

Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Levenmouth Primary Care Verification Meetings (Process)

Question 2a: Lead Assessor’s details

Name	Lorraine Cooper-King	Tel. No	01383 565329 (direct)
Job Title:	Business Manager	Ext:	
Department	Community Care Services	Email	Lorraine.king2@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Yes; Levenmouth Primary Care Verification Group

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	The Levenmouth Primary Care Verification Group (multi-disciplinary team) aims to review unscheduled and emergency admissions, re-admissions, and attendances at Victoria Hospital Emergency Department by patients from the Levenmouth locality, to identify potentially preventable admissions and inappropriate attendances at A&E. All patients identified as having 3+ A&E attendances and / or 2 + admissions in the previous 12 weeks are reviewed in relation to appropriateness of attendance.
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	<p>The outcome of the meetings is to ensure patients (16+) who are not already engaged with a service are provided with appropriate signposting to alternatives to A&E e.g. Pharmacy 1st etc and if there are any barriers to accessing these services. Data is not collated and stored for all patients on the list, only those contacted as agreed by the MDT. Contact is recorded within the patient's medical notes.</p> <p>The Levenmouth area has been identified by Public Health Scotland as having 75% of its population living in the SIMD 1&2, highlighting the importance of equitable access to health services.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>Adults, aged 16 and over</p> <p>The verification process is intended to deliver positive social and economic impacts by improving care coordination and reducing avoidable hospital admissions for adults aged 16 and over within the Levenmouth locality, and ensuring access to the right services at the right time.</p> <p>Human rights considerations include ensuring fairness, equality, and non-discrimination in decision-making and service delivery.</p> <p>This initiative is aimed at adults only, therefore children under the age of 16 are excluded, but they will not be negatively impacted – there will be no impact at all.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>The verification process does not make distinctions based on individual characteristics; however, findings from the original verification 'test of change' indicate that underlying mental health conditions are a significant contributing factor to emergency attendances.</p> <p>Patients with a hearing impairment or BSL user will be engaged with using existing interpreting services.</p> <p>A positive impact is anticipated where enhanced support can be provided or appropriate signposting to mental health services occurs, helping to reduce avoidable</p>

	admissions and improve patient outcomes.
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	All adults, regardless of this protected characteristic will have equal access to this process and guidance tailored to their specific needs.
<p>Sex – <i>Think: male and/or female, Gender-Based Violence</i></p>	All adults, regardless of this protected characteristic will have equal access to this process and guidance tailored to their specific needs.
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	All adults, regardless of this protected characteristic will have equal access to this process and guidance tailored to their specific needs.
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	All adults, regardless of this protected characteristic will have equal access to this process and guidance tailored to their specific needs.
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	All adults, regardless of this protected characteristic will have equal access to this process and guidance tailored to their specific needs.
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	Positive impact if enhanced support or signposting can be offered.
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce.</i></p>	As this process only impacts patients, this protected characteristic is not relevant.

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

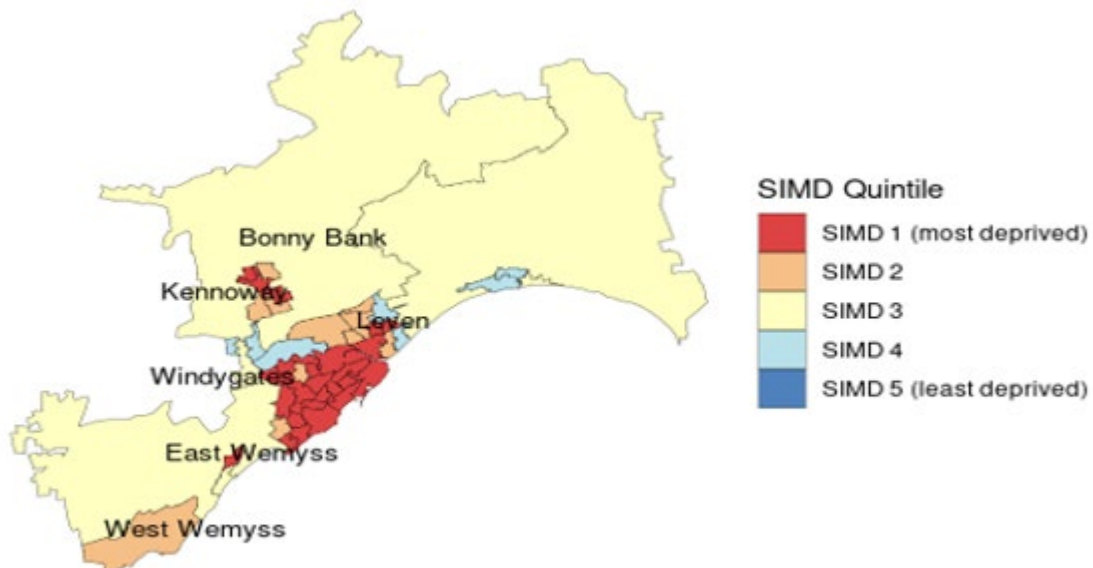
Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Potential positive impacts if unavoidable attendances or admissions of adult parents / carers / guardians can be prevented.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Not applicable</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Not applicable</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Not applicable</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Not applicable</p>

<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Potential positive indirect impact if any additional or enhanced support offered to the adult positively improves their health and / or social outcomes.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>Not applicable</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

The Levenmouth area covers approximately 69.4 km², representing around 5% of Fife’s total land area. It has a population of 37,347 (10.2% of Fife’s population as of 2021), with projections indicating a 2% overall decrease by 2036. However, during the same period, the population aged 65 and over is expected to increase by 39%, highlighting significant demographic change. According to Scottish Index of Multiple Deprivation (SIMD 2020) data, Levenmouth remains one of the most deprived areas in Scotland, with 49% of residents living in the most deprived quintile and 0% in the least deprived quintile, underlining the importance of targeted, integrated health and social care interventions.



Source: Scottish Government, Public Health Scotland

From a data review in 2023, there was found to be high numbers of unscheduled and/or emergency admissions, re-admissions or attendances to the Emergency Department, without an

admittance, to A&E from the Levenmouth Locality. There has been no significant change in these patterns since that time.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X (Staff)	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Jacque Stringer, Service Manager, Locality / Community Led Support

Chris Conroy, Head of Service, Community Care Services

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>The verification process is expected to deliver direct and indirect positive impacts, including improved care co-ordination, enhanced integration across health and social care services, and reduced potentially preventable hospital admissions. Integration is a key principle of this approach, ensuring that multidisciplinary teams work collaboratively to provide holistic support and address underlying factors contributing to frequent inappropriate attendances.</p> <p>There are no identified negative impacts other than the current limitation that the process is available only within one locality. Plans are in place to extend the process to other localities where evidence indicates similarly high rates of Emergency Department attendances and emergency admissions.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	

<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	


PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Lorraine Cooper-King
Email	Lorraine.king2@nhs.scot
Telephone (ext)	35329
Signature	
Date	2/3/26

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Fife.equalityandhumanrights@nhs.scot
Telephone (ext)	
Signature	
Date	18/3/26

Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot