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	Angus Integration Joint Board Strategic Framework 2026 - 2036

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, Service Manager, Integration
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 Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Joint Board (IJB) in Scotland to develop a Strategic Plan and review it at least every three years to ensure it remains relevant and responsive to the needs of the local area and its residents. In December 2025, the IJB agreed that the existing SCP is revised. This is because the main strategic direction remains relevant, however some aspects on the current document require to be updated. Our Plan, referred to as our Strategic Framework, retains the core strategic direction of the previous plan, while revising specific elements to align with new national policy,

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shifting needs, emerging challenges, and new opportunities. It describes **what** we will do and will be supported by separate strategies for our priority areas which will contain the detail about **how** health and social care services will be delivered and improved.

The IJB is responsible for monitoring the delivery and performance of services by all partners including the Council and Health Board, and may issue further directions if needed to ensure effective delivery in line with the SF, making available whatever financial resources it deems appropriate from the budget within its control.

The SF sets out the vision and future direction of health and social care services in Angus and identifies the priorities to improve the health and wellbeing of the citizens of Angus, identifying our commitments in support of these priorities and the enablers that will allow us to achieve them, whilst making best use of the resources available to us.

The **vision** is:
People in Angus receive the best services possible and enjoy physical and mental health to their full potential.

The **ambitions** of the SF are:

- Support people to be independent for as long as possible
- Reduce health inequalities
- Keep people safe and reduce the risk of harm
- Ensure resources are used effectively, services are sustainable and aligned with the needs of the community
- Provide care that is joined up and coordinated across services
- Use digital technologies to enhance access, care delivery and teamwork for improved outcomes.

The SF describes plans to continue to develop further partnership working and seeks to develop stronger links with partners and the communities of Angus.

For the lifetime of this Strategic Framework, our strategic priorities are:

- **Prevention and Proactive Care:** empowering people to maximise their health and wellbeing.
- **Care Closer to Home (for those with specific care needs)**: ensuring care is provided as close to home as possible.

	Adopting these two priorities does not diminish our commitment to people with specific needs. Instead, it strengthens our approach by enabling more personalised, community-based support for all service users in Angus, ensuring that those who need additional or specialist care continue to receive the right support at the right time. We have identified a range of key factors, called enablers, which will support and drive the successful implementation of this Strategic Framework. Our enablers are: • Workforce • Financial Planning • Digital • Data • Collaborative Commissioning • Communication and Engagement These strategic priorities and enablers form the framework for change. The actions required to achieve this change must be specific, measurable, achievable, realistic, and deliverable within the set timescales. Separate Strategies will be developed for each priority which will provide more detailed insight into the specific areas the IJB will focus on as we work toward achieving our priorities.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The IJB's SF sets out the vision of Angus IJB and the ambitions for the adult health and social care services which are delegated by Angus Council and NHS Tayside. The SF aims to meet nine National Health and Wellbeing Care Outcomes and describes the key themes we will focus on to address the increasing health inequalities in Angus and ensure we deliver high quality community health and social care in the most efficient and effective ways so that adults are supported to stay well and maintain their independence. The following commitments have been made in relation to the two strategic priorities. Priority 1: Prevention and Proactive Care. We will: • Support people to look after their own health in a way that is manageable to them • Build stronger and more resilient communities • Act early to anticipate healthcare needs • Use local prescribing resources effectively

	Priority 2: Care Closer to Home. We will: • Provide care closer to home whenever possible • Work with partners to provide the right care in the right place at the right time • Support Carers to sustain their caring role and enable them to have a fulfilling life alongside caring. The SF will have an impact on people who live and work in Angus.

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	

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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)	**Demographics** • Angus HSCP serves a population of **114,810** (2024), with **48% male** and **52% female**. Over the next four years, the population of Angus is projected to rise to 115,206, before declining slightly to 114,942 by 2035. During this period, the working-age population (18–64 years) is expected to decrease by 5% to 61,489. In contrast, the number of residents aged 75 and over is projected to increase by 21%, reaching 18,275 by 2035. This represents an additional 3,640 people aged 75+ living in Angus in 2035. **Deprivation** • **8%** of Angus residents live in the **most deprived quintile (SIMD 1)**, while **12%** live in the **least deprived quintile (SIMD 5)**. • Deprivation is unevenly distributed, with **Angus South East locality** showing **21%** in SIMD 1. **Housing** • **38%** of households receive a **single-occupant council tax discount**, indicating a high proportion of single-person households. • **61%** of properties fall within **Council Tax Bands A–C**, suggesting a predominance of lower-value housing compared to the national average. **General Health**

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- Life expectancy in Angus is **78 years for men** and **81 years for women.**
- The **death rate among 15–44 year olds** is 122 **per 100,000**, marginally higher than the national rate of **117**.

Of particular note is the decline in life expectancy for females in Angus, reflecting a trend seen across Scotland. While overall life expectancy in Angus remains higher than the Scottish average, significant inequalities persist. There continues to be a substantial gap in life expectancy between residents living in the most deprived and least deprived areas of Angus, with men in the most deprived areas living approximately 8 years less, and women approximately 5 years less, than their counterparts in the least deprived areas.

The proportion of life spent in good health varies by gender. Men in Angus spend around 80% of their lives in good health, which is 3% higher than the Scottish average, while women spend approximately 78% of their lives in good health, 4% higher than the Scottish average.

Long-term Health Conditions

- **23%** of the population report at least one **physical long-term condition (LTC).**
- **1 in 2** people over the age of 65 years have one LTC
- **1 in 4** people over the age of 65 have more than one LTC

Cancer

- **Cancer registration rates** in Angus are **595 per 100,000**, below the Scottish average of **622**.
- **Early deaths from cancer** remain a concern at **140 per 100,000**.

Mental Health

- **22%** of residents are prescribed medication for **anxiety, depression, or psychosis**, above the national average of **20%**.

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	• **Psychiatric hospitalisation rates** are **283.2 per 100,000**, exceeding the national figure of **216.1**. **Lifestyle and Risk Factors** • **Alcohol-related hospital admissions** are lower than the national rate (**509 vs 532 per 100,000**). • **Drug-related hospital admissions** are also lower (**160 vs 202 per 100,000**) but remain significant. • **Bowel screening uptake** is high at **70.6%**, compared to **66.2%** nationally. **Hospital and Community Care** • **Emergency admission rates** are higher than the national average (**11,866 vs 10,963 per 100,000**). • **Delayed discharge bed days** are significantly lower (**10,941 vs 48,494 per 100,000 aged 65+**). Angus IJB continues to face challenges related to its ageing population, elevated mental health needs, and persistent inequalities across localities. These factors remain central to the SF EQIA and should inform service planning, resource allocation, and targeted interventions.
Qualitative evidence (narrative/exploratory)	The revision of the SF has been informed by a range of qualitative evidence gathered through ongoing engagement with communities, staff, and partner organisations across Angus. Feedback received from complaints, compliments and stories received via Care Opinion have shaped the development of the SF. The statement of engagement provides details of the qualitative feedback used to develop the Strategic Framework.

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	This qualitative evidence base will continue to evolve through continued engagement activities ensuring that service developments reflect the voices and experiences of those most affected by strategic decisions.
Other evidence (please detail)	N/A
What gaps in evidence/research were identified?	There is limited local data on how deprivation influences access to preventative services. There is also limited information in relation to digital inclusion, and long-term health outcomes.
Is any further evidence required? Yes or No (please provide reasoning)	**Yes.** Further evidence is required to strengthen the Equality and Fairer Scotland Impact Assessment (EQIA) for the Strategic Framework. While qualitative insights and existing deprivation data provide a useful foundation, additional quantitative evidence is needed to understand service usage patterns and outcomes across socio-economic groups.
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?)	**Yes.** In the absence of complete quantitative data, best judgement has been applied to inform the Equality and Fairer Scotland Impact Assessment (EQIA) for the SF. This judgement has been made the IJB's Strategic Planning Group and by Angus Health and Social Care Partnership Officers involved in the SF review, drawing on professional experience, previous engagement findings, and knowledge of local service delivery. It is based on observed patterns of inequality, service access challenges, and feedback from communities and frontline staff. This approach ensures that early strategic thinking remains inclusive and responsive while further evidence is gathered.

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.** Engagement has taken place to develop the SF, drawing on previous engagement, feedback from service users, carers, staff, and third sector partners via a survey on the Engage Platform.

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<table>
<tr><td></td><td>A statement of Engagement has been developed to accompany the development of the SF.

All activities have provided valuable insights into community priorities, barriers to access, and opportunities to reduce inequalities.</td></tr>
<tr><td>If No, why not?</td><td>N/A</td></tr>
<tr><td colspan="2">If Yes, please answer the following questions:</td></tr>
<tr><td>Who was the engagement with?</td><td>• Service users and carers, who shared lived experience around access, continuity of care, and support needs.
• Health and social care staff, who provided insight into service pressures, delivery challenges, and opportunities for improvement.
• Third sector organisations, who contributed perspectives on the needs of marginalised groups and the importance of community-based support.
• Community representatives, particularly from areas of deprivation and rural localities, who highlighted barriers to access and priorities for local investment.</td></tr>
<tr><td>Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?</td><td>Yes. Engagement was designed to include representatives from all relevant groups, ensuring a diverse range of perspectives have been considered while developing the SF. Details of all groups invited to participate are included in the accompanying Statement of Engagement.</td></tr>
<tr><td>How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)</td><td>Engagement was carried out through a combination of methods: face to face meetings and a survey.</td></tr>
<tr><td>What were the results from the engagement?</td><td><table><tr><th colspan="2">Online Engagement</th></tr><tr><td>Social Media Views</td><td>11,200</td></tr><tr><td>Visits to the Engage Platform</td><td>689</td></tr></table></td></tr>
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Comments analysed	255

Vision Statement: The majority of people (57%) indicated that the vision statement should remain as:
People in Angus receive the best services possible and enjoy mental health to their full potential.

Our values: The majority of responders (79%) said that they liked or really liked our values:
We are caring, compassionate, person-centred, honest and respectful.

Within our previous Strategic Plan, we developed **Joint Commitments 'making a difference with you, for you'.** 66% of respondents indicated that they were willing to support all of the joint commitments and 33% of respondents indicated that they were willing to support some of them.

64% of people indicated that they liked or really liked the **plan on a page**.

We asked people to what extent they agree with our **ambition statements**:

Statement	Result: % agree or strongly agree
Support people to be independent for as long as possible.	87
Reduce health inequalities.	89
Keep people safe and minimise the risk of harm.	91
Ensure our resources are used effectively so that services remain sustainable to meet the needs of the community	87
Provide care that is joined up and co-ordinated across all service areas	91
Use digital technologies to enhance access, care delivery and teamwork for improved outcomes	63

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We asked for feedback about our priorities.
<table>
<tr><td>Priority</td><td>Result: % who agreed this is important</td></tr>
<tr><td>Prevention and Proactive Care</td><td>89</td></tr>
<tr><td>Care Closer to Home</td><td>93</td></tr>
</table>
Engagement activities highlighted several key themes that have influenced the development of the SF.
Participants emphasised:

Strong support for prevention and early intervention and agreed that individuals should play a part in supporting their own health and wellbeing.
Commitment to person-centred care and partnership working

People also noted the importance of

Accessibility and inclusion
Communication, transparency and equity
Deliverability, workforce and sustainability

These insights have shaped strategic priorities, ensuring the SF reflects lived experience and community voice.
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<td>How did the engagement consider the protected characteristics of its intended cohort?</td>
<td>
Communication and invitations to participate in the arranged sessions and focus groups were distributed through a variety of channels and formats to ensure maximum inclusivity.
These efforts included:

Multiple Communication Channels: Invitations were shared via email, newsletters, social media platforms, and local community networks to reach a broad audience.
Accessible Formats: Materials were available on request in accessible formats, such as large print, easy-read versions, and digital copies, to accommodate diverse needs.

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	• **Targeted Outreach**: Specific efforts were made to engage underrepresented groups, ensuring that all stakeholders had an equal opportunity to participate.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	**Yes.** The engagement activities have influenced the creation of the SF 2026 – 2036 informing its strategic direction and highlighting key priorities and areas for improvement. Feedback from service users, carers, staff, and third sector partners has led to a stronger emphasis on preventative approaches and care closer to home. Concerns raised around access in rural and deprived areas have also informed considerations around service equity and digital inclusion. These insights have shaped the development of the SF and will continue to guide decision-making as strategic plans for the two priority areas, prevention and proactive care and care closer to home, are developed.
Is further engagement required? Yes or No (please provide reasoning)	**Yes.** Ongoing engagement is required to ensure that the proposed changes continue to reflect the needs and priorities of staff, stakeholders, and the public. Further engagement will also help to shape the development of the Strategic Plans for Prevention and Proactive care and Care Closer Home.

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.

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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	**Evidence of Impact:** The Angus population for people aged 65 and over is projected to increase from 30,400 in 2025 to 35,731 in 2035, a 17.5% increase. The population for people aged 75 and over is projected to increase by 21.2% from 15,080 in 2025 to 18,275 in 2035, an average increase of a 1.6% increase each year. The population for people aged 85 and over is projected to increase from 3,898 in 2025 to 5,932 in 2035, an increase of 52.2% and an average increase of 4.3% each year. This demographic is more likely to experience multiple long-term conditions and require coordinated health and social care services. Conversely, younger adults and children may be impacted by changes in early intervention, mental health, and family support services. Strategic shifts in commissioning could unintentionally deprioritize age-specific needs if not carefully balanced. **Positive Impact:** The Strategic Framework places emphasis on prevention and proactive care and person-centred care, these principles benefit all age groups. Older adults may benefit from improved integration of services and anticipatory care planning. Young people may see enhanced support through targeted mental health and wellbeing initiatives. **Negative Impact:** If services are redesigned without appropriate engagement from all age groups, some adults may face barriers in accessing digital services or navigating complex care pathways. Younger people may be underrepresented in strategic planning if their voices are not actively sought.

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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.**
				Actions to mitigate against possible negative impact: • Engage directly with older people's forums, youth groups, and intergenerational groups during ongoing planning and review stages. • Ensure measure to support digital inclusion are embedded within action plans, including training and alternative access routes for older adults. • Promote co-production with age-specific advocacy organisations to ensure services reflect lived experience. • Monitor outcomes across age groups to identify and address any emerging inequalities. • Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Sex		X	X	**Evidence of Impact:** National and local data consistently show that women are more likely to take on unpaid caregiving roles, access health and social care services more frequently, and experience specific health inequalities. Men may be less likely to engage with preventative services and mental health support. Strategic decisions, if not gender-informed, could unintentionally reinforce these disparities. **Positive Impact:** The Strategic Framework emphasis on prevention and proactive care, person-centred care, and improved access to care closer to home, has the potential to address gendered health inequalities. By embedding gender-sensitive approaches, the Strategic Framework can promote more equitable outcomes for both women and men. **Negative Impact:** Without targeted engagement, women's caregiving responsibilities may be overlooked in service design, and men's lower service uptake may continue. There's a risk that gender-neutral approaches could mask real differences in need and experience.

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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.**
				Mitigation Actions: • Apply gender analysis to commissioning decisions, ensuring services reflect different patterns of use and need. • Engage with Community Councils, local women's groups, men's mental health groups, and carers' networks to inform service design. • Monitor service uptake and outcomes by sex to identify and address disparities. • Promote inclusive messaging that challenges stereotypes and encourages engagement from all genders. • Ensure staff training includes awareness of gender-based health inequalities and unconscious bias. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Disability		X	X	**Evidence of Impact:** In Angus, approximately 1 in 5 residents report living with a disability, which may include physical, sensory, learning, or mental health impairments. People with disabilities often face barriers in accessing health and social care services, including physical accessibility, communication formats, and service navigation. Strategic commissioning decisions, if not inclusive by design, could unintentionally increase these barriers. **Positive Impact:** The Strategic Framework's commitment to prevention and proactive care, person-centred care, and improved service integration has the potential to enhance outcomes for disabled people. A focus on future care planning and community-based support aligns well with the needs of individuals who benefit from tailored, coordinated services.

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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.**
				Negative Impact: If services are redesigned without meaningful engagement with people with disabilities, there is a risk of reduced accessibility, particularly in digital platforms, physical environments, and communication formats. Inadequate staff training or lack of inclusive design could further marginalize disabled service users. **Mitigation Actions:** • Embed inclusive design principles across all commissioned services, including physical access, digital usability, and communication formats. • Co-produce service redesigns with disabled people and representative organisations to ensure lived experience informs decision-making. • Ensure all public-facing materials are available in accessible formats (e.g., Easy Read, BSL, large print). • Ensure staff receive training on disability awareness and inclusive communication. • Monitor service uptake and outcomes for disabled people to identify and address inequalities. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Race		X	X	**Evidence of Impact:** National research highlights that ethnic minority groups often face poorer health outcomes and underrepresentation in service design and decision-making. **Positive Impact:** The Strategic Framework emphasises person-centred care, prevention, and equity of access. This provides a strong foundation for improving outcomes for all – including those from minority ethnic communities. By embedding

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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.**
				inclusive engagement, the framework can actively reduce inequalities and promote better access and trust. **Negative Impact:** Without targeted engagement, there is a risk that minority ethnic voices may be underrepresented in strategic planning. Language barriers and lack of culturally appropriate services could persist, leading to lower uptake and poorer outcomes. **Mitigation Actions:** • Proactively engage with minority ethnic communities through trusted local networks, faith groups, and cultural organisations. • Ensure all public-facing materials are available in relevant languages and formats. • Monitor service uptake and outcomes by ethnicity to identify and address disparities. • Co-produce services with minority ethnic representatives to ensure lived experience informs commissioning decisions. • Promote inclusive messaging that reflects the diversity of Angus and fosters trust. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Sexual Orientation	X	X		**Evidence of Impact:** People who identify as lesbian, gay, bisexual or other may face barriers in accessing health and social care services due to assumptions about relationships and family structures. National studies show that LGBTQ+ individuals can experience poorer mental health outcomes and may be less likely to disclose their

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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.**
				orientation in healthcare settings. While Angus has made progress in promoting inclusion, continued attention is needed to ensure services are welcoming to all. **Positive Impact:** The Strategic Framework is inclusive and ensures that there are positive impacts for people of all sexual orientations. By embedding inclusive language and engagement practices, the plan can help build trust and improve outcomes for LGBTQ+ individuals. **Neutral Impact:** Strategic commissioning decisions are unlikely to have a direct negative impact on people based on sexual orientation, provided inclusion is actively maintained. **Mitigation Actions:** • Ensure all commissioned services use inclusive language and imagery that reflects diverse sexual orientations. • Provide staff training on LGBTQ+ awareness, inclusive communication, and unconscious bias. • Engage with LGBTQ+ organisations and networks to inform service design and review. • Monitor service uptake and satisfaction across sexual orientation groups to identify and address any disparities. • Promote visibility and representation of LGBTQ+ voices in strategic planning and public communications. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.

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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.**
Religion or Belief	X	X		**Evidence of Impact:** The Strategic Framework is inclusive and ensures that there are positive impacts for people of all religions and beliefs. Angus is home to a range of religious and belief communities. While religion or belief may not directly influence access to services, it can shape preferences around care delivery, dietary requirements, gender-sensitive support. If not considered, strategic decisions could inadvertently overlook these needs. **Positive Impact:** The Strategic Framework's commitment to person-centred care and inclusive service design creates opportunities to better reflect the diverse beliefs of the population. By embedding cultural sensitivity and flexibility into commissioning, services can become more respectful and responsive to individual values and practices. **Neutral Impact:** Strategic commissioning decisions are unlikely to negatively impact individuals based on religion or belief, provided inclusive practices are maintained. **Mitigation Actions:** • Ensure service planning and delivery are sensitive to religious practices, including dietary needs, prayer times, and holiday observances. • Engage with faith-based organisations and belief groups to inform service design and review. • Provide staff training on religious literacy and respectful engagement with diverse belief systems. • Promote inclusive messaging that affirms freedom of belief and respects spiritual diversity. • Monitor feedback from service users to identify any unintended barriers related to religion or belief. • Any proposed changes to service delivery would be subject a EQIA and meaningful engagement and consultation with the impacted group to ensure we

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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.**
				capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Gender Reassignment	X	X		**Evidence of Impact:** Trans and non-binary individuals often face significant barriers in accessing health and social care services, including experiences of stigma, misgendering, and lack of understanding from service providers. National evidence highlights poorer mental health outcomes and lower levels of trust in healthcare systems among trans communities. While the Strategic Framework does not directly target gender reassignment pathways, its strategic decisions influence the inclusivity and responsiveness of all services. **Positive Impact:** The Strategic Framework's commitment to person-centred care, equity, and inclusive service design provides a strong opportunity to improve experiences for trans and non-binary people. By embedding inclusive language, respectful engagement, and staff training, the plan can help develop safer and more welcoming environments. **Neutral Impact:** Strategic commissioning decisions are unlikely to have a direct negative impact on trans individuals, provided inclusive practices are actively maintained and strengthened. **Mitigation Actions:** • Ensure all commissioned services use inclusive language and respect individual's affirmed gender identities. • Provide staff training on trans awareness, inclusive communication, and the importance of pronoun use. • Engage with trans advocacy groups and individuals to inform service design and review. • Promote visibility and representation of trans voices in strategic planning and public communications.

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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.**
				• Monitor service satisfaction and outcomes among trans and non-binary service users to identify and address any disparities. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Pregnancy and Maternity		X	X	**Evidence of Impact:** Pregnant individuals and new parents often require timely access to maternity care, health visiting, mental health support, and family services. Locally, service redesign or shifts in commissioning priorities could unintentionally affect access to women who are pregnant or who require maternity care, especially for those in rural areas or with limited transport options. **Positive Impact:** The Strategic Framework's focus on prevention and proactive care and integrated care offers opportunities to strengthen maternity and family support services. **Negative Impact:** If services are centralised or digitalised without adequate alternatives, pregnant individuals and new parents may face barriers to accessing care. There's also a risk that maternity-specific needs may be overlooked in broader strategic planning. **Mitigation Actions:** • Ensure maternity and early years services are explicitly considered in commissioning decisions. • Engage with perinatal mental health networks, midwifery teams, and parent advocacy groups to inform service design. • Monitor service access and outcomes for pregnant individuals and new parents, with attention to rurality and socio-economic status.

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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.**
				• Provide flexible service delivery options, including home visits, telephone support, and community hubs. • Promote inclusive messaging that supports all family structures and affirms the importance of early years investment. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Marriage and Civil Partnership	X			**Evidence of Impact:** There is limited evidence to suggest that individuals in a marriage or civil partnership experience differential access to health and social care services based solely on their relationship status. The Strategic Framework focuses on population-level outcomes and person-centred care, which apply equally regardless of marital status. However, it remains important to ensure that services do not inadvertently exclude or disadvantage individuals based on assumptions about family structure or caregiving roles. **Neutral Impact:** Strategic commissioning decisions are unlikely to directly impact individuals based on their marital or partnership status. Services are designed to be inclusive and responsive to individual needs, regardless of relationship status. **Mitigation Actions:** • Ensure all service communications and assessments are inclusive of diverse family and relationship structures. • Avoid assumptions about caregiving responsibilities or support networks based on marital status. • Monitor feedback and service outcomes to ensure no unintended barriers arise for individuals in or outside of formal partnerships.

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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.**
				• Promote inclusive messaging that affirms all relationship types and respects individual circumstances. • Any proposed changes to service delivery would be subject an EQIA and meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible.
Additional Groups/Areas for Consideration				
Any other relevant groups: **Carers of Older and/or Disabled People**		X	X	**Evidence of Impact:** Balancing paid work with caregiving responsibilities can increase stress, reduce availability for training or flexible hours, and limit career progression. Carers are at higher risk of burnout and absence without tailored support. **Positive Impact:** Policies are already in place for staff who have a personal caring role. **Negative Impact:** If caregiving responsibilities are not explicitly recognised, carers may experience stress, fatigue, and feel unable to engage in development opportunities or adjust their schedules when needed. **Mitigation Actions:** • Publicise and simplify access to carer support services, counselling, and wellbeing resources. • Engage with staff carer networks to co-design support measures and monitor their effectiveness. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.

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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.**
Care experienced individuals **Armed Forces Personnel Current & Former**	X X			• The Strategic Framework is focused on improving health and social care services for predominantly the adult population of Angus. While care-experienced individuals may benefit from these wider improvements, the actions within the Strategic Framework are not specifically targeted at this group. As such, no significant positive or negative, has been identified at this stage. Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible. • The Strategic Framework is focused on improving health and social care services for predominantly the adult population of Angus. While armed forces personnel, current and former, may benefit from these wider improvements, the actions within the Strategic Framework are not specifically targeted at this group. As such, no significant positive or negative, has been identified at this stage. Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Human Rights	X			The Strategic Framework 2026–2036 supports the protection of human rights, including dignity, respect, privacy, and access to information and services. While the plan does not directly affect civil rights such as voting, it influences how services are delivered in ways that uphold autonomy, inclusion, and equality. Commissioning decisions will be guided by principles that promote respectful treatment and protect individuals' rights, especially for those who may be vulnerable or marginalised.

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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	X	**Evidence of Impact:** Priorities within the Strategic Framework are cognisant of priorities of the Angus IJB Workforce Plan 2025–2029 **Positive Impact:** The SCP's focus on workforce development, flexible working, and inclusive leadership offers opportunities to support employees at all stages of their careers. Age-diverse teams bring valuable experience, innovation, and resilience to service delivery. **Negative Impact:** Without age-aware planning, older employees may feel excluded from digital transformation initiatives or pressured toward early retirement. **Mitigation Actions:** • Promote age-inclusive workforce policies that value experience and support career development at all stages. • Ensure training and digital upskilling opportunities are accessible and tailored to different learning styles. • Monitor recruitment, retention, and promotion data by age to identify and address disparities. • Encourage intergenerational mentoring and knowledge exchange across teams. • Challenge age-related stereotypes through staff training and inclusive communications. • Any proposed changes to service delivery would be subject to an EQIA and meaningful engagement and consultation with staff from the impacted group to ensure we capture specific inequalities relating to age so that mitigating actions can be put in place where possible.

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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.**
Sex		X	X	**Evidence of Impact:** The health and social care workforce in Angus, like many across Scotland, is predominantly female. Women are more likely to work in frontline care roles, often part-time, and may face challenges related to career progression, pay equity, and balancing work with caregiving responsibilities. Men, while fewer in number, may be underrepresented in certain roles. **Positive Impact:** The Strategic Framework's commitment to workforce development, flexible working, and inclusive leadership provides opportunities to address gender disparities. Promoting equity in recruitment, progression, and working conditions can benefit all employees regardless of sex. **Negative Impact:** Changes to services could result in a change of work-base making it more difficult to access. This could impact on childcare arrangements where applicable. **Mitigation Actions:** • Monitor recruitment, retention, pay, and progression data by sex to identify and address disparities. • Promote flexible working arrangements that support employees with caregiving responsibilities. • Any proposed changes to service delivery would be subject to an EQIA and meaningful engagement and consultation with staff from the impacted group to ensure we capture specific inequalities relating to sex, so that mitigating actions can be put in place where possible.
Disability		X	X	**Evidence of Impact:** National data shows disabled people are underrepresented in the workforce and may experience higher levels of workplace stress, discrimination, or exclusion. Locally, the Strategic Framework's aims around digital transformation, service redesign, and workforce development could impact disabled staff if accessibility is not embedded from the outset.

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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.**
				Positive Impact: The IJB's Strategic Framework and Workforce Plan are committed to inclusive practice, flexible working. Staff wellbeing offers opportunities to improve workplace experiences for disabled employees. **Negative Impact:** If staff accessibility is not considered, disabled employees may face barriers to participating fully in training, communication, or service delivery. **Mitigation Actions:** • Ensure all workplace environments, systems, and communications are accessible by design. • Promote the use of reasonable adjustments and ensure staff are aware of how to request them. • Provide disability awareness and inclusive practice training for all staff and managers. • Engage with disabled employees and staff networks to inform policy and practice. • Monitor recruitment, retention, and progression data to identify and address disparities. • Foster a culture of openness and support around disability and mental health. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Race		X	X	**Evidence of Impact:** People who provide health and social care support who come from minority ethnic backgrounds may face barriers in recruitment, career progression, workplace culture, and access to development opportunities. National data highlights underrepresentation of ethnic minorities in senior roles across health and social care.

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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.**
				Positive Impact: The Strategic Framework's commitment to equity, inclusive leadership, and workforce development offers opportunities to improve representation and experience for minority ethnic staff. By embedding anti-racist practice and inclusive recruitment, the plan can help foster a more diverse and empowered workforce. **Negative Impact:** Without targeted action, ethnic minority employees may continue to experience barriers to progression, lack of cultural safety, or feelings of exclusion. **Mitigation Actions:** • Monitor recruitment, retention, and progression data by ethnicity to identify and address disparities. • Promote inclusive recruitment practices and diverse interview panels. • Provide anti-racism and cultural competence training for all staff and managers. • Engage with ethnic minority staff networks and community organisations to inform policy and practice. • Celebrate diversity through internal communications, events, and leadership visibility. • Embed accountability for race equality within workforce planning and performance frameworks. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Sexual Orientation	X	X		**Evidence of Impact:** National research highlights that LGBTQ+ staff can experience higher levels of stress, discrimination, or exclusion if workplace culture is not actively inclusive. While Angus IJB promotes equality, continued attention is needed to ensure that all employees feel safe, respected, and valued regardless of sexual orientation.

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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.**
				Positive Impact: The Strategic Framework is inclusive and ensures that there are positive impacts for people of all sexual orientations. By fostering a culture of respect and visibility, the plan can help improve staff satisfaction and retention. **Neutral Impact:** Strategic commissioning decisions are unlikely to negatively impact employees based on sexual orientation, provided inclusive practices are maintained and reinforced. **Mitigation Actions:** • Promote inclusive language and imagery in all internal communications and policies. • Support and engage with LGBTQ+ staff networks to inform policy and practice. • Monitor staff satisfaction and wellbeing across sexual orientation groups to identify and address disparities. • Celebrate diversity through events, campaigns, and visible leadership support. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Religion or Belief	X	X		**Evidence of Impact:** People who provide health and social care may hold a wide range of religious or philosophical beliefs, which can influence their needs around prayer, dietary requirements, dress, and observance of religious holidays. While most workplaces strive to be inclusive, national evidence shows that individuals can still experience misunderstanding, exclusion, or lack of accommodation for their beliefs. In Angus, the Strategic Framework's strategic decisions around workforce culture, flexibility, and inclusion can help ensure that all beliefs are respected. **Positive Impact:** The Strategic Framework's emphasis on person-centred values and inclusive practice supports respectful engagement with diverse beliefs.

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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.**
				Neutral Impact: Strategic commissioning decisions are unlikely to negatively impact employees based on religion or belief, provided inclusive practices are maintained and embedded. **Mitigation Actions:** • Ensure policies and working arrangements accommodate religious observance, including prayer time, dietary needs, and holiday requests. • Provide staff training on religious literacy and respectful engagement with diverse beliefs. • Promote inclusive messaging and celebrate cultural and religious diversity through internal communications and events. • Engage with staff networks and individuals to identify and address any barriers related to religion or belief. • Monitor staff satisfaction and wellbeing to ensure all beliefs are respected and supported. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Gender Reassignment		X	X	**Evidence of Impact:** Transgender and non-binary employees often encounter workplace challenges such as misgendering, lack of clear policies on name and pronoun use, and limited access to gender-affirming facilities. National surveys report higher levels of workplace stress and discrimination among trans staff, which can affect wellbeing and retention. Ensuring inclusive practices at a strategic level is essential to foster a supportive environment. **Positive Impact:** The IJB's Workforce Plan promotes staff wellbeing which can improve experiences for trans and non-binary employees.

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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.**
				Negative Impact: Without explicit protections and awareness, trans employees may face exclusion from team activities, or uncertainty about transition-related support. Lack of gender-neutral facilities and unclear dress code policies can create additional barriers. **Mitigation Actions:** • Deliver training for managers and teams on trans inclusion, inclusive language, and unconscious bias. • Monitor staff satisfaction, recruitment, retention, and grievances to identify and address any disparities. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Pregnancy and Maternity		X	X	**Evidence of Impact:** Employees who are pregnant or on maternity leave require tailored support around workload, flexible hours, and wellbeing. **Positive Impact:** Workforce policies are already in place to support this protected characteristic. **Negative Impact:** Changes to services could result in a change of work-base thereby making it more difficult to access. **Mitigation Actions:** • Communicate and apply clear maternity, paternity, and shared parental leave policies. • Offer flexible working arrangements, including phased returns and adjusted hours. • Ensure managers supporting staff before, during, and after maternity leave.

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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.**
				• Monitor uptake, retention, and progression of staff returning from maternity leave. • Engage with parent and carer networks to review and enhance family-friendly practices. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Marriage and Civil Partnership	X			**Evidence of Impact:** Relationship status, whether married or in a civil partnership, does not tend to affect recruitment, progression, or day-to-day working conditions. **Positive Impact:** N/A **Negative Impact:** N/A **Mitigation Actions:** • Ensure managers and staff are aware of workforce policies regarding this protected characteristic. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Additional Groups/Areas for Consideration				
Any other relevant groups **Carers of Older and/or Disabled People**		X	X	**Evidence of Impact:** Balancing paid work with caregiving responsibilities can increase stress, reduce availability for training or flexible hours, and limit career progression. Carers are at higher risk of burnout and absence without tailored support. **Positive Impact:** Policies are already in place for staff who have a personal caring role.

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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.**
				Negative Impact: If caregiving responsibilities are not explicitly recognised, carers may experience stress, fatigue, and feel unable to engage in development opportunities or adjust their schedules when needed. **Mitigation Actions:** • Publicise and simplify access to carer support services, counselling, and wellbeing resources. • Engage with staff carer networks to co-design support measures and monitor their effectiveness. • Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Care experienced individuals	X			• The Strategic Framework is focused on improving health and social care services for predominantly the adult population of Angus. While care-experienced individuals may benefit from these wider improvements, the actions within the Strategic Framework are not specifically targeted at this group. As such, no significant positive or negative, has been identified at this stage. Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Armed Forces Personnel Current & Former	X			• The Strategic Framework is focused on improving health and social care services for predominantly the adult population of Angus. While armed forces personnel, current and former, may benefit from these wider improvements, the actions within the Strategic Framework are not specifically targeted at this group. As such, no significant positive or negative, has been identified at this stage. Any

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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.**
				proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure that mitigating actions can be put in place where possible.
Human Rights	X			The Strategic Framework 2026–2036 upholds employees' human rights by ensuring dignity, respect, and privacy at work.

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**

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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 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)**
Any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible.		

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.	X

Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	X

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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?	Socio-economic disadvantage and inequalities of outcome are evident across Angus, with some localities, particularly in Angus South East, experiencing higher levels of deprivation, as highlighted by Scottish Index of Multiple Deprivation (SIMD) data. Approximately 8% of the population live in the most deprived SIMD quintile. Individuals in these communities often face poorer health outcomes, lower life expectancy, and greater barriers to accessing health and social care services, especially in rural and semi-rural areas. The Strategic Framework has also drawn on

Is it possible to gather new evidence, involving communities of interest?	evidence from public engagement, including surveys and community feedback, which emphasised the importance of equitable access, preventative support, and locally delivered services tailored to community need. **Is it possible to gather new evidence?** Yes. As we progress with service transformation, any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible. These activities will provide further evidence on lived experience, access to services, and priorities for future investment. Additional insights will be gathered through ongoing stakeholder engagement, service usage data, and feedback platforms such as Care Opinion, helping to assess the impact of strategic decisions on accessibility, equity, and outcomes for socio-economically disadvantaged groups across Angus.

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**	**X**	**Positive Impact:** The Strategic Framework aims to reduce inequalities by prioritising prevention and proactive care and care closer to home - improving access to care in areas of greatest need. Individuals living in relative poverty are more likely to experience poor health outcomes and barriers to accessing services. By targeting resources toward deprived localities and enhancing outreach and digital inclusion, the Strategic Framework has the potential to positively impact this group. A focus on improving the use of digital technologies has the potential to save transport costs which is important to people on low or no income. Digital communication can also improve access to services.

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				Negative Impact: Any proposed changes to services may require some people to travel further to receive care which may impact on those on low and/or no income. A focus on enhancing digital technologies may cause challenges to low-income households because they cannot afford reliable internet, smartphones, or computers. As a result, these individuals may struggle to access services.
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**	**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**	**X**	**Positive Impact:** Integrated care pathways may provide quicker access to the right care which will reduce the likelihood of missed workdays. **Negative Impact:** Any proposed changes to services may cause confusion or service gaps may lead to additional expenses.
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**	**X**	**Positive Impact:** The Strategic Framework seeks to improve equity of access by investing in community-based services and tailoring provision to local need, which may positively impact individuals living in deprived or rural areas. **Negative Impact:** Challenges such as limited public transport, digital exclusion, and workforce availability in remote locations could reduce service reach and uptake.

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Socio-economic Background (social class including parents' education, people's employment and income)		**X**	**X**	**Positive Impact:** The SCP aims to reduce inequalities linked to socio-economic background by improving access to early intervention, preventative services, and community supports. These measures may benefit individuals from lower socio-economic backgrounds who are more likely to experience poor health outcomes and limited service engagement. **Negative Impact**: If engagement activities or service models do not fully account for barriers such as low literacy, insecure employment, or stigma, there is a risk that some groups may be underrepresented in strategic planning and delivery.
Unpaid Carers		**X**	**X**	**Positive Impact:** The Strategic Framework recognises the vital role of unpaid carers and seeks to enhance support through improved information, and community-based services. These measures may positively impact carers by reducing stress and enabling sustained caring roles. **Negative Impact:** If services are not sufficiently flexible, accessible, or responsive to carers' needs, particularly in rural areas or for those juggling employment, there is a risk of increased pressure and unmet support requirements.
Homelessness, Addictions and Substance Use		**X**	**X**	**Positive Impact:** The Strategic Framework supports a shift toward preventative and integrated care, which may benefit individuals affected by homelessness, addictions, and substance use by improving access to wraparound support

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				and reducing reliance on emergency services. **Negative Impact**: If commissioning decisions do not adequately address the complexity of needs, such as housing instability, stigma, and co-occurring mental health issues, there is a risk that services may be fragmented or inaccessible for those most at risk. Ensuring trauma-informed approaches and strong partnership working will be key to delivering positive outcomes.
Children, Family and Justice		**X**	**X**	Positive Impact: The Strategic Framework's emphasis on prevention and proactive care, integrated support, and community-based services offers potential benefits for children and families, particularly those affected by justice involvement or socio-economic disadvantage. Strengthening links between health, social care, education, and justice services may improve outcomes and reduce intergenerational inequalities. Negative Impact: If services are not sufficiently trauma-informed, accessible, or coordinated, especially for families navigating complex systems, there is a risk of fragmented support and missed opportunities for prevention.
Other (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.
	YES	

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)	**X**	**2. Best interest of the child (Article 3)**	**X**
3. Right to life, survival and development (Article 6)	**X**	**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?	While the Strategic Framework is primarily focused on adult health and social care, it is expected to have a positive indirect impact on children's rights. By supporting family wellbeing, improving access to mental health services, and strengthening community-based care, the SCP contributes to Article 3 of the UNCRC (best interests of the child) and Article 18 (support for parents and carers). These measures may enhance stability, reduce inequalities, and promote healthier environments for children and young people across Angus.
How will the proposal give better effect to the UNCRC in Scotland?	The Strategic Framework will give better effect to the UNCRC by promoting the wellbeing of children and young people through improved support for families, carers, and communities. By investing in preventative services, mental health provision, and locality-based care, the Strategic Framework supports children's rights to health (Article 24), protection from harm (Article 19), and an adequate standard of living (Article 27). The Strategic Framework also encourages inclusive engagement and co-design,

	aligning with Article 12 by recognising children's right to be heard in decisions that affect them.
How will the impact be monitored?	The impact on children's rights and wellbeing will be monitored through ongoing engagement with families and young people, analysis of service usage data, and feedback from frontline practitioners. The Strategic Plan for Care Closer to home will incorporate child-focused indicators within its performance framework, for example linked to young carers and children moving from children to adult services. We will work in partnership with education, children's services, and third sector organisations to identify emerging needs and assess outcomes. Regular review cycles will ensure that strategic decisions remain responsive to children's rights and evolving community priorities.
How will you communicate to children and young people the impact of the proposal on their rights?	To communicate the impact of the Strategic Framework we will, where appropriate, work with children's services, schools, and third sector partners to share key messages in accessible formats. Efforts will be made to ensure that children and young people are informed about how their views have contributed to service changes and how their rights are being considered, using age-appropriate language and channels where possible.

18. PUBLICATION

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

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Sally Wilson
Designation:	Service Manager - Integration
Date:	05/03/2026

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:	Morgan Low	Name:	Abigail Stewart

Designation:	Service Leader -Improvement and Development	Designation	Service Leader – Improvement and Development
Date:	13/03/2026	Date:	11/06/26

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

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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)	**September 2026**

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. -	

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