Equality Impact Assessment (EQIA)

Guidance and forms

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Author   Hina Sheikh

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact hina.sheikh@lanarkshire.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	NHS Lanarkshire's Communications and Engagement of the new 'Our Health Together' strategy		
Names and role of Review Team:	Jackie McColl, Deputy Director of Communications Hina Sheikh, Equality and Diversity Manager Comms engagement group membership Public Reference Forum	**Date(s) of assessment:**	October 2022

SECTION ONE	**AIMS OF THE POLICY**

1.1. Is this a new or existing Policy : _____

Please state which: **Policy** ☐ **Strategy** ☒ **Function** ☐ **Service Change** ☐ **Guidance** ☐ **Other** ☐

1.2 What is the scope of this EQIA?

NHS Lanarkshire wide ☒ **Service specific** ☐ **Discipline specific** ☐ **Other (please detail)**

_____

1.3a. What is the aim?

To develop a communications and engagement plan to support the development and creation of the 'Our Health Together' strategy which aims to set up NHS Lanarkshire's vision of healthcare provision for the next five years.

'Our Health Together' is our whole system strategy to be developed and informed following an engagement process to be carried out in early 2023. The challenges facing our service have never been greater and it is our ambition to produce a longer term strategic approach that delivers a clear route map towards developing a sustainable health and social care model. The impact that the Covid pandemic has had on Lanarkshire and its people has been extreme particularly within deprived communities making the recovery much more challenging.

1.3b. What are the objectives?

NHS Lanarkshire is adopting a co-production approach, which will use the combined strengths of its communities and staff to improve health and wellbeing. To support us to do this we want to capture the views and opinions about healthcare provision for the next five years:

- from the people of Lanarkshire about healthcare provision for the next five years.

- the views and opinions from NHS Lanarkshire staff and the North and South Health and Social Care Partnerships.

This journey will involve the adoption of a different approach and will involve listening to those people with direct experience of the service.

1.3c. What is the intended outcomes?

- Through effective communications and engagement 'Our Health Together' strategy will be informed and shaped by the people of Lanarkshire and the staff delivering the services, to shape the services for the future that are valued, needed and required.

- Our overarching ambition is that through engaging and involving people locally, we can turn this strategy into positive changes for the communities of Lanarkshire, HSCPs, community partners and third sector partners

1.4. How have the stakeholders been involved in the development of this policy?

- As part of the communications and engagement plan, NHS Lanarkshire Board has been updated about the co-production approach that will be adopted and the importance of our community partners in the strategy development.
- In order to engage widely with our staff and the population of Lanarkshire about the priorities across our system, research will be conducted and the findings used within the development of the strategy. The findings are expected to inform our engagement approach through our strategy journey.
- A communications and engagement strategy will be rolled out early 2023 which will involve key stakeholders.
- The Public Reference Forum includes members of our communities and provides valuable feedback to inform the EQIA.

1.5 Examination of Available Data and Consultation - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

- Healthcare Improvement Scotland – Community Engagement for advice and assurance

- Plan to draw on existing documents to help shape the strategy including the Public Health Needs Assessment.

- Learnings from the recently published *NHS Grampian Plan for the Future* strategy.

- Learning from the comms and engagement work delivered by the Monklands Replacement Project which was recognised as best practice by HIS-CE.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

There will be a wealth of groups and bodies that we will plan to approach including the following:

- Public Involvement Group on 6th September
- VASLAN and VANL
- CE-HIS
- MEF
- MPs/MSPs/local elected members
- Community Partnerships Forums
- NHS Lanarkshire and the North and South Health and Social Care Partnerships staff/staff-side
- North Lanarkshire Council and South Lanarkshire Council

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

- Learnings from the creation of previous strategies including, most recently, Achieving Excellence/Monklands/orthopaedic review.
- NHS Lanarkshire (planning department) is in the process of commissioning research to provide a baseline understanding of the priorities across the system.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

- National guidance for Boards – Planning with People
- Healthcare Improvement Scotland – Community Engagement for advice and assurance
- Staff Governance Standard (Well Informed; Involved in decisions)

- Fairer Scotland Duty

1.7. What resource implications are linked to this policy?

This overarching strategy will touch all aspects of modern healthcare.

Travelling: Where the services are located and the impact this will have on journeys including public transport. This will have an impact on both patients and staff.

Efficiency of services: important to capture given the financial pressures NHS Boards are under.

Staffing: the allocation of resources to site

Facilities & Management: where sites are located

SECTION TWO	IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- **Eliminating unlawful discrimination**
- **Promoting equal opportunities**
- **Promoting relations within the equality group**

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan in appendix 3 form C must be completed

Equality Target Groups – please note, this could also refer to staff				
	Positive impact	**Adverse impact**	**Neutral impact**	**Reason or comment for impact rating**

All:

The strategy will aim to demonstrate the ways of improving the health outcomes of the population/s of Lanarkshire and how it would support the ways of living a good and healthy life in Lanarkshire.

A key aspect of the work of NHS Lanarkshires 'Our Health Together' strategy is clear, inclusive and adaptable communication across all the aspects the strategy and its work streams, to ensure that all involved have an understanding of the vision and outcomes that will support positive outcomes. This will involve working in partnership with the local and nation partners including:

- third sector organisations
- local authorities
- other statutory agencies i.e. police and fire
- NHS Lanarkshire staff

   to ensure key health messages are promoted to the populations served by NHS Lanarkshire

A blended approach of engagement in order to share information will be undertaken. This will include a wide spectrum of communication formats ranging from bespoke and community based face-to-face and online meetings.

All consultation information will be presented in easy read and accessible and different formats will be provided upon request

The strategy is seen as a flexible working/living document that will evolve and change throughout the period of engagement and consultation. New areas of communications engagement will be actively sought.

The overarching communication messages will be threaded through each individual workstream to ensure consistency of messaging through every part of the strategy.

2.1. Age				The comms and engagement plan will endeavour to communicate with a range of key audiences and will ensure the messaging is age and literacy appropriate.
• Children and young people			X	
				For children and young people, we will work closely with our local authorities via the education departments, local colleges and interest groups to engage with children and young people.
• Adults			X	Engagement with adults is already strong via our social media as well as the wider media activity which helps communicate with our older audiences via the local media coverage.
• Older People			X	Older people: - Continue to use traditional communication methods such as hard-copy media coverage, leaflets, posters within health settings. - Campaigns targeting relatives/carers of older people to communicate key messages.

2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)			X	All communications/information on 'Our Health Together' will be done in a range of formats to take into account the different communication and support needs of the diverse populations who live and work in Lanarkshire. Information will be accessible in the following formats: - Easy read - In BSL: working with local Deaf and Deafblind community groups in design and promotion of any written, signed and videoed information. The information will be promoted via on their websites, social media accounts/channels - Information in different formats will provided upon request i.e. Braille, audio - Outreach engagement will be carried out with community based disability/carers groups and agencies The aim will be to deliver this information at the same time as other communications.
2.3. Gender Reassignment			X	The communications and engagement strategy will equally applicable to all regardless of gender status. Issues to consider to eliminate any potential barriers such as use of gender neutral language in information materials and support
2.4 Marriage and Civil partnership			X	The communications and engagement strategy will equally applicable to all regardless of marital status

2.5 Pregnancy and Maternity (including breastfeeding)			X	The communications and engagement strategy will equally applicable to all regardless of pre-natal, pregnancy and maternity (including breastfeeding). Targeted communications in partnership with maternity team/services to promote any new or changed services in maternity services. Communication will take into account a number of factors identified in disability/race/gender reassignment to ensure inclusiveness and sensitivity
2.6 Race/Ethnicity			X	Work will be done with new communities and established ethnic minority groups. Information will be available in a range of languages and formats upon requests. Active targeting work on the new strategy through established groups, third sector projects and faith communities i.e. mosques, local clubs and third sector groups will be done
2.7 Religion/Faith			X	The communications and engagement strategy will equally applicable to all regardless of religion/faith
2.8 Sex (male/female)			X	The communications and engagement strategy will equally applicable to all regardless of sex. When appropriate, worked will be carried out with sex specific services such as maternity services and sexual health services.
2.9 Sexual Orientation • Lesbians • Gay men • Bisexuals			X	The communications and engagement strategy will equally applicable to all regardless of sexual orientation Issues to consider to eliminate any potential barriers such as use of appropriate sexual orientation language in information materials and support

2.10 Carers			X		Carers and carer group will be engaged with through a range established pathways. Stakeholder engagement will include representatives of adult/young people's carers groups.
2.10 Homeless			X		Proactive targeting will be done via the work streams Stakeholder engagement will include representatives from the homeless community contacts.
2.12 Involved in criminal justice system			X		The communications and engagement strategy will equally applicable to all regardless of involvement in criminal justice system.
2.13 Literacy			X		Information provided subject to Plain English guidance. • Different formats • Easy read • Audio • Visual
2.14 Rural Areas			X		The overall messaging will be communicated to people across Lanarkshire, however some comms messages will be adapted to reflect issues pertaining rural areas i.e. access to public transport. Actively targeting through local community partnership groups to identify and highlight any issues or needs including face to face meetings.

2.15 Staff			X	Staff will be encouraged to share information on the strategy with service users and will be provided by and information pack including FAQs. This will include specialist community staff.
- Working conditions - Knowledge, skills and learning required - Location - Any other relevant factors				Information will also be provided to local community based groups who are recognised as 'trusted sources' within the community. Staff awareness: - Information provided subject to Plain English guidance *CEO staff briefings:* Communication has already started with several staff groups to provide a general awareness about the new strategy. - Further staff engagement briefings will be scheduled. - Messaging through NHSL internal channels including the staff briefing and the digital channel, The Pulse. - Information on the staff section of the website - Information to be shared through NHSL Staff Equality networks

2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low income / poverty	X	X	X	With the 'Cost of Living' crisis it will be essential to work with local community groups who are already providing support to vulnerable people. Where services are delivered will have an impact on local communities. Consideration should be given to public transport and public finances – messaging will be clear and concise.
Living in deprived areas	X	X	X	Target most deprived, SIMD areas. Work with local partners who are already providing support e.g. food banks'. It may be that with the 'Cost of Living' crisis, people turn to existing services for basic needs such as heat provision and where there are warm spaces e.g. community libraries. Communicating how to access services in plain English and targeting deprived communities through key third sector partners and our local authority colleagues.
Living in deprived communities of interest	X	X	X	Work with local third sector organisations to communicate key messaging.
Employment (paid or unpaid)	X	x	X	Work with employability agencies to identify outreach programmes particularly targeting SIMD areas.

SECTION THREE	CROSSCUTTING ISSUES			
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
All: The strategy will aim to demonstrate the ways of living a good life in Lanarkshire by way of examples of case studies of patients who have lived through positive experiences. The strategy will aim to demonstrate the ways of living a good life in Lanarkshire. To support the work and NHS Lanarkshire's strategy's vision, communicating in an inclusive, clear and concise way is key to the success.				
3.1 Diet and nutrition?			X	The strategy will recognise that a healthy diet and nutrition is a key part of living a healthy life in Lanarkshire. Promoting the positive aspects of diet and nutrition is key.
3.2 Exercise and physical activity?			X	See above
3.3 Substance use: tobacco, alcohol or drugs?			X	Will work with both local and national support groups to ensure clear signposting about sources of support.
3.4 Risk taking behaviour?			X	See above

SECTION FOUR	CROSSCUTTING ISSUES			
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
4.1 Living conditions?			X	NHS Lanarkshire will adopt a multi-agency approach to ensure people live in accommodation that is safe and doesn't compromise health.
4.2 Working conditions?			X	See above/staff
4.3 Pollution or climate change?			X	Part of the strategy will involve in developing wellbeing in a sustainable healthcare services.
Will the proposal affect access to and experience of services? For example:				
	Positive impact	**Adverse impact**	**No impact**	**Reason or comment for impact rating**
This strategy aims to have a positive impact on everyone living and working in Lanarkshire which involves multi-agency and partnership work with number statutory and third sector partners				
Health care			X	This strategy aims to have a positive impact on everyone living and working in Lanarkshire which involves multi-agency and partnership work with number statutory and third sector partners
Social Services			X	This strategy aims to have a positive impact on everyone living and working in Lanarkshire which involves multi-agency and partnership work with number statutory and third sector partners
Education			X	This strategy aims to have a positive impact on everyone living and working in Lanarkshire which involves multi-agency and partnership work with number statutory and third sector partners including the education system.

Transport		X		See above.
				Work with local transport authorities/providers. Transport is a key consideration where services are placed due to the need to be accessible.
				There will be services that are likely to move to different sites due to specific specialisms. Therefore, this might have an impact on cost, patient's travel plans and the need to use/or access to public transport.
Housing			X	No direct impact anticipated, but recognising the social impact of releasing patients to 'non-decent/adapted' home. A multi-agency approach will be adopted.

SECTION FIVE	MONITORING

How will the outcomes be monitored?

Feedback from patients, carers, clinicians, managerial and clerical staff.

Feedback from key stakeholders including elected members, third sector organisations and community groups.

Each service and strategy workstream will have its own monitoring mechanisms for feedback.

Formal and informal routes such as social media analysis and complaints.

What monitoring arrangements are in place?

We have an internal governance structure in place to support development of Our Health Together overseen by our Strategic Development Team (SDT) who have responsibility for overseeing all aspects of the development of our strategy.

The EQIA will be reviewed and updated as a 'living' document and informed by further engagement. It will be made available to the public.

Who will monitor?

Ultimately the Board will have oversight of the delivery of the strategy and the Strategic Development Team will provide regular updates.

What criteria will you use to measure progress towards the outcomes?

There are a number of ways we look at how our whole system is performing. There are a series of performance targets set by the Scottish Government and our Board that help us to quickly identify where our system is not performing as we would hope and direct us to focus on areas for improvement. These are intended to give guarantees as to what those accessing services should expect when they access services.

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Manager**

Identified Negative Impact Assessment Action Plan

Name of EQIA:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed: Date:

Points to consider

Age (including children & young people and older adults):   Points to consider

- Have you considered the policy under the Children and Young People's (Scotland) Act 2014 see link: Children and Young People (Scotland Act) 2014
- Have you considered the policy under the Children's rights wellbeing impact assessment see link: https://www.gov.scot/publications/childrens-rights-wellbeing-impact-assessments-crwia-guidance/
- Are there any discriminatory employment practices regardless of age (young or old) including recruitment, personal development, promotion, entitlements and retention?
- Are the services which are provided, regardless of age (young or old), on the basis of clinical need alone?
- Have you considered statistics available on local demographic profile of population?
- Is there information from local and national research on the needs of different age groups of the population?
- Is there information available that has been collected by other services and departments within NHS Lanarkshire relating to specific issues i.e. health promotion, dementia services, and school nurse reports? Could you use any of these or other resources?
- Is information given in an appropriate format to the age of the service user?
- Is it designed with the age group in mind?
- Do the opening hours of services meet the service users need i.e. school children?
- How do you consult with service users about the services you provide?
- Do you ensure that sufficient time is allocated for consultations with people?

Further information can be obtained from NHS Scotland Age and Health Guidance available from NHS Health Scotland web site http://www.healthscotland.com/equalities/age/index.aspx

Carers: Points to consider

Have you considered reasonable steps that can be taken to accommodate carer's requirements, such as;

- Time of meetings or interviews?
- Flexible working?
- Carers' assessments?

Disabilities: Points to consider

Have you considered reasonable steps that can be taken to accommodate people with disabilities requirements, such as:

- Physical access?
- Format of information, both in how we ask for and give information?
- Time of interview or consultation event?
- Personal assistance?
- Interpreter?
- Induction loop system?
- Independent living equipment?
- Employment opportunities?
- Content of interview or course etc?

- Have you considered steps to make reasonable adjustments to service delivery and employment practices to ensure "accessible to all"?

- Have you looked at what constitutes as a disability under the Equality Act 2010?

- Have you considered statistics available on local demographic profile of population?

- Is there information from local and national research on the needs of different disability groups of the population?

- Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?

- Do you currently monitor whether or not patients have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability?

- Have you considered findings that can be used from NHS Lanarkshire's Patient Experience Surveys?

- Is there any information available from partner agencies i.e. Local Authorities, Police and Scottish Fire and Rescue

Gender Reassignment: Points to consider

- Have you used non gender-specific language that is inclusive of Trans people?

- Are processes in place to support transgender people access services?

- Do you consider needs of transgender people accessing clinics, admission process etc?

- Is there equal access to employment and opportunities for promotion to senior level for women, men or transgender?

- What is the provision of single sex facilities, toilets, wards, etc?

Marriage and Civil Partnership: Points to consider

- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

Pregnancy and Maternity: Points to consider

- Are staff aware that it is illegal to refuse to employ a woman because she is pregnant, on maternity leave, because of an illness related to her pregnancy, or dismiss her when she reveals this?

- Are you aware that babies are protected by Law under the Breastfeeding etc. (Scotland) Act 2005? The Act makes it an offence to prevent or stop a person in charge of a child feeding that child milk in a public place. This means that any person should be able to feed a child when required and in the most appropriate place for them, without the fear of interruption or criticism. The act applies to all employers and employees in premises where the public have general access. It is the employer's responsibility to ensure that all of their staff are fully aware of the terms of the policy. Anyone who tries to stop or prevent a person feeding milk to a child can be prosecuted, however if this happens during the course of that persons employment then the employer will also be considered liable. The United Nations convention on the rights of the child, Article 9 states that children should not be separated from their parents unless it is in their best interests and article 3 The best interests of the child must be a top priority in all decisions and actions that affect children, this includes continued breastfeeding wherever possible.

Race and Ethnicity: Points to consider

- Are you aware of the requirement to provide an interpreter for people whose first language is not English?

- Have you decided what core information you need available in other languages, if applicable?

- Have you considered the demographic profile of the local population?

- For written communication, have you ensured where appropriate limited use of jargon or colloquialisms?

- Have you ensured the service is respectful in terms of religion, belief and culture?

- Do you routinely record the language that a person speaks so that you can send letters in the correct language or ring them instead if they can't read?

- Are you aware that some communities identify through geographical location, others through culture, language, ethnic background, religion, belief or politically defined constructs?

- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?

- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

Religion, Faith and Cultural: Points to consider

- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds?

- Do you ask all in patients in an appropriate manner if the wish a visit from a chaplain and enter the information on the relevant care plan or IT system?

- Are you aware of prayer facilities for service users and staff?

- Have you considered dietary requirements?

- Could this cause difficulties with recruitment, employment process or training?

- Have you considered the gender of staff when caring for females?

- Does this service allow for requests from staff to have time off for religious festivals and functions?

- Does this service ensure respect for dress codes?

- Have you considered any findings that can be used from NHS Lanarkshire Patient Experience Surveys?

- Further information can be obtained from http://www.interfaithscotland.org

Sex/Gender (Male/Female):   Points to consider

- Is the information you have disaggregated by sex?

- If your service is for men and women, do you routinely monitor the uptake of the service with gender breakdown and take appropriate action? For example:
    - If you find that men are not accessing your services then you may consider improving the way these services are provided and how to target men.
    - Similarly you may consider adopting sensitive approaches to target women from different backgrounds as the services may not be appropriate for some women from particular minority communities.

- Are there particular groups of women or of men (for example, disabled women, or men from particular ethnic groups) who do not use or under use a service or who are less satisfied with it?

- What examples do you have of best practice in relation to particular work with men/women, e.g. employment issues, recruitment and selection to address gender imbalance across functions or grades?

Sexual Orientation: Points to consider

- Does your service recognise and respect individual's sexual orientation

- Does your service recognise same sex relationships in respect to next of kin etc?

- Do any recording forms also recognise same sex partners / use terminology such as partner / civil partner?

- Have you ensured sensitivity over language used in printed materials, inclusive language and use of images? Including range of age / size / ethnicity and ability?

- Have you considered what issues there are for employment and career progression, including monitoring, LGB Staff networks?

- Have you considered access to services and understanding of need, this may include ensuring that you have prominent LGB resources in waiting rooms, surgeries, confidential spaces, staff rooms and community spaces?

- Does your service ensure confidentiality about an☐ individual's sexual orientation, how is this recorded?

- When carrying out assessments, do you make it easy for someone to talk about their sexual orientation if it is relevant, or do you assume that they are heterosexual? How do you introduce the topic of sexual orientation? Do you feel skilled and confident? Is staff training required?

- Have you considered information available from local consultation events with local communities or groups?

- Have you considered data available from any surveys of specific groups – for example job applications, employees or service user groups via complaints and concerns expressed?

Health Inequalities: Points to consider

- Good health is a resource which enables individuals, families and communities to engage in learning, leisure, employment and community life. However, we also know that stark differences in life circumstances can have a detrimental impact on experiences and ultimately health outcomes across the social gradient which can endure across generations.
- Health and Social Care services have a key role in prevention and getting involved in helping to address the social causes of poor health and inequality. This means: taking a wider interest in the conditions in which people live and spend their time; critically examining how their services are planned, commissioned and delivered; exploring the opportunities available to engage with wider Community Planning partners and partnerships; and exercising their role as advocates.
- Health inequalities are the end result of wider inequalities in society. An unequal distribution of power, money and resources at a global level has a direct influence on factors such as the availability of good work, and access to quality, affordable housing, social and cultural experiences, transport, education and learning opportunities, and services.

- These wider environments in which people live shapes their individual experiences which is more likely to result in people living in poor housing, encountering poor access to health care, living on a low income and being unemployed or undertaking low paid work.
- They also make it more difficult for people to avoid health risks and pursue positive health behaviours. This ultimately results in unequal outcomes in health, illness and death across the population.

Gaining information about the people who use your service, the personal, social and economic factors which might be affecting their health and wellbeing and understanding the wider communities in which they live is important for informing both the services you provide and other services with whom you work.

1. What data and information about personal, social and economic circumstances do you currently collect about the individuals who use your service? For example financial insecurity, single parent, domestic abuse, social isolation (refer to Appendix 4). *Relates to section 1.6 of the EQIA.*
2. What data and information do you access and use about the living and working conditions of the communities in which you are delivering your service? For example employment, poverty, morbidity, food access, housing (refer to Appendix 4). *Relates to section 1.6 of the EQIA.*
3. Do you monitor the number of people using your service who Fail to attend? Present frequently? Do not complete treatment? What other reasons might there be to monitor the people that use your service? *Relates to section 5 of the EQIA.*
4. Do you monitor the usage and uptake of your service by different population groups in society such as looked after children, gypsy travelling communities (refer to full list in Appendix 4). *Relates to section 2 & 5 of EQIA.*
5. What action do you take to explore and address possible barriers to engagement or underlying personal, social or economic reasons for frequent presentations or failures to attend?
6. Do you take action if there are particular socio-demographic groups who are not attending or engaging with your service or are frequently presenting?
7. Can you provide any examples of how you have delivered your service differently as a result of monitoring inequalities?
8. Do you target your service proportionate to need so as to reduce health inequality? (termed Proportionate Universalism)

There are ways of working that considers and responds to individual's personal, social and economic circumstances as part of their overall care (also known as Inequalities Sensitive Practice).

9. Could your team host or promote any services which take a lead role in working with patients around personal, social and economic factors impacting on their health such as financial inclusion/money advice, employability or fuel poverty?
10. Is your service involved in any partnerships that have a focus on tackling wider socio-economic factors which impact on health, such as poverty, work, housing, digital exclusion, or access to welfare benefits?
11. Is your service actively involved in any partnerships that have a focus on tackling environmental determinants of health, such as the physical environment, housing, use of greenspace, food growing and allotments?

Useful tools for supporting an inequalities focused approach to service planning can be found on the Scottish Health and Inequalities Impact Assessment Network.
https://www.scotphn.net/networks/scottish-health-and-inequalities-impact-assessment-network-shiian/introduction/

You may find this Public Health Scotland VLE Module helpful: *Tackling Health Inequalities within Health and Social Care.*

https://elearning.healthscotland.com/course/index.php?categoryid=129

Health Inequalities - Population Groups and Health Determinants **Appendix 5:**

Population Groups: All the groups below will be intersectional and may be affected by multiple experiences of discrimination i.e. poverty and older people. Remember many people are in several of these groups which may add to their vulnerability.

- Older people, children and young people

- Looked after children and young people

- Women, men and transgender people (include issues relating to pregnancy and maternity)

- Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)

- Black Asian and Minority Ethnic

- Gypsy/ Travellers

- People who require communication supports i.e. interpreters (BSL/Spoken/Hand Signed)

- Translation of documents in a range of formats (non-English speakers)

- Refugees & asylum seekers

- People with different religions, beliefs or non-beliefs

- Lesbian, gay, Trans, bisexual and heterosexual people

- People who are unmarried, married or in a civil partnership

- People living in poverty / people of low income

- Homeless people

- People involved in the criminal justice system

- People with low literacy/numeracy

- People in remote, rural and/or island locations

- Carers (include parents, especially lone parents; and elderly carers)

- Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)

- Unseen communities – people involved in prostitution, trafficked or illegal workforce

- Those with no recourse to public services/funds

Health Determinants

What impact will the proposal have on health-related behaviour?

- Diet & nutrition

- Exercise & physical activity

- Substance use: tobacco, alcohol or drugs

- Sexual health

- Learning & skills

What impact will the proposal have on the **social environment?**

- Social status

- Employment (paid or unpaid)

- Income and income inequality

- Crime & fear of crime

- Gender Based Violence

- Hate Crime

- Family support & social networks

- Stress, resilience & community assets

- Participation & social interaction

- Influence and sense of control

- Identity and belonging

What impact will the proposal have on the physical environment?
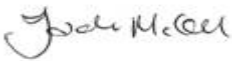
- Living conditions

- Working conditions

- Natural space

- Pollution – air, water, soil

- Climate change (waste, energy, resource use, transport patterns)

- Unintentional injuries & public safety

- Transmission of infectious disease

How will the proposal impact on access to & quality of services?

- Healthcare

- Transport and connections

- Social services

- Housing quality, mix, flexibility

- Education provision

- Culture, leisure and play provision

What impact will the proposal have on equality?

- Remove discrimination against groups of people

- Promoting equality of opportunity

- Equitable services

- Tackling harassment

- Promoting positive attitudes and good relations between different groups

- Community capacity building

Authorised by	Jackie McColl	Title	Deputy Director of Communications
Signature	*[signature]*	Date	25 October 2022