is likely to be socio-economic impact.

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. 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. Socio-economic 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

12. FSDA - SCREENING DECISION

12 a) Is your policy, practice or project strategically important? Yes or No?	**YES** - Proceed to question 12 b)	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	yes	
12 b) Is it likely that your strategic policy, practice or project will have socio-economic impact? Yes or No?	**YES** - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	yes	

13. 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?	Information taken from the NHS Tayside Director of Public Health Annual Report 2024/25. Almost one in every three households in Dundee City are in fuel poverty and around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty.

Is it possible to gather new evidence, involving communities of interest?	Deprivation varies across Tayside. 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 Males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly11. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively Fewer than one third of the Tayside population are of a healthy weight, with this proportion being lower in males and in people living in more deprived areas. 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. 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. While lung cancer accounted for the largest number of cancer-related deaths across Scotland in 2021, the largest increase in mortality rates, for all types of cancer, across Scotland over the last decade has been for liver cancer (38% increase) with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses. Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly11. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively The number of years that males and females are expected to live healthy lives in Tayside is like the national average, however there is variation across Tayside. In Tayside, there were 1,752 deaths in people aged under 75 years in 2022, an age standardised rate of 432 per 100,000 population, and a decrease of 71 deaths (-3.5%) from 2021. Comparing the premature mortality rate in Tayside over the last nine years, the gap between people

dying prematurely in the most and least deprived quintiles has been widening in general.

Lung cancer and heart attack were the most common cause of death for people living in the least deprived areas, lung cancer followed by substance use (drugs) were the most common drivers of premature mortality for people living 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.

Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland. Psychiatric patient hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside three times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness.

A clear difference in sex and deprivation exists when suicides are examined more closely. In the most recent period, the suicide rate in Tayside was three times higher in males than in females, but both have increased over last decade above the national average (figure 34). Further analyses of suicides in Tayside show that the mean age of death was 43 years and half of the suicides were in people known to have problem alcohol/substance use36. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than for people living in the least deprived areas.

Many factors influence mental health and wellbeing, e.g. attachment in early childhood, trauma, socio-economic deprivation, diet, physical activity, sleep, substance use, social relationships and the school experience. Children from socio-economically deprived backgrounds are 2-3 times39 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.

Healthy weight also varies by deprivation. Data for Scotland by SIMD show that in 2022, 39% of adults in the least deprived quintile were estimated to be of healthy weight compared to 28% of adults living in the most deprived areas. While the inequality gap had been closing since 2017, it widened slightly in 2022 and 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

	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. In relation to oral health in children, the detailed inspection in school year 2023-24 of children in primary 1 and found that in Tayside, 74% of P1 children had no obvious decay experience. This has remained relatively stable since the last primary 1 detailed inspection in school year 2019-20 when 73.4% in Tayside had no obvious decay experience (no detailed inspection was undertaken in 2021-22 while in the early recovery stages from the COVID-19 pandemic). The most recent primary 7 detailed inspection took place in 2022-23 when 79.9% of primary 7 children in Tayside were found to have no obvious decay experience. Again, this has remained stable compared to the previous report for this age group in 2018-19 when 79.4% had no obvious decay experience. While this is positive, results of the basic inspection indicated that in both P1 and P7 there has been an increase in the proportion of children with severe decay or abscess. 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. 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. This pattern is also seen in other screening programmes. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 53% in the most deprived areas of Tayside. This gap has continued to widen slightly when compared to the previous period.

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 income (those living in relative poverty.)		X		The PCIP 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.
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		As above
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. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		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, Family and Justice		X		As above
Other e.g. current & former Armed Forces personnel (please specify)				

14. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The **Consumer Scotland Act 2020 Duty** came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how

to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

Duty to have regard to consumer interests
(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:
(a) the impact of those decisions on consumers in Scotland, and
(b) the desirability of reducing harm to consumers in Scotland.

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

15. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	**YES (X)** - Proceed to question 16 below	**NO (X)** – Provide reasoning below and proceed to sections 17 onwards to conclude.
	X	

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	X
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	X

17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18.

There are four articles in the United Nations Convention on the Rights of the Child (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)		**2. Best interest of the child (Article 3)**	
3. Right to life, survival and development (Article 6)		**4. Right to be heard (Article 12)**	X
None			

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	Positive
How will the proposal give better effect to the UNCRC in Scotland?	All staff trained in relevant areas
How will the impact be monitored?	
How will you communicate to children and young people the impact of the proposal on their rights?	Via normal communication routes

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Lisa Prudom
Designation:	Head of Service.
Date:	6.1.26.

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Ray Pert	Name:	Angela Cunningham
Designation:	Planning Officer	Designation	Service Manager.
Date:	6.1.26.	Date:	6.1.26.

For further information on this Combined Assessment, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	**July 2026.** **Angela Cunningham, S/M.**

21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	