Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as '**activity**'.

<table>
<tr><th colspan="3">General Information</th></tr>
<tr><td>Name of activity</td><td colspan="2">Implementation of the National Physical Activity Pathway (NPAP) and Active Lives Pathway (ALP) in Dumfries and Galloway (D&G).

National Physical Activity Pathway
• https://www.healthscotland.scot/health-topics/physical-activity/national-physical-activity-pathway

Relevant Policy Context
• https://ispah.org/wp-content/uploads/2020/11/English-Eight-Investments-That-Work-FINAL.pdf
• https://www.publichealthscotland.scot/publications/physical-activity-referral-standards/
• https://www.publichealthscotland.scot/publications/a-systems-based-approach-to-physical-activity-in-scotland/
• https://www.gov.uk/government/publications/uk-chief-medical-officers-physical-activity-guidelines-communications-framework/uk-cmos-physical-activity-guidelines-communications-framework-main-guidance
• https://www.gov.scot/publications/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/pages/4/
• https://publichealthscotland.scot/publications/estimating-the-burden-of-disease-attributable-to-physical-inactivity-in-scotland/</td></tr>
<tr><td>Lead person and job title</td><td colspan="2">Lynne Mann - Lead AHP - Community Health & Social Care</td></tr>
<tr><td>Contact Information (telephone and/or email)</td><td>Mobile: 07748327965
Email: lynne.Mann@nhs.scot</td><td>Date of this assessment
05 April 2023</td></tr>
<tr><td>Names and roles of those involved in the impact assessment process</td><td colspan="2">Impact Assessment Completed by:
• Lynne Mann - Lead AHP, Community Health & Social Care
• Nicola Hood - Home Team Lead Upper Annandale & Eskdale, Community Health and Social Care Directorate
• Tina Lockhart – Team Leader Health & Wellbeing, Communities Directorate, Dumfries and Galloway Council
• Chris Topping – Health and Wellbeing Specialist, Community Health and Social Care Directorate

Impact Assessment reviewed by:
• Eileen McMillan - Senior Health Improvement Officer, Place and Equity (Sub-Dept), Public Health Scotland
• Lee Seton – Leisure, Culture & Wellbeing Manager, Communities Directorate, Dumfries and Galloway Council</td></tr>
<tr><td>Describe the activity in no more than 200 words</td><td colspan="2">To implement a system wide plan for scaling up delivery of the NPAP and ALP across D&G. The NPAP provides a framework for embedding physical activity advice and signposting to Community Based Physical Activity Referral Programmes (CBPARP) into Health and Social Care (H&SC) everyday practice. CBPARP have been organised into a tiered model, entitled the ALP. Programmes at each tier provide different support levels dependent on patient need. Tiers align with national Physical Activity Referral Standards.

The scale up plan aims to enable all H&SC practitioners to prescribe a free physical activity programme for adults who are inactive, sedentary, de-conditioned and/or those at risk or living</td></tr>
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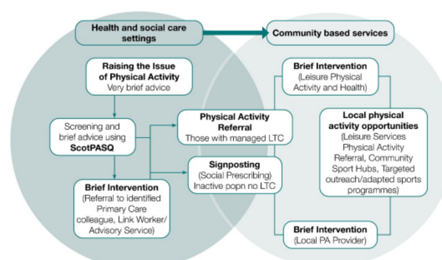
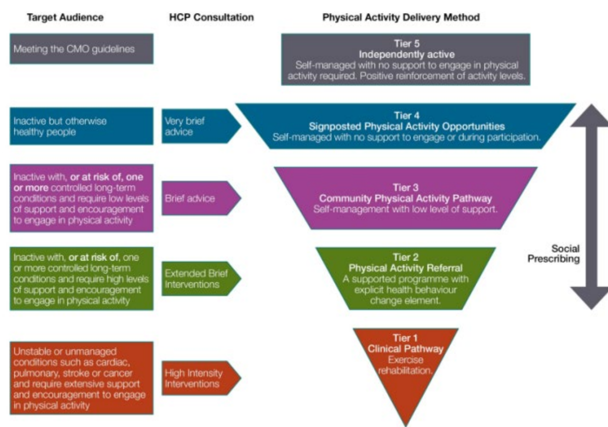
	with a health condition. Five elements will support effective implementation: 1. *delivery of a workforce training programme covering assessment and signposting.* 2. *integrated IT systems enabling screening and signposting.* 3. *delivery of tiered model of CBPARP, available and accessible across D&G.* 4. *development of clear/consistent public and professional communications.* 5. *system-wide monitoring and evaluation plan.* While elements of NPAP are delivered locally, no system-wide H&SC pathway is established, while availability and delivery of CBPARP locally is highly variable. The H&SC Partnership are supportive of significant scale up of NPAP and ALP to increase access, uptake and wellbeing through physical activity.
How will **people** be affected by this activity?	*The aim is to embed the NPAP within the everyday culture of H&SC across D&G. The NPAP is shown in the figure below.* **NHS National Physical Activity Pathway (NPAP)**  *The implementation of the NPAP will involve the design/delivery of an H&SC workforce training programme so the staff across the system can raise the issue of physical activity, including screening and signposting to an evidenced based CBPARP. Signposting will consider barriers and enablers of participation, differing levels of patient support, motivation, confidence and health condition(s). The aim is to train over 500 staff per annum in physical activity as part of the NPAP scale up plan using a combination of approaches.* *The aim is to refer approximately 1,500-2,500 H&SC physically inactive patients including those with or at risk of a health condition annually to CBPARP. The H&SC Partnership in partnership with Dumfries and Galloway will implement a tiered approach to physical activity interventions, to ensure people receive the support and expertise they require to encourage and enable them to be more physically active. The tiered approach will be entitled the 'ALP'. The scale up of the ALP aims to address the inconsistent availability and range of CBPARP* across D&G, often due to funding constraints. The scale up plan will also focus on the development of clear and consistent public and professional communications for physical activity. This will be primarily delivered through a local physical activity website developed by the Council in partnership with H&SC. The Council will also promote campaign messages via the Active Communities Facebook page. A system-wide monitoring and evaluation plan uptake and adherence of the ALP will be completed, capturing data on protected characteristics.

	
Who has been **involved** in the development of this activity and in what capacity?	The scale up plan has been developed in close consultation to the global, national and local evidence base for physical activity. The NPAP has been developed by NHS Health Scotland (now PHS) and the ALP adapted from the PHS Physical activity referral standards (https://www.publichealthscotland.scot/media/11345/physical-activity-referral-standards.pdf). Consultation on the development of the scale up paper generally has been undertaken with; • *Community Health and Social Care – AHP and Health Improvement Team* • *Dumfries and Galloway Council - Communities Directorate* • *The Director of Public Health in Dumfries and Galloway* • *The Community Health and Social Care Leadership Group* • *Home Teams – Rehab and Enablement Work-stream* • *Home Teams – Early Intervention and Prevention Work-stream* The proposal including the scale up model is supported by the Public Health Scotland Health Improvement Manager (Physical Activity).
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	The report considers the evidence for: • *The design, delivery and evaluation of CBPARP delivered within the ALP across D&G* • *The design and delivery of a workforce physical activity programme to support staff raise the issue of physical activity with patients including screening and signposting.* The following reports, studies and local data analysis have been included; • Allcock, A. 2018. ESSS Outline Disability and access to leisure. Iriss esss. https://www.sharedcarescotland.org.uk/wp-content/uploads/2018/10/Iriss-ESSS-Outline_-Disability-and-access-to-leisure-FINAL.pdf • Bakhshi, S., Sun, F., Murrells, T. and While, A., 2015. Nurses' health behaviours and physical activity-related health-promotion practices. *British Journal of Community Nursing*, *20*(6), pp.289-296. • Brannan, M., Bernardotto, M., Clarke, N. and Varney, J., 2019. Moving healthcare professionals–a whole system approach to embed physical activity in clinical practice. BMC medical education, 19(1), pp.1-7. • Carers UK. 2021. Carers and Physical Activity A study of the barriers, motivations and experiences of unpaid carers aged 55 and over in England. ISBN Number ISBN - 978-1-9161712-5-1. https://www.carersuk.org/media/rr2lwmxg/carers-and-physical-activity-report.pdf • Carroll, J.K., Winters, P.C., Sanders, M.R., Decker, F., Ngo, T. and Sciamanna, C.N., 2014. Peer Reviewed: Clinician-Targeted Intervention and Patient-Reported Counseling on Physical Activity. Preventing chronic disease, 11. • Chatterjee, R., Chapman, T., Brannan, M.G. and Varney, J., 2017. GPs' knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England. *British Journal of General Practice*, *67*(663), pp.e668-e675. • UK Chief Medical Officers' Physical Activity Guidelines (UKCMO). 2019. UK Chief Medical Officers' Physical Activity Guidelines. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf • Dumfries and Galloway Integration Joint Board (D&GIJB). 2020. Health and Social Care Strategic Needs Assessment Summary. https://dghscp.co.uk/wp-content/uploads/2022/12/SNA-Summary-v3.pdf • Greenspace Scotland. 2012. The Second State of Scotland's Greenspace Report. January 2012. ISBN 978-0-9550921-4-5 • Kettle, V.E., Madigan, C.D., Coombe, A., Graham, H., Thomas, J.J., Chalkley, A.E. and Daley, A.J., 2022. Effectiveness of physical activity interventions delivered or prompted by health professionals in primary care settings: systematic review and meta-analysis of randomised controlled trials. *bmj*, *376*. • The National LGB&T Partnership. 2015. Lesbian, Gay, Bisexual & Trans People and Physical Activity: What You Need To Know. lgbt-people-and-physical-activity-what-you-need-to-know.pdf • NHS Dumfries and Galloway. 2014. NHS Dumfries and Galloway Staff Physical Activity and Wellbeing Survey Results - July 2014 • North Star Consulting & Research (NSC&R). 2020. Dumfries and Galloway Council Report on the current position of Poverty and Deprivation in Dumfries and Galloway 2020. https://www.dumgal.gov.uk/media/23800/Report-Poverty-and-Deprivation-in-Dumfries-and-Galloway-2020/pdf/Poverty-and-Deprivation-Position-Report.pdf?m=637424348890330000 • Office for Veterans' Affairs. 2020. Veterans Factsheet 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf • Public Health Engalnd. 2021. Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults.

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010501/HEMT_Wider_Impacts_Falls.pdf
- Public Health Information for Scotland (ScotPHo). 2022. https://www.scotpho.org.uk/behaviour/physical-activity/data/adults
- Public Health Scotland (PHS). 2023. COVID-19, physical activity, inequalities evidence review. https://www.publichealthscotland.scot/media/18058/covid-19-physical-activity-inequalities-evidence-review.pdf
- Public Health Scotland (PHS). 2022. A systems-based approach to physical activity in Scotland A framework for action at a national and local level. https://www.publichealthscotland.scot/media/16184/a-systems-based-approach-to-physical-activity-in-scotland.pdf
- Research Scotland. 2016. Equality and Sport Research. https://sportscotland.org.uk/media-imported/1886385/equality-and-sport-research-final-report.pdf
- Scottish Government – Local Service Satisfaction - Scottish Surveys Core Questions: a data cube spreadsheet. https://statistics.gov.scot
- Scottish Government. 2015. Active Scotland Outcomes: Indicator Equality Analysis. ISBN: 9781785448324
- Scottish Government. Scottish Health Survey 2017-2021. https://scotland.shinyapps.io/sg-scottish-health-survey/
- Scottish Government. 2018. Active Scotland Delivery Plan. ISBN: 9781787810143
- Scottish Government. 2020. Scottish Health Survey 2018: main report - revised 2020. ISBN: 9781839605550
- Scottish Government. 2022. Scottish Household Survey 2019. Scotland's People Annual Report. ISBN: 978-1-83960-984-8
- Scottish Government. 2022. The Scottish Health Survey 2021 - volume 1: main report. ISBN: 9781805251514
- Silva-Jose, C., Sánchez-Polán, M., Barakat, R., Gil-Ares, J. and Refoyo, I., 2022. Level of Physical Activity in Pregnant Populations from Different Geographic Regions: A Systematic Review. *Journal of Clinical Medicine*, *11*(15), p.4638.
- sportscotland. 2020. Equality and Sport Research 2020.
- Sustrans. 2016. Transport Poverty in Scotland August 2016. https://www.sustrans.org.uk/media/2880/transport_poverty_in_scotland_2016.pdf
- Sustrans. 2023. Dumfries & Galloway / Sustrans Active Travel Workplace Engagement Programme 2021-22 Impact Report
- Sharp, M.L., Busuttil, W. and Murphy, D., 2019. Examining physical health conditions and associations of pain, obesity, and function of UK veterans diagnosed with PTSD and other mental health conditions. Journal of Military, Veteran and Family Health, 5(2), pp.75-87.
- Walker, R.A., Colclough, M., Limbert, C. and Smith, P.M., 2022. Perceived barriers to, and benefits of physical activity among British military veterans that are wounded, injured, and/or sick: a Behaviour Change Wheel perspective. Disability and rehabilitation, 44(6), pp.900-908.
- Wheeler, P.C., Mitchell, R., Ghaly, M. and Buxton, K., 2017. Primary care knowledge and beliefs about physical activity and health: a survey of primary healthcare team members. BJGP open, 1(2).
- World Health Organisation. 2019. Global action plan on physical activity 2018–2030: more active people for a healthier world. ISBN 978-92-4-151418-7

Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts?	Are there any negative impacts?	Rationale for decision and further comments	What measures will be put into place to mitigate any negative impacts?
Age	**YES** **Inclusive** - No lower or upper adult age range for CBPAPRP. CBPARP support people based on motivation, confidence, needs and abilities. **Inclusive** – Expanded rural delivery of CBPARP. **Improved Confidence –** To be active and participate in everyday activities. **Improved Wellbeing** - Increasing physical activity levels will improve physical, mental and social wellbeing. Examples where CBPARP have developed into social networks, supporting other aspects of health and wellbeing. **Reduced Community De-conditioning** - Expanded CBPARP including S&B component will reduce community de-conditioning and enable people to live stronger for longer. **Decreased demand for H&SC Services.** **Monitoring and Evaluation** - Referral and evaluation forms record age related data. **Workforce Training –** Training for H&SC professionals, coaches and Fitness instructors will include information on guidelines for adults and older adults and physical	**YES** **Falls -** will be prevented, but there could be an increase in falls due to a greater number of older adults being physically active. **Literacy -** Health and digital literacy could be a barrier to public awareness and uptake of CBPARP in older adults (e.g. QR codes). **Transport -** Adults and particularly older adults often cite transport as a barrier to physical activity participation. Attending facilities in rural urban and rural communities could be difficult. **Confidence** - Older adults who have experienced de-conditioning may have lower confidence to join community programmes, exasperated by Covid-19.	• Scotland & D&G have an aging population. • Strong evidence that being physically active (including muscle strengthening and balance) supports healthy aging, reduces/prevents falls, and benefits cognition (CMO, 2019). • Clear and consistent evidence from national and international surveys that levels of moderate to vigorous physical activity (MPVA) significantly declines with age (SHS, 2022). The decline grows sharply from the age of 65+ years (e.g. adults aged 15-54 = 74-76%, adults aged 65-74 = 61%, adults aged 75+ = 44%) (SHS, 2022). • Local evidence reports the proportion of D&G adults meeting neither MPVA nor muscle strength guidelines increases from the age of 35 years. 17% of adults aged 35-44 years meet both guidelines decreasing to to 38% in adults aged 65-74 years. This increases significantly to 63% for those 75+ (SHS, 2017-21) • Barriers to physical activity vary by age. '*Health not being good enough*' was a barrier reported by 54% of adults 75+ compared with 8% of adults aged 16-24 years. 17% younger adults reported 'cost' as a barrier compared with <1% of adults 75+. 'Lack of time' was the most common response in adults aged 15-54 (cited by 37-51%) and thereafter declined with age to 4% among those aged 75 and over (SHS,2020) • DGC removed the easy access scheme for older adults in 2019. This scheme provides discounted pay and play access to leisure facilities. However, a discounted prime monthly discounted membership package is available. Review - Impact of Covid-19 • Reduction in 'age-based physical activity inequalities'. Physical activity levels of younger age groups most severely disrupted by the pandemic. Mixed evidence for differential impact of COVID-19 on the activity levels of middle and older-aged adults. Any decreases will have profound implications for deconditioning and muscle loss (PHS, 2023). • Data from England reported 'inequalities in physical activity have persisted, older people in the most deprived group were more likely to be inactive than those in the least deprived group in both 2019 and 2020. The report found '*older people experienced a considerable reduction in strength and balance activity between March to May 2020, with the greatest change in the 70 to 74 age group with a 45% (males) and 49% (females) decrease observed in activity'* (Public Health Engalnd. 2021).	**Falls -** All ALP programmes will have an evidenced based strength and balance component. This should reduce risk, frequency and severity of falls outcomes, **Literacy -** Physical Activity promotional materials will be available in a range of electronic and hardcopy formats. Hardcopy will be placed in key H&SC (e.g. GP Surgery, Pharmacy), Council, Community (e.g. village halls) and other busy public settings. **Confidence -** All ALP programmes will have an evidenced based strength and balance component. **Transport –** where transport is a barrier to participation, options to link with befriending, carers centre and National Support groups. The DG Doing More website has a range of evidenced based physical activity programmes and exercises that can be done at home (e.g. strength and balance, walking app....) **Confidence** - People lacking confidence to resume activity falling a fall or de-conditioning, can be supported via the H&SC Community Link Service. Training all health professionals to encourage and enable older adults (benefits outweigh risks) to take part in physical activity for physical, mental and social wellbeing. Community programmes provide either 1:1 or group support based on motivation, confidence and competence.

	literacy. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding.			

Disability	**YES**
	
	Inclusive - The ALP will increase opportunities across D&G for people with all types of disabilities.
	
	Inclusive – Expanded rural delivery of CBPARP.
	
	Inclusive - Disabled people can access the CBPARP or existing targeted disability sport programmes and receive twelve free sessions.
	
	Improved Wellbeing - Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services.
	
	Accessible - All Leisure Facilities and Health Walk programmes are suitable for adults with disabilities.
	
	H&SC Workforce Training - will cover CMO guidelines for people with disabilities and awareness of programmes will be highlighted on the Physical Activity regional website.
	
	Monitoring and Evaluation - Referral and evaluation forms record disability related data.
	
	Workforce Training – Training for H&SC professionals, coaches and Fitness instructors will
		YES
		
		Communications – ensuring resources and programmes are developed people with lived experience.
		
		Health and Safety – potential behavioural, cognitive or mental health risk of physical activity associated with some disabilities/conditions.
		
		Health and Safety – Some physical activity programmes are delivered by volunteer or supply staff that has not accessed Disability Sport training.
			• Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including those with disabilities (Scottish Health Survey) (Counsel-Ltd, 2022)
			• Scottish Crime and Justice survey data (2012-13) shows that adults with a disability are also less likely to feel very or fairly safe walking in their local area after dark (61% vs 76%) (Scot Gov, 2015)
			• Adults with physical and mental health conditions expected to last 12 months or more are less likely to feel that they have access to a useable local greenspace within a five minute walk from their home (65% vs 70%) (Scot Gov, 2015)
			• Adults with physical and mental health conditions expected to last 12 months or more are less likely to feel that they have access to a useable local greenspace within a five minute walk from their home (65% vs 70%) (Scot Gov, 2015)
			• People with disabilities are typically less active across life and less likely to participate in sport. Walking does not reduce the inequality gap for disability unlike for most other protected characteristics (Scot Gov, 2015).
			• Adults with a long term limiting condition are significantly less likely to meet physical activity recommendations than those with no limiting condition (47% and 71% respectively in 2014). They are simultaneously significantly more likely to be inactive (35% vs 14%). In 2013, an analysis of who made up the 'inactive' 21% of adults showed overall that 62% reported a disability. (Scot Gov, 2015)
			• 72% of UK disabled adults had at least one barrier to playing sport compared with 54% of non-disabled adults (Papworth Trust 2018) (In: Allcock, 2018)
			• In Scotland, disabled people are less active, have poorer experiences of physical education in school, and are less likely to participate in sport as adults (Research Scotland 2016). This is also true for carers, with 54% of carers in the UK reporting that they have reduced the amount of exercise they take because of caring (Carers UK 2017). Mobility and transport considerations (Allcock, 2018)
			• Common barriers to leisure for those with learning disabilities identified by Mencap (2017) include (In: Allcock, 2018):
			  ◦ *Lack of accessible venues and facilities*
			  ◦ *Lack of accessible information*
			  ◦ *Financial constraints*
			  ◦ *Mobility and transport considerations*
			• DGC provide discounted leisure facility access for people with a disability, receiving Disability Living Allowance/ Personal Independence Payment/ Attendance allowance.
			
			Review - Impact of Covid-19
			• People with LTCs and their carers who have been disproportionately affected
				Communications - Resources targeting people with disabilities will be developed with people with lived experience and checked by Patient Safety for readability and accessibility to maximise uptake.
				
				Health and Safety – a screening questionnaire will identify then enable support for people with disabilities and support effective signposting to an appropriate programme dependent on participant motivation, confidence and need.
				
				Workforce Training – All permanent ALP Staff working on Tiers 2-4 programmes within the ALP will undertake Scottish Disability Sport and conflict management training. Volunteers and non permanent staff will be recommended to undertake both training courses. Should an incident arise, risk assessments and protocols will be revised and update accordingly.

	include information on guidelines for adults and older adults and physical literacy. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding. **Communication** - Disability Sport is embedded within the Physical Activity regional website (DG Doing More). **Communication** – Promotion of DGC Club Active (discounted Leisure Facility Membership) and other free physical activity programmes within and across the NPAP and ALP.		by the pandemic in particular – reduction in physical activity levels and muscle strength and increased mental health problems. (PHS, 2022) • Evidence from 61 results is inconclusive regarding changes to disability-related physical activity inequalities among adults (PHS 2023)	

Sex	**YES**
	
	Inclusive – Expanded rural delivery of CBPARP.
	
	Improved Confidence – To be active and participate in everyday activities.
	
	Improved Wellbeing - Increasing physical activity levels will improve physical, mental and social wellbeing. CBPARP will emphasise fun and enjoyment. This in turn should reduce demand for H&SC services.
	
	Uptake in DGC community programmes is mostly female (88%). This is important as females in D&G are significantly less physically active than males
	
	Monitoring and Evaluation - Referral and evaluation forms record sex related data.
		NO
		
		Targeted Provision - Data from Council delivered community physical activity programmes has identified a gap in provision for middle age men, with or at risk of health condition.
			• Longstanding national trend data showing that females are less likely to meet both MPVA and muscle strengthening guidelines individually and combined.
			• Nationally, men were more likely than women to meet both guidelines in 2021 (38% and 32% respectively), while similar proportions met the MVPA guidelines only (35% and 33% respectively) (SHS, 2022)
			• Nationally, the proportion of females (34%) adults meeting neither the MPVA or muscle strength guidelines was higher than in males (27%). (SHS, 2017-21).
			• Nationally, in 2020, Females(6.7hrs) weekday sedentary time is less than (6.7hrs) (ScotPHo)
			• Locally, 66% of D&G adults meet CMO MPVA guidelines. 71% of men compared with 62% of females in D&G meet MPVA physical activity guideline (Scottish Health Survey, 2017-2021).
			• Locally, 27% of males and 34% of females meet neither the MPVA nor muscle strengthening guideline. More females (28%) met the muscle strengthening guideline than males (25%)
			• A 2022 report into Dumfries and Galloway Council's Active Communities programme found 88% of participants were female.
			• Gender differences are found across almost all the Active Scotland outcome indicators. (Scot Gov, 2015)
			  ◦ *Men are more likely than women to meet physical activity guidelines; less likely to be inactive*
			  ◦ *more likely to report a useable greenspace within a 5 minute walk*
			  ◦ *more likely to feel safe walking after dark*
			  ◦ *more likely to participate in sport and do so frequently and when older*
			  ◦ *more likely to engage in active volunteering.*
			• The most commonly cited barriers to engaging in physical activity were similar for men and women with significant differences only found between the sexes
				Targeted Provision – Undertake a scoping review to identify opportunities to engage men in middle age with or at risk of a health condition to engage in physical activity. ALPR to work with clinicians and people accessing H&SC rehab clinics to generate insight in this area.

	Workforce Training – Training for H&SC professionals, coaches and Fitness instructors will include information on guidelines for adults and older adults and physical literacy. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding.		for two barriers (SHS,2020); • *3% of women were deterred from physical activity because there was no one to do it with compared to 1% of men* • *3% of men were deterred by the weather compared to 1% of women.* • A number of significant differences were apparent between men and women's motivations to participate in activity in 2018. Men were more likely than women to be motivated by each of the following reasons • *for enjoyment (66% of men and 59% of women)* • *to improve their performance (27% of men and 16% of women)* • *to train / take part in competition (14% of men and 7% of women)* • *and for other reasons (3% of men and 1% of women)* • A significantly higher proportion of women stated losing weight (33% women and 27% of men) or taking the children (14% women and 10% of men) (SHS, 2019) Impact of Covid-19 • Evidence from 50 results suggests that sex-based physical activity inequalities between men and women reduced in the early phases of the pandemic. However, this may in part be attributable to men becoming less active on average (PHS 2023)	
Gender reassignment and Transgender	YES **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing** - Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **Monitoring and Evaluation** - Referral and evaluation forms record transgender related data. **Workforce Training –** Training for H&SC professionals, coaches and Fitness instructors will include information on guidelines for adults and older adults and physical literacy. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to	YES **Facility Accessibility -** Some Council and Community venues may not provide suitable changing facilities.	• Very limited quantitative data on the situation for different sexual orientation groups with respect to physical activity, sports participation and the wider indicators of activity levels in Scotland from the Active Scotland Outcomes Framework. This is particularly the case for bisexual and transgender people. Available data suggests lesbian and gay groups do not differ markedly from heterosexuals but those identifying themselves as 'other' or 'prefer not to say' are less active and participate in less sport. (Scot Gov, 2015) • Very limited data on non-binary and transgender people's inclusion in sport in Scotland (sportscotland, 2021) • Wider UK analysis of transgender and non-binary people's sport participation shows that 60% of trans people do less physical than the recommended level; this rises to 64% for non-binary people. The often gendered nature of sports spaces (e.g. use of gendered sports kit, changing facilities, gendered division of teams) can mean that trans and non-binary people experience greater exclusion (sportscotland, 2021) Impact of Covid-19 • No data on physical activity levels according to gender reassignment, pregnancy and maternity, religion or belief, or sexual orientation (PHS. 2023).	**Facility Accessibility -** Transgender and people undergoing gender reassignment will be contacted prior to commencing a programme to ensure environments actively support and enable participation. **Evidence and Policy Review -** Evidence and best practice to be considered and reviewed on an ongoing basis by the D&G NPAP Steering Group.

	raise awareness and understanding. **Evidence Based Policy** - Any emerging evidence will be considered and build into policy and practice accordingly to increase inclusion.			
Marriage and Civil Partnership	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing** - Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services.	**NO**		
Pregnancy and Maternity	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Confidence –** To be active and participate in everyday activities. **Improved Wellbeing** - Increasing physical activity levels will improve physical, mental and social wellbeing. **Workforce Training –** Training for H&SC professionals, coaches and Fitness instructors will include information on maternity and early years and physical literacy. **CBPARP Training** - All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding.	**NO**	• The benefits of physical activity during pregnancy identified by the review were reduction in hypertensive disorders; improved cardiorespiratory fitness; lower gestational weight gain; and reduction in risk of gestational diabetes. The benefits of physical activity in the postpartum period (up to one year) were identified as a reduction in depression; improved emotional wellbeing; improved physical conditioning; and reduction in postpartum weight gain and a faster return to pre-pregnancy weight (UKCMO, 2019) • A systematic review found that " *59.09% of the studies indicated that participants had a low level of physical activity during pregnancy*" and that "*the current levels observed in the present review are still very far from the universal recommendations proposed by international organizations in their related publications*" (Silva-Jose, 2022) • Disparities in physical activity participation by pregnancy reflect limitations and inequities in the socioeconomic determinants and opportunities for physical activity for different groups and different abilities (WH0, 2018) Impact of Covid-19 • There were no results comparing the differential effect of COVID-19 on physical activity levels according to pregnancy and maternity (PHS. 2023).	
Race	**YES** **Accessibility -** The pathway	**NO**	• Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including those from minority ethnic communities (Scottish Health Survey, 2021)	

	is universally applicable and widens opportunities for all. **Improved Wellbeing -** Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding. **Monitoring and Evaluation** - Referral and evaluation forms record race related data.		• There is limited data available across the Active Scotland outcomes. Available data suggest poorer physical activity opportunities and outcomes for those from certain ethnic minority groups, particularly those of Pakistani and South Asian origin. A Scottish Health Survey Equality Group topic report pooled Scottish Health Survey data from 2008-11 for adults and controlled for age. It showed that Pakistani adults were the least likely to achieve the recommended physical activity levels (old guidelines). Only 27% did so compared to the national average of 38%. No other ethnic groups were significantly different from the national average in relation to physical activity. (Scot Gov, 2015) Impact of Covid-19 • The evidence from 69 results comparing the differential effect of COVID-19 on physical activity levels by ethnicity among adults, consistently suggests a widening in physical activity inequalities between those of White British ethnicity and those of Black and Asian ethnicities and Other Ethnic Groups. This appears to be due to disproportionate decreases in activity levels among these groups compared with those of White British ethnicity. There is limited evidence for a change in inequalities among White Other and Mixed ethnicities (PHS 2023)	
Religion or belief	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing -** Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding. **Monitoring and Evaluation** - Referral and evaluation forms record religion and belief related data.	**NO**	• Very limited evidence about sports participation in relation to religion and belief in Scotland. (Research Scotland, 2016) • From the limited evidence that does exist for adults, it is suggestive that those with a Muslim faith are less likely to be active and take part in sport. The evidence also indicates that those with Non-Christian beliefs are less likely to use and be satisfied with leisure facilities. However, once active, there does not appear to be difference in frequent participation in sport, exercise and walking by religion. (Scot Gov, 2015) • Research reports lower levels of participation from people identifying with a particular religion, than those with no religion. However, analysis by the Scottish Government highlighted a clear correlation with age, which also impacts on sports participation levels, because younger people are much less likely to be religious and much more likely to be physically active (In: Research Scotland, 2016) Impact of Covid-19 • There were no results comparing the differential effect of COVID-19 on physical activity levels according to religion or belief (PHS. 2023).	
Sexual orientation	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing -** Increasing physical activity	**NO**	• People from LGBT communities are also shown to be at risk of other disadvantage and adverse outcomes, such as lower levels of mental health and experiences of discrimination at sporting events. This relates both to direct discrimination and indirect discrimination or exclusion or services simply not being appropriate and welcoming. (Counsel-Ltd, 2022) • Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including those from LGBTI or minority	

	levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services.
	
	CBPARP Training - All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding.
	
	Monitoring and Evaluation - Referral and evaluation forms record sexual orientation related data.
			communities (Scottish Health Survey, 2021)
			• Quantitative data on sexual orientation and sports participation in Scotland is very limited (In: Research Scotland, 2016)
			• Data on sports participation in Scotland indicates that lesbian, gay and bisexual participants are not significantly different from heterosexuals in activity levels. However, adults who identified as having an 'other' sexual orientation were significantly less likely to meet activity recommendations than the national average. It is important to treat these findings with caution however, due to anticipated under reporting of LGB people who are not 'out' within surveys. This means that this survey is likely to reflect the experiences of those who are out, more than those who are not 'out'.
			• A report containing data from various source found;
			  ◦ *Only 42% of LGBT people meet the level of physical activity required for good health, compared to 59% of people in the general population. (In: The National LGB&T Partnership, 2015*
			  ◦ *55% of LGBT men were not active enough to maintain good health, compared to 33% of men in the general population.*
			  ◦ *56% of LGBT women were not active enough to maintain good health, compared to 45% of women in the general population.*
			  ◦ *64% of LGBT people who identified as something other than male or female (eg gender fluid or gender queer) were not active enough to maintain good health.*
			  ◦ *76% of LGBT people who were sports club members met recommendations for physical activity, compared to 38% of LGBT people who were not club members*.
			• Qualitative research has found that while most LGB people have positive experiences of sport, there are key barriers to participation including: (In: Research Scotland, 2016)
			  ◦ *homophobia;*
			  ◦ *previous negative experiences, particularly in school;*
			  ◦ *lack of positive role models*
			  ◦ *lack of knowledge of what is available*
			
			<u>Impact of Covid-19</u>
			• There were no results comparing the differential effect of COVID-19 on physical activity levels according sexual orientation (PHS. 2023).	

Carers	**YES**
	
	Accessibility - The pathway is universally applicable and widens opportunities for all.
	
	Improved Wellbeing - Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services.
	
	Accessibility – CBPARP
		NO
		
		Evidence Review – Work in partnership with local organisations to increase awareness of enablers and barriers fo physical activity for Carers in D&G.,
			• There are 14,995 unpaid Carers living in Dumfries and Galloway Scotland's Census 2011 and 4,336 (29%) of Carers provide over 50 hours of support per week Scotland's Census 2011
			• Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including carers (Scottish Health Survey 2021)
			• A report by Carers UK found(Carers UK, 2021);
			  ◦ *Carers aged over 55 are less active than other adults aged over 55 (Carers UK, 2021)*
			  ◦ *Three quarters (76%) of carers aged over 55 do not feel that they are able to do as much physical exercise as they'd like to do*
			  ◦ *Carers are more likely to be inactive (46% of carers compared with 33% of all adults)*
			  ◦ *Carers are much less likely to be active (14% of carers compared with*
				Evidence Review – D&G NPAP Steering Group to undertake a scoping and stakeholder review to create understand enablers and barriers to carer's participation in physical activity. D&G NPAP Steering Group to action recommendations from review.

	are delivered across the week to enable access where possible around caring responsibilities.
	
	CBPARP Training - All CBPARP within ALP have completed training in Equality and Diversity to raise awareness and understanding.
	
	Communication - Promotion of DGC Club Active (discounted Leisure Facility Membership) and other free physical activity programmes within and across the NPAP and ALP.
	
	Workforce Training – Training for H&SC professionals, coaches and Fitness instructors will include information on Carers and physical literacy.
	
	Monitoring and Evaluation - Referral and evaluation forms record Carer related data.
			54% of all adults)
			• Key considerations around attitudes reported in the survey (Carers UK, 2021):
			  • *Motivation to take part*
			  • *A changing relationship with physical activity over time*
			  • *Inability to put themselves first*
			  • *Guilt and worries*
			• DGC provide discounted leisure facility access for people in receipt of Carer's allowance.
			• 72% of UK disabled adults had at least one barrier to playing sport compared with 54% of non-disabled adults (Papworth Trust 2018). 54% of carers in the UK reporting that they have reduced the amount of exercise they take because of caring (Carers UK 2017).
			• Carers also face barriers to accessing leisure due to the demands of caring, with 40% reporting they hadn't had a day off from caring for more than a year (Carers UK 2017).
			Barriers (Allcock, 2018)
			  • *Not having the time to take part in physical activity (88%*
			  • *Not being motivated (71%).*
			  • *Not being able to afford the costs (67%).*
			  • *Not having anyone to go with (59%)*	

Human Rights	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing** - Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **Accessibility -** A range of opportunities will be provided at no cost to remove price as a barrier for an initial number of sessions. Participants will then be signposted to activities that are free or low cost.	**NO**	• The National Physical Activity Delivery Plan sets out an inclusive approach, the actions in this plan incorporate a commitment to engaging and empowering individuals and communities to actively participate in the development of solutions as part of a rights-based approach. (Scot Gov, 2018) • The WHO Constitution enshrines that the highest attainable standard of health is a fundamental right of every human being. As an essential resource for everyday living, health is a shared social and political priority for all countries. In the 2030 Agenda, countries committed to invest in health, achieve universal health coverage and reduce health inequalities for people of all ages and abilities. Implementation of this Global action plan should employ a rights-based approach and incorporate a commitment to engaging and empowering individuals and communities to actively participate in the development of solutions. (WHO, 2018)	

Health, Wellbeing & Health Inequalities	YES **Accessibility -** The pathway is universally applicable and widens opportunities for all. **Improved Wellbeing -** Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **Accessibility -** A range of opportunities will be provided at no cost to remove price as a barrier for an initial number of sessions. Participants will then be signposted to activities that are free or low cost. **Communication -** Promotion of DGC Club Active (discounted Leisure Facility Membership) and other free physical activity programmes within and across the NPAP and ALP. **Workforce Training –** Training for H&SC professionals, coaches and Fitness instructors will include information on encouraging and enabling health behaviour change (e.g. MAP, Motivational Interviewing..).	YES **Communication -** The Club Active (formally Easy Access) council discount leisure scheme is not sufficiently promoted to targeted groups.	• Dumfries and ranks 7th out of 32 local authorities with 79 data zones appearing in the 20% most deprived, this means that 39% of data zones in Dumfries and Galloway are considered Access Deprived, equating to 5.7% of Scottish data zones. This is higher than all other comparable local authorities with the exception of Fife (NSC&R, 2020) • 32% of people in D&G report living with 1 or more long term conditions (D&GIJB) • 1 in 5 households across Dumfries and Galloway have no access to a car or van (Scotland's Census, 2011 In: D&GIJB) • There were 17,000 work age people claiming a range of benefits in May 2019 (DWP In: D&GIJB) • D&G has a greater percentage of high risk data zones for transport poverty (Sustrans, 2016) • In Scotland, 18% of people have limited regular social contact in their neighbourhoods (Scottish Social Attitudes survey, 2013 In: D&GIJB) • Our actions will focus on the need to reduce inequality in the opportunities to participate in physical activity and will seek to allocate resources towards the actions needed to engage the least active and those who face the greatest barriers to participation Scot Gov, 2018) • It is clear that socioeconomic status does influence physical activity in adults and children, however, the relationship is sometime complicated by differing influences across different domains of activity and different results across the three measures of SES. There are also differences between adults and children. (Scot Gov, 2015) • Nationally, participation in physical activity y was lower (70%) in those living in most deprived communities (90%) compared with least deprived areas. (SHHS, 2019). • Nationally, people living with a long-term condition were less active (54%) compared with those with no condition (88%). (SHHS, 2019). • The extent of inequalities in age-standardised MVPA guideline adherence has varied since 2012, however, adherence has continued to be highest among those in the least deprived quintiles and lowest among those living in the most deprived quintiles. In 2021, the age standardised proportion of adults who met the MVPA guidelines was lowest among those living in the most deprived quintile (57%) and highest among those living in the two least deprived quintiles (77% - 78%). Similar patterns were evident among men and women. (SHS, 2022) • In adults, the message is perhaps more starkly apparent, with measures of higher socioeconomic status generally associated with greater likelihood of meeting physical activity guidelines; participating in recreational walking; feeling safe to walk after dark; perceiving nearby access to greenspace; participating in sport (grassroots and elite); engaging in active volunteering and using and being satisfied with leisure facilities. (Scot Gov, 2015) • The one contrasting finding was that, although they are less likely to participate overall, among those on a low income who do participate in sport, exercise and walking there is a greater likelihood for those on the lowest income to participate frequently in comparison to those on higher incomes, particularly the highest earners. (Scot Gov, 2015) • Rural residents often find themselves experiencing a lack of local services,	**Communication -** D&G NPAP Steering Group to promote Club Active on DG Doing More and associated social media. **Communication -** Embed Club Active within H&SC physical activity promotional materials.

			including for young people, who often leave, or for older people, who may find themselves increasingly isolated as they move into older old age. Indeed these are two of the demographic groups usually found to be most likely to experience exclusion in rural areas (Shucksmith et al. 1994), alongside those in self-employment, those from minority groups and those with disabilities (Pacione 2004) (In: Counsel-ltd, 2020)
			• The Council provide discounted leisure access for a range of targeted groups entitled, Club Active;
			  • *Universal credit*
			  • *Pension credit*
			  • *Student (Full Time University/College only)*
			  • *Carer's Allowance*
			  • *Disabled*
			  • *Disability Living Allowance/ Personal Independence Payment/ Attendance allowance*
			  • *Widowed Parent's allowance*
			  • *Armed Forces/Military Veterans*
			
			Impact of Covid-19
			• Evidence from 58 results comparing the differential effect of COVID-19 on physical activity levels by between those of high and low socioeconomic status among adults is mixed. When a widening of inequalities was evident, this was primarily driven by disproportionate decreases in activity levels among those lower social grades. (PHS 2023)	

Economic & Social Sustainability	**YES** **Accessibility -** The pathway is universally applicable and widens opportunities for all including enhanced delivery in rural communities **Accessibility -** Rural programmes delivered in Community and village halls. Hall hire income helps maintain these facilities as local hubs and community assets. **Capacity -** More opportunities for volunteers and Sports Leaders (Choose to Lead) in Schools to deliver CBPARP **Communication -** Promotion of physical activity at home via DG Doing **Communication -**	**NO**		

	Promotion of DGC Club Active (discounted Leisure Facility Membership) and other free physical activity programmes within and across the NPAP and ALP.			
Staff	**YES** **Accessibility -** Half price DGC Active Communities Classes for NHS staff being developed. Staff will access out-with shift or core hours. **Undergraduate Training -** Physical Activity embedded in UWS undergraduate nursing curriculum **Workforce Training –** Training programme to be delivered based on the needs of different clinical teams. **Workforce Training –** Training for H&SC professionals, coaches and Fitness instructors will include information on physical activity and physical literacy. **CBPARP Training -** All staff from CBPARP within the ALP have completed training in Equality and Diversity to raise awareness and understanding. **CBPARP Training -** All staff from CBPARP within the ALP have completed training set out in the Physical Activity Referral Standards. This includes information on health behaviour change and Moving Medicine. **Communication -** Identification of clear and consistent physical activity messages for local H&SC	**NO**	Training – Knowledge & Promotion of PA Evidence has shown knowledge of physical activity guidelines in health professionals is low (Chatterjee et al, 2017) and physical activity is often promoted less than other health behaviours (Wheeler et al, 2017) Evidence shows that healthcare professionals in relation to physical activity appear to be 'struggling' to deliver messages and patient responses are 'mixed' (Brannan et al, 2019 / Carroll et al, 2014). Critically, even within 'medical specialities there is a significant individual inter-clinician variability on how exercise and physical activity is prescribed to specific patient groups' (Brannan et al, 2019). Physical activity interventions delivered or prompted by health professionals in primary care appear effective at increasing participation in self-reported MVPA. Such interventions should be considered for routine implementation to increase levels of physical activity and improve health outcomes in the population (Kettle et al, 2022) Estimates from this systematic review, which included 51 randomised controlled trials, found that physical activity interventions delivered by health professionals in primary care increased participation in MVPA in patients by an average of 14 min/week versus controls (Kettle et al, 2022) National Physical Activity – Design and Delivery NPAP targets those who are identified as inactive, at risk of developing long-term conditions or who have a long-term condition. Interventions and approaches are adapted to be proportionate to need. Those in greatest need will receive tailored physical activity brief advice and health behaviour change support. (PHS, 2022) Physical Activity Levels of H&SC Staff 88% of H%SC staff in D&G attending the Workforce Engagement programme met MPVA guidelines. Additionally, almost two thirds of respondents (64%) spend less than 50% of their working time on their feet. This shows that for a large proportion of respondents, it is not purely their jobs that is providing physical activity...(Sustrans, 2023) Registered Nurses more active themselves are more likely to promote physical activity in practice, 47% of nurses reported 'promoting physical activity to some degree' in professional practice (Bakhshi et al, 2015) An NHS D&G staff survey carried out in 2014: • *62% of NHS Dumfries & Galloway employees reported meeting minimum recommended levels of physical activity with just under a quarter (24%) achieving guidelines more than once a month but not weekly. 15% achieved recommendations less than once a month. This is consistent with the national SHS (2012) which reported that 62% of all adults nationally met recommended levels of physical activity although this figure includes older adults where levels*	

	staff. Messages will be embedded across hardcopy and online resources including physical activity communications campaign website (DGDoing More). **Communication -** Local communications Framework for Physical Activity established aligned to the UK CMOs' physical activity guidelines communications framework: main guidance		*fall more sharply.* • *NHS Staff achieving guidelines on a weekly basis were higher in males (72%) compared with females (60%) and this difference was statistically significant (figure 1).* • *The proportion of NHS staff that met physical activity guidelines on a weekly basis was highest in those that were not off sick for any days in the preceding year (68%) compared to those that had 1 or more days sickness (range 30-60% achieving guidelines on a weekly basis).* • There was a decline in average wellbeing scores with reduced frequency of meeting physical activity guidelines.	
Environmental	YES **Accessibility -** Enhanced local delivery will reduce participant travel to leisure facilities and larger towns across D&G. **Accessibility -** Outreach programmes delivered in rural environments, this increase sense of belonging. **Natural Environment -** Increased use of green and blue space to promote wellbeing. **Technology -** Increased use and signposting to technology based physical activity options within the Active Lives Pathway and promotional materials.	NO **Technology –** Lack of formal links, awareness and training for utilising evidenced based physical activity apps within the NPAP and ALP.	• In Scotland, 21% feel that they don't have a strong sense of belonging to their local community (Scottish Household Survey, 2017 In: D&GIJB) • Dumfries and Galloway has the third highest proportion of the mainland population (21%) living in remote rural locations. Approximately 30,000 people live in our remote rural areas, where issues such as transport, access to services and rural deprivation can have a marked (but often hidden) impact. (National Records of Scotland small area population estimates 2018; SG Urban Rural classification, 2016 In: D&G IJB) • Availability of local greenspace differs significantly by area deprivation levels. Just over half (52%) of those living in the 20% most deprived areas of Scotland have access to open spaces, compared to over three quarters (76%) of those in the least deprived (Greenspace Scotland, 2012) • In 2019, 45.3% of people in Scotland reported they were very or fairly satisfied with Council Leisure Facilities, the figure in D&G was 23.4%. 7.6% nationally were very or fairly dissatisfied compared with 28.5% in D&G. This was perhaps down to issues with DG1 closure (Scottish Government – Local Service Satisfaction). • There is an association between access to open spaces and how people rate their neighbourhood as a place to live. 72% of adults who rate their neighbourhood as a very good place to live say they have access to an open space in their neighbourhood, compared to just under two-fifths (39%) from those rating their neighbourhood as poor (Greenspace Scotland, 2012)	**Natural Environment –** D&G NPAP Steering Group to scope use of additional programmes using green and blue space for HWB beyond existing Health Walk programmes. **Technology** - D&G NPAP Steering Group to scope and increase awareness of opportunities to embed evidenced based technology and Apps within the NPAP and ALP.
Armed Forces Personnel and Veterans	YES **Accessibility -** The pathway is universally applicable and widens opportunities for all including enhanced delivery in rural communities. **Accessibility -** Rural programmes delivered in Community Halls, in turn providing income to maintain them as local hubs. **Improved Wellbeing -**	NO **Evidence** – No evidence available regarding uptake in physical activity by armed forces personal and veterans.	• Overall there are no differences between veterans' and non-veterans' self-reported general health, according to the Annual Population Survey 2017. (Office for Veterans Affairs, 2020) • It is estimated that as many as 67 515 British military veterans suffered from mental and/or physical health problems between 2001 and 2014 as a result of recent conflicts [1], with 60% of military discharges being due to musculoskeletal injuries [1]. This has resulted in many military veterans that are physically wounded, injured and/or sick (WIS) living within the United Kingdom (In: Walker, 2022) • Veterans that are WIS face significant physical and psychological challenges following discharge from the military [2] and, compared to healthy counterparts, may experience a more difficult transition into civilian life due to their lowered health status [3]. This may lead to social isolation and, when combined with pre-existing physical and psychological health conditions may,	**Evidence Review –** D&G NPAP Steering Group to undertake a scoping and stakeholder review to create understand enablers and barriers to armed forces personal and veteran participation in physical activity. D&G NPAP Steering Group to action recommendations from review. **Evaluation -** NPAP Steering Group to review the collection of armed forces personal and veteran data on referral/enrolment form to monitor uptake in CBPARP.

	Increasing physical activity levels will improve physical, mental and social wellbeing. This in turn should reduce demand for H&SC services. **Communication -** Promotion of physical activity at home via DG Doing More. **Communication -** Promotion of DGC Club Active (discounted Leisure Facility Membership) and other free physical activity programmes within and across the NPAP and ALP.		in part, explain the high levels of depression and suicide reported within the veteran population [4]. (Walker, 2022) • DGC provide discounted leisure facility access for Armed Forces and Military Veterans. Physical capability - Barriers • *Several barriers related to physical capability were identified from the data. The daily challenges associated with significant physical injury and/or illness, and its effect on physical health, reduced participants' ability to participate in physical activity. Like their mental health, the physical health of veterans that are WIS fluctuates on a regular basis and only when things such as pain are low, are they able to participate in physical activity (Walker, 2022)* • *Some veterans that are* wounded, injured, and/or sick *were considered not to engage in physical activity as they lacked the energy; a product of unhealthy behaviours, such as smoking and drinking. (Walker, 2022)* • *Perceived lack of physical opportunity was the most frequently cited barrier to participating in physical activity in the data, largely due to the location where physical activity was being organised. Veterans that are WIS are not always able to drive long distances due to their physical limitations or may not be able to afford the financial cost associated with long distance travel. (Walker, 2022)* Psychological capability - Barriers • *Mental health, which is often poor within many veterans that are WIS, presented a barrier to physical activity participation. Specifically, PTSD was reportedly prominent and fluctuated on a regular basis (Walker, 2022)* • *In addition, due to social isolation, not being aware of the physical activities that are available and usually free of charge for veterans that are WIS, was a barrier to engagement (Walker, 2022)* Physical capability - Barriers • *The daily challenges associated with significant physical injury and/or illness, and its effect on physical health, reduced participants' ability to participate in physical activity. Like their mental health, the physical health of veterans that are WIS fluctuates on a regular basis and only when things such as pain are low, are they able to participate in physical activity(Walker, 2022)* • *Furthermore, physical injury and/or illness made veterans that are WIS more susceptible to developing other illnesses. For example, participants who use a colostomy bag were prone to infection, which discouraged them from engaging in physical activity. When one participant discussed his absence from physical activity over the previous winter, he explained: (Walker, 2022)* • *Some veterans that are WIS were considered not to engage in physical activity as they lacked the energy; a product of unhealthy behaviours, such as smoking and drinking. (Walker, 2022)* Physical opportunity - Barriers • *Perceived lack of physical opportunity was the most frequently cited barrier to participating in physical activity in the data, largely due to the location where physical activity was being organised. Veterans that are WIS are not always able to drive long distances due to their physical limitations or may not be able to afford the*	

			financial cost associated with long distance travel. (Walker, 2022) • *Being involved in physical activity, specifically adapted sport, was considered to be an expensive pursuit. (Walker, 2022)* • *Lack of access to physical activity opportunities, related to: (1) facilities not being adapted appropriately for disabled people; and (2) a lack of access to the military run gymnasiums, built with state-of-the-art fitness equipment which veterans that are WIS may have had access to during their military careers, were said to reduce levels of physical activity engagement. (Walker, 2022)* Social opportunity - Barriers • Social opportunity also provided barriers to physical activity participation. In the UK, physical activity for veterans that are WIS is often organised through charitable organisations. The behaviour of others who attend group activities, such as this, can impact on an individual's participation. A lack of understanding by others about personal injury can cause feelings of frustration, particularly among those with less visible injuries and illnesses. The presence of others with a negative attitude can additionally be quite disconcerting to veterans that are WIS, especially as being within a negative environment may impact upon their own mental (Walker, 2022) **Benefits** • *Improving mental health was the most widely cited benefit of physical activity for veterans that are WIS who felt they often experienced problems with their mental health, with conditions such as PTSD and depression. Physical activity was believed to reduce the symptoms associated with these conditions, as well as increase the amount one is able to sleep and provide an escape from negative thoughts* • *Similar to improving mental health, participants reported that physical activity helped them to improve their physical health and manage their injuries as a result of weight loss, pain management, and muscle and joint mobility* • *Physical activity also provided opportunities to be in a natural environment, spend time with family, and get out of the house or away from the stresses of everyday life and travel overseas.* • *Following discharge from the military, one of the most notable differences between military and civilian life is the lack of camaraderie, leading to a sense of isolation. Physical activity, however, allowed veterans that are WIS to meet other like-minded people and learn about their experiences, build friendships, socialise and spend quality time with their family.* (Walker, 2022)	

Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	No	
Does this activity require consideration of the Fairer Scotland Duty? If yes, please outline the steps taken to meet the needs of the duty.	Yes – the programme provides free access for 12-16 weeks and then signpost to a low cost Council physical activity offer.	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	Yes - some
	British Sign Language	
	Alternative Languages	
	Large Print	
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	All referrals to CBPARP will record data on protected characteristics to monitor uptake and adherence to CBPARP. An outcome evaluation will also be completed that will report against protected characteristics. The evaluation will be completed using a locally designed and build Physical Activity Monitoring System which has protected characteristics embedded within the questions and data outputs/	
Please outline next steps	None	

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – dg.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please take 5 minutes to share your experience of completing this Impact Assessment by completing this short survey

Please note that this is a legal document stating that 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.

Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider when completing the Impact Assessment Tool. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion which should be noted within the template above.**

Equality Issues: All groups	Points to consider

- Consider the following equality impacts:
  - Access: consider whether different groups have the same ability to make use of your information or service
  - Experience: Think about what different people might think and feel during your programme, or as a result of your policy.
  - Outcomes: Consider how people from different groups may be at a disadvantage in the results achieved by your project or policy.
  - Participation: Think about the ways in which people are able or encouraged to take part, or the ways in which they are given the opportunity to make their own choices.
- Don't make assumptions
- Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.
- Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?
- Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.
- People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.
- Consider intersectionality: the impacts on people with several protected characteristics that could result in them being particularly impacted
- Have you **engaged with the people affected** by any changes to services?
- Thinking about the information, language and imagery you are using..

  Is it translatable?
  Is it understandable in different formats?
  What alternative arrangements could be put in place to make it accessible?
  How do people know how to access those alternatives?
- Alternative formats include, Easy Read, British Sign Language and languages other than English.
- Consider **access** to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks
- Are there particular groups who do not use or under use your service, or who are less satisfied with it?
- Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative
- How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person
- Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

Age	Points to consider

- This refers to children and adults of a particular age or age range.
- What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?
- Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?
- Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people
- Is information given in an appropriate format in relation to the age of your service users?

Disability	Points to consider

- A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
- Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as:
  - Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.
  - Employment opportunities for people with disabilities – does your piece of work positively support this?
  - Are you sure that the output from the activity is “accessible to all”? Many people have disabilities that are not visible or that they don’t feel comfortable to disclose
- Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.
- 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 service users 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? (this also applies to staff if assessing a piece of work that affects them)
- Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?
- Have you considered the accessibility of any technology being used?

Gender Reassignment	Points to consider

- This covers both:
- **Gender Reassignment**, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress).
- **Other transgender identities -** such as polygender, androgyne, intersex, and cross-dressing people. The terms **transgender** and **trans** are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.

- Have you used non gender-specific language that is inclusive of Trans people, including non binary people?
- Where relevant, are there opportunities for people to indicate the pronouns they use rather than relying on assumptions?
- Do you consider the confidentiality of Trans people?
- Do you consider needs of Trans people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

Marriage and Civil Partnership	Points to consider

- The rights and responsibilities that come with marriage and civil partnership are almost identical. Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably than people who are not married or in a civil partnership.
- Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.
- 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

- Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to reuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

Race and Ethnicity	Points to consider

- This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, Gypsy/Traveller communities, Jewish communities, English people as well as visible minority groups like African, Caribbean and Asian.
- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?
- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- 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

- Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?

- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

Sex/Gender	Points to consider

- This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she.
- Does the data you are basing this piece of work on clearly show whether or not there any differences between the needs of women and men?
- Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

Sexual Orientation	Points to consider

- Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay, bisexual, pansexual or asexual.
- Does your service recognise and respect individual's sexual orientation?
- Does your service recognise same sex relationships in respect to next of kin etc?
- Recording forms / use terminology such as partner / civil partner?
- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?

Carers	Points to consider

- Will the policy or service change impact on staff who are carers?
- Does the policy or service change include provision for staff who are carers to access support?
- How will you inform and involve patients' carers?
- Have you involved patients' carers in the development of the service or policy?

Human Rights	Points to consider

- This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998
- **Does the activity affect people's human rights?**

Right to Life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

Freedom from torture and inhuman or degrading treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

Freedom from slavery and forced labour - you should not be treated like a slave or subjected to forced labour

Right to liberty and security - you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

Right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law

Respect for your private and family life, home and correspondence – you have the right to live your life privately and enjoy family relationships without interference from government

Freedom of thought, belief and religion - you can believe what you like and practise your religion or beliefs

Freedom of expression – your right to hold your own opinions and to express them freely

Freedom of assembly and association – your right to protest by holding meetings and demonstrations with other people

Right to marry and start a family - you have the right to marry and raise a family

Protection from discrimination in respect of these rights and freedoms - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

Right to peaceful enjoyment of your property – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

Right to Education – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

Right to participate in free elections – support your right to free expression by holding free elections at reasonable intervals

Health, Wellbeing and Health Inequalities	**Points to consider**

- This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem
- Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?
- Will the activity support those experiencing poverty to move from dependence to independence?
- Will information and services related to the activity be easy to access?
- Will the activity provide services that meet the needs of people experiencing poverty?
- Think about how the activity will impact on increasing opportunities for:
    - Participation in physical activity
    - Accessing healthy food choices
    - Promoting positive mental health and wellbeing

Economic and Social Sustainability	**Points to consider**

- This is about e.g. pay, employment opportunities, assisting businesses to develop and grow, welfare to work schemes and disadvantaged groups, local self-help schemes and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience.
- How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits?
- How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?

Environment	**Points to consider**

- This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, promotion of public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use and

renewable energy technologies.

- If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet. If there is any likely positive or negative environmental effect, a full SEA may be required.
- In order to comply with the Climate Change (Scotland) Act and Carbon Reduction Commitment Energy Efficiency Scheme organisations must maintain accurate records and data with regard to its Emissions. If your policy may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?
- Will your policy affect infrastructure – housing, land and buildings?
- Does the activity promote active travel and physical activity?

Armed Forces Personnel and Veterans	**Points to consider**

- This is about ensuring that due regard is paid to the principals of the Armed Forces Covenant Duty. Due regard must be paid to:
    - The unique obligations of, and sacrifices made by, the armed forces
    - Removing disadvantage arising for armed forces personnel, or veterans
    - The principle that it may be justified to make ‘special provisions’ for armed forces personnel or veterans in the planning, delivery and provision of services
- How will the activity impact on members of the armed forces. veterans and their families?
- Is there an opportunity to reduce disadvantage for armed forces personnel, veterans and their families? For example, in relation to accessing healthcare, delays receiving treatment due to relocation and understanding the health and care needs of armed forces personnel.