

NHS Highland



Meeting: Board Meeting
Meeting date: 25 March 2025
Title: Equalities Outcomes 2025-2029
Responsible Executive/Non-Executive: Gareth Adkins, Director of People and Culture
Report Author: Gayle Macrae, EDI Lead - Workforce

Report Recommendation:

The Board are asked to

- **Note** – The content of the report.
- **Assurance** – Take **Substantial Assurance** the content of the report provides confidence of compliance with legislation, policy and Board objectives.
- **Approve** – The Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- Legal Requirement
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	X
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well		All Well Themes			

2 Report summary**2.1 Situation**

The Equality Act (2010) (Specific Duties) Scotland Regulations 2012 require each listed public authority to publish a set of equality outcomes which it considers will enable the authority to better perform the needs of the General Equality Duty. These needs are –

1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The public authority must publish a fresh set of equality outcomes within four years of publishing its previous set.

2.2 Background

An equality outcome is a result which an authority aims to achieve in order to further one or more of the needs mentioned in the general equality duty. In other words, an equality outcome should further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations

NHS Highland last published Equality Outcomes for the period 2021-2025 in April 2021 which can be viewed [here](#).

The proposed Equality Outcomes 2025-2029 are being presented to the Area Partnership Forum for approval. The outcomes are jointly workforce and population centred, and several actions span across both groups. The Committee are being asked to approve the workforce related activities. The outcomes compliment the EDI Workforce Strategy 2025-2028, NHS Highland's Pay Gap Report and Equal Pay Statement 2025, NHS Highland's Employability Strategy 2025-2028 and Wellbeing Strategy 2025-2028.

2.3 Assessment

NHS Highland have identified six equality outcomes using public engagement, staff engagement, workforce data and evidence collected while developing

our Equality, Diversity and Inclusion Workforce Strategy 2025-2028, NHS Highland’s Employability Strategy 2025-2028 and Wellbeing Strategy 2025-2028.

They are, as suggested in the Equality and Human Rights Commission guidance, intended to improve outcomes for those who experience discrimination and disadvantage. They are aligned to our Equality, Diversity and Inclusion strategic priorities and will help to achieve the vision set out in the NHS Highland Together We Care Strategy 2022-2027.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

The assurance is substantial due to the reach of the consultation, the incorporation of feedback and the governance routes followed. This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

3 Impact Analysis

3.1 Quality/ Patient Care

The outcomes are intended to improve patient care by reducing health inequalities for those who experience discrimination and disadvantage. They also combine efforts to address inequalities in other areas to avoid duplication of efforts and coordinate multiple strategic aims, referring to for example the Anchors Strategic plans, anti-racism planning, women’s health plan and screening inequalities plans.

3.2 Workforce

The outcomes are intended to improve the workplace by eliminating discrimination, advancing equality of opportunities and fostering good relations between people who have protected characteristics and those who do not. This should build an inclusive culture within NHS Highland where staff can be their authentic selves at work.

3.3 Financial

The resource to support the achievement of the outcomes is from existing establishments. Any activities that require funding will be sought through the

existing processes and there may be support from endowments as appropriate. This will be explored as the activities and priorities are identified.

3.4 Risk Assessment/Management

Risks will be identified for the workforce actions contained within the Equality Outcomes and documented and managed through the EDI Oversight Group.

3.5 Data Protection

No personally identifiable information was collected during the formation of the Equality Outcomes. Personal information such as names and email addresses were provided by participants during the consultation phase. Advice has been sought from the data protection team and they consider this information to be low risk.

3.6 Equality and Diversity, including health inequalities

This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, enables external bodies such as the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines. An EQIA on the Equality Outcomes is not deemed necessary as the actions contained therein are designed to improve matters for persons with protected characteristics.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The outcomes were developed in conjunction with the EDI Oversight Group and members of the Public Health team. An analysis of NHS Scotland Boards outcomes was undertaken as well as considering other Public Authorities in the area e.g. Highland Council and A&B Council. The strategic workforce and public health priorities were assessed as well as existing pieces of work captured within organisational strategies and plans to avoid duplication where possible. A consultation period ran from 9th December 2024 until January 15th 2025 for the purpose of receiving feedback on the strategy from colleagues and members of the public. Information about the consultation was included in the weekly round-up on 19th December 2024 and was also promoted on the EDI Intranet home page. Presentations were made internally online to the following groups and feedback recorded

Name/s of person or group	Date
EDI Oversight Group	26/11/24 & 07/01/25
People Portfolio Board	25/11/24
Corporate LPF	27/11/24

Medical & Dental Bargaining	03/12/24
Finance Directorate Meeting	03/12/24
NHS Scotland National EDI Leads network	05/12/24
EDG	09/12/24
Public Health SLT	12/12/24
Area Partnership Forum	13/12/24
e-Health SLT	16/12/24
Community LPF	17/12/24
Strategy & Transformation SLT	18/12/24
Acute SLT	18/12/24
Community SLT	18/12/24
Acute LPF	19/12/24
Argyll & Bute JPF	13/01/25
Staff Governance Committee	14/01/25
All Staff Survey	09/12/24 – 15/01/25
Argyll & Bute SLT	22/01/25

35 community organisations across the board area, representing a wide variety of protected characteristics, were contacted directly about the consultation. One group, Highland Senior Citizens network, met with members of Public Health to discuss the outcomes online via Zoom on 18th January.

Public health colleagues produced posters to advertise the consultation across all hospitals in the board area. The online consultation was shared 110 times on social media. 216 people visited the consultation platform area, with 41 downloading the consultation paper and 6 individuals or representatives engaging directly to share their views either via the platform or by email.

3.9 Route to the Meeting

The Equality Outcomes have been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Equality, Diversity and Inclusion Oversight Group 26th November 2024 & 7th January 2025
- People and Culture Portfolio Board 25th November 2024 & 27th January 2025
- Executive Directors Group 9th December 2024
- Area Partnership Forum 13th December 2024
- Staff Governance 14th January 2025 & 3rd March 2025
- Board Development Session 21st January 2025

- Area Partnership Forum 14th February 2025

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Draft Equality Outcomes 2025-2029

NHS Highland's Equality Outcomes 2025-2029

“Equality means treating people fairly in a way that reflects their needs, ensuring they have equal opportunity to achieve their desired outcomes, and eliminating discrimination.”

- [Health & Care Professions Council](#)

Equality, or lack of, directly affects our chances of being and staying in good health. This includes the numbers of years lived in good health and the length of time we will live. We know that inequality results in poorer health and, for many, shorter lives – inequality is a matter of life and death. For people to thrive, the right building blocks need to be in place. This means good schools and housing; stable work and a living wage; a safe and inclusive workplace; and good public services. Having the right building blocks in place helps to create better outcomes for the population we serve and our workforce.

We also know that people who share protected characteristics often face more challenges and are at greater risk of inequality. The nine protected characteristics, defined by the Equality Act 2010, are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race (including ethnic or national origins, colour, or nationality); religion or belief (including lack of belief); sex and sexual orientation. Everyone may experience one or more of the protected characteristics at some point in their life. It is our duty as an organisation to ensure that the workplace environment we create, the services we provide, and the way we provide them, do not discriminate against people, or make inequalities worse.

Every four years we set out what we are going to do to tackle inequalities faced by our staff and service users. We do this by mainstreaming equality in the work we do and setting equality outcomes. This means that we are working to ensure that equality is built into every aspect of our day-to-day work across all areas of the organisation.

We have looked at evidence to learn where we should target actions that are achievable, realistic and will have a positive impact. We now want to know what you think of these equality outcomes, especially if this may have a direct impact on you, your family or someone you care for.

If you would like this document in other formats or languages, please email nhsh.EDlteam@nhs.scot

1 Introduction

The Equality Act 2010 brings together the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation into one piece of legislation.

All health boards and Integrated Joint Boards across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

The three aims of the Act's Public Sector General Equality Duty are as follows:

- Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The specific duties require public authorities to publish equality outcomes which it considers will enable the 'authority' to better perform the general duty. NHS Highland must publish a fresh set of equality outcomes within four years of publishing its previous set. The NHS Highland Equality Outcomes 2021-2025 can be found [here](#).

The outcomes:

- Are changes that result for individuals (staff and patients), communities and the organisation because of the action we will take
- Include short-term benefits such as improved service delivery or service uptake or changes in knowledge, skills and attitudes
- Include long-term benefits such as changes in behaviours, decision-making or social and environmental condition

The specific duties are intended to embed equality within NHS Highland's existing systems and frameworks.

2 Engagement and Involvement

NHS Highland's Equality, Diversity and Inclusion Oversight Group and Health Improvement Team have identified the equality issues based on evidence and gaps. We involved staff, patients, members of the public and partner agencies to co-produce the equality outcomes.

- Evidence – what are the most significant equality issues in NHS Highland and health care provision
- Existing long-term national or local strategic outcomes – consider relevant evidence relating to protected characteristics, identify whether and how inequalities might present challenges to achieving existing strategic outcomes
- Any gaps in existing national or local strategic outcomes

NHS Highland engaged with:

- Our staff and services
- Argyll & Bute Health and Social Care Partnership and Local Authorities
- Patients and members of the public
- Community Groups
- Other stakeholders

to produce the outcomes and will continue to engage with stakeholders to deliver the associated actions over the next four years.

3 How to comment or provide feedback and suggestions

You can send your feedback by email or post:

Email: nhsh.EDlteam@nhs.scot

Post: NHS Equality Outcomes Feedback
EDI Team, c/o Public Health
2nd Floor
Assynt House
Beechwood Park
Inverness
IV2 3BW

BSL users can contact us via [BSL Contact Scotland](#)

4 Proposed Equality Outcomes

Through the development of a SMART action plan, NHS Highland will work towards achieving the following equality outcomes between 2025 and 2029:

Equality Outcome 1.

NHS Highland will improve accessibility for disabled people, older adults, and those from underrepresented communities.

Equality Outcome 2.

NHS Highland will enhance employment opportunities and career development for persons from underrepresented groups.

Equality Outcome 3.

NHS Highland will make progress towards becoming an anti-racist organisation.

Equality Outcome 4.

NHS Highland will advance gender equality in our workforce and patient care.

Equality Outcome 5.

NHS Highland will work to identify, understand, and address health needs of those at risk of poorer health outcomes.

Equality Outcome 6.

NHS Highland will mainstream equalities in climate-related work.

Equality Outcome 1

NHS Highland will improve accessibility for disabled people, older adults, and those from underrepresented groups.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Disability, Age, Religion, Gender Reassignment

Context and Evidence:

Those with additional needs can experience barriers to accessing health services or barriers in the workplace preventing them from carrying out their roles. Engagement with patients and staff has given us an understanding of the barriers some of them may face. Further details are shown in the ScotPHO report: [Who is least likely to attend? An analysis of outpatient appointment 'Did Not Attend' \(DNA\) data in Scotland.](#)

The Business Disability Forum published "[The Great Big Workplace Adjustments Survey 2023 Summary Report](#)" in June 2023. The survey is one of the most comprehensive pieces of research ever conducted into the workplace experiences of disabled people and people with long term conditions in the UK.

In 2024, the Scottish Government also published the results of the consultation on the Learning Disability, Autism and Neurodivergence Bill, which highlighted how strongly respondents felt about implementing a 'patient passport' system within the NHS to assist with making reasonable adjustments and reducing barriers to accessing healthcare.

Why are you setting this outcome?

Although we have been able to improve access to many of our services in partnership with patient groups and the third sector, evidence shows we need to do more.

In consulting with the Deaf community to develop [The Highland Joint BSL Plan 2024-2030](#), we have recognised the provision of interpreters for Deaf patients isn't always adequate.

Older patients and staff have told us that digital access is a concern for them. People with learning disabilities face [more barriers](#) to accessing health information and healthcare services. Older and disabled people, and those living in a deprived area or living in social housing were at risk of [exclusion](#) from access to digital services.

From our [complaints data](#), disabled patients have complained about accessibility of services. This is also mentioned in a recent [Scottish Human Rights Commission report](#).

Our changing facilities for staff need to be reviewed to ensure that they are fit for purpose and meet the needs of our staff groups.

We also need to review our current provision of space for staff to practice religious or spiritual beliefs to ensure that it meets their needs.

Actions

- Exploring patient access support via 'passport' style system.
- Managers are trained in making reasonable adjustments to support staff.
- An accessibility audit is carried out in our estate, and an action plan is agreed based on the findings and recommendations.
- Staff are trained in Deaf Awareness and know what their responsibilities are with regards to providing BSL translation services.
- We will ensure that digital options are increasingly available as a choice for people accessing services as well as our staff to support them in their roles.
- Review of current spaces provided for staff to enable them to practice their religious and spiritual beliefs.

Link to Local and National Priorities

- [Health and social care: improving wellbeing and working culture](#)
- [Scottish Government's Fair Work Action Plan](#)
- [NHS Highland Together We Care Strategy](#)
- NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028

Equality Outcome 2

NHS Highland will enhance employment opportunities and career development for persons from underrepresented groups.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Age, Race, Disability

Context and Evidence:

People with certain protected characteristics face discrimination in employment and society.

The [NHS Highland Workforce Monitoring Report 2024](#) highlighted that we have an ageing workforce and hire fewer young people than the surrounding population, even though [survey data](#) from Skills development Scotland published in November 2024, states that nearly 1 in 5 16–18-year-olds want jobs in the Medicine and Health sector when they leave school.

NHS Highland is committed to create a workplace which is positive about disability. In 2023, the number of job applications from disabled people was only 3.28% of the total number of applications received. This suggests that work must focus on improving the accessibility of the application process, to encourage more disabled people to apply for roles within NHS Highland.

Our 2023 workforce data also demonstrates that some ethnic groups are underrepresented in our workforce compared to the local population data taken from the [Scotland Census 2022](#)

In terms of career development, analysis of the Senior Manager job family within NHS Highland shows that –

- almost 69% consider themselves to be of a white ethnic background
- Just under 3% consider themselves to have a disability
- 86% are over 45 years old

Whilst these figures demonstrate a leadership group more diverse than the population we serve, there is still some work to be done, and we will work with our Protected Characteristic networks to understand the pathways and barriers to leadership.

Why are you setting this outcome?

This outcome has been set to aim to understand and address the potential barriers to employment faced by people who apply to join NHS Highland. We recognise that more needs to be done by us to increase representation from groups that may face more barriers to employment than others.

NHS Highland as an employer has a duty to ensure recruitment process are accessible, fair, and transparent.

NHS Highland is a Disability Confident Employer, and this Equality Outcome is an opportunity to create further change and act on how we recruit, retain, and develop disabled people.

Actions

- Achieve Disability Confident Leader status
- Establish an Apprenticeship programme
- Produce accessible job adverts, with clear person specifications in an easy-to-read format
- Develop guidance on Access to Work
- Develop an induction and peer support network for international recruits
- Develop and deliver training on inclusive recruitment practices
- Create pathways into employment for persons with learning disabilities

Link to Local and National Priorities

- [Scottish Government's Fair Work Action Plan](#)
- [NHS Highland Together We Care Strategy](#)
- NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028
- NHS Highland Employability Strategy 2025-2028

Equality Outcome 3

NHS Highland will make progress towards becoming an anti-racist organisation.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Race

Context and Evidence:

Becoming anti-racist means NHS Highland will actively work to oppose racism and pursue racial equity, so that someone's racial identity is no longer a factor in determining how they fare in life.

The BMA's 2022 report [Delivering Racial Equality in Medicine](#) provided a high-level overview of barriers to equality their members faced.

In September 2024, the [Cabinet Secretary for Health and Social care's statement](#) recognised racism as a significant public health challenge.

Anti-racism approaches have been recognised as an integral [improvement tool to help advance equality within the workforce and for patients / service users](#)

Becoming anti-racist will benefit everyone by supporting improvements to deliver equitable healthcare, regardless of protected characteristics. Being an anti-racist organisation will contribute to:

- Meeting our legal obligations under the Equality Act 2010 and Public Sector Equality duties
- Dismantling of structural racism and generate learning that can be applied to dismantle other forms of discrimination.
- Our role as an Anchor institution in addressing the drivers behind health inequalities within the Highlands community and workforce.

Key to delivering our public sector duty to eliminate discrimination is in considering how the organisation completes Equalities Impact Assessments (EQIAs). Over the last reporting cycle, improvements have been made to the EQIA process, but data suggests uptake across the organisation is inconsistent.

Why are you setting this outcome?

We understand that becoming an anti-racist organisation will support a better working environment and improve patient care. We recognise the first step in this journey is to forge better links with communities and staff affected by racism.

Taking steps to becoming an anti-racist organisation starts with key actions we can build upon, which will be developing our Anti-racism plan, establishing a staff network and improving the way we do EQIA's.

Actions

- Establish Staff Networks
- Develop an Anti-Racism plan for NHS Highland
- All managers to be trained on how to complete EQIAs
- A review to be undertaken on the current EQIA process and an improvement plan developed
- Deliver anti-racism training to staff

Link to Local and National Priorities

- [NHS Highland Together We Care Strategy](#)
- NHS Highland Equality, Diversity, and Inclusion Workforce Strategy 2025 – 2028
- [Scottish Government Anti-Racism Plan Guidance](#)

Equality Outcome 4

NHS Highland will advance gender equality in our workforce and patient care.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Sex, Gender Reassignment, Pregnancy & Maternity, Sexual Orientation, Marriage & Civil Partnership

Context and Evidence:

In both the Highland and Argyll and Bute area, the 2022 Scottish Census figures report that the population is made up of 49% males and 51 % females. NHS Highland has a much higher number of women (82.5%) than men in our staff population, with the majority being older age groups.

Data tells us many women working in healthcare professions are affected by [misogyny](#) and [sexual harassment](#). Male survivors reported being sexually harassed and groped by female nurses, as well as receiving sexist comments including “A man has no place doing this job” (nurse).

We know women are [almost twice as likely](#) as men to have experienced partner abuse.

We remain committed to continuing the work of the Scottish Government’s 2021-2024 [Women’s Health Plan](#) ahead of further updates. NHS Highland’s targeted work to improve women’s health will include a focus on reproductive health issues such as preconception care, eating for good health in pregnancy and postpartum contraception postnatal health. In the forward planning of Women’s Health issues, we will look at key target areas such as endometriosis, poly cystic ovarian syndrome, and cardiovascular health. This work will happen together and in combination with our anti-racism planning (outcome 3) and work to address health inequalities (outcome 5) where appropriate.

Why are you setting this outcome?

We want our staff to feel safe and supported in their places of work. We want them to feel confident to speak up against gender discrimination and harassment and be supported throughout that process. We want women and people affected by sex-specific conditions to have equitable access to services for their health in Highland, which we know is an issue affecting women across highland for [sexual and reproductive health services](#) in particular.

Actions

- Achieving Equally Safe development level accreditation
 - Running awareness campaigns focusing on sexual harassment and gender-based violence
 - Ensuring all staff have training to support transgender and non-binary patients and colleagues
 - Develop a menopause guide for managers
 - Formation of a gender equality staff network
 - Improve access for women to postpartum contraception by a series of quality improvement projects.
 - Collaborate with Maternity and Dietetic services to establish pathways for pregnant people with raised BMI
 - Collaborate with gynaecology to ensure advice and treatment for endometriosis and polycystic ovarian syndrome is offered to women and girls
- Link to Local and National Priorities
- [Women's health plan 2021-2024](#) - local plan still in development
 - [Transgender Care Knowledge and Skills Framework](#)
 - [Gender identity healthcare services standards – Healthcare Improvement Scotland](#)
 - [Equally Safe 2023 - preventing and eradicating violence against women and girls: strategy - gov.scot](#)

Equality Outcome 5

NHS Highland will work to identify, understand, and address health needs of those at risk of poorer health outcomes.

The aspects of the General Duty met:

- | | |
|---|---|
| x | Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct |
| x | Advance equality of opportunity between people who share a relevant protected characteristic and those who do not |
| | Foster good relations between people who share a protected characteristic and those who do not |

Protected Characteristics covered:

Gender Reassignment, Race, Disability

Context and Evidence:

Evidence tells us certain groups, such as trans people, disabled people, people with learning disabilities, or gypsy travellers, find it harder to access healthcare services in the same way as other groups. We know [improving our data collection on equalities information](#) could help us understand better who is most affected, to then take positive action to reduce health inequalities

Why are you setting this outcome?

We are taking this action to focus the public health work we are doing to identify, understand, and address health needs of groups both previously neglected or most severely impacted by health inequalities in the Highland area. We want to address health needs in groups we have not previously considered who are experiencing or at risk of adverse health outcomes.

We have also recognised the need to improve how we collect equalities data to understand populations who need to use our services. This will help us better understand who we should target action to support.

Actions

- Addressing health inequalities
- Delivering Screening inequalities plan
- Improving equalities data capture
- Assessing health needs for identified groups, such as trans people and Gypsy Traveller communities
- Embedding realistic medicine principles

Link to Local and National Priorities

- Racialised Health Inequalities in Health and Social Care Scotland
- [Monitoring racialised health inequalities in Scotland 30 May 2023 - Monitoring racialised health inequalities in Scotland - Publications - Public Health Scotland](#)
- [Scotland's public health priorities - gov.scot](#)

Equality Outcome 6

NHS Highland will mainstream equalities in climate related work.

The aspects of the General Duty met:

x	Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
x	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
x	Foster good relations between people who share a protected characteristic and those who do not

Protected Characteristics covered:

Disability, Race, Sex, Age

Context and Evidence:

Inequalities are being worsened by the climate crisis, and we know that not thinking about equalities in climate work such as active travel or resilience planning can [adversely affect](#) people from protected groups, increasing inequalities.

The climate emergency is a threat to human rights and equalities of [key groups](#) such as women, disabled people, older people, and people who have to move because of severe weather.

Why are you setting this outcome?

NHS Highland are leaders in partnership working towards sustainable health and social care and have demonstrated commitments to green health through the Highland Green Health Partnership work.

Setting this outcome will help us better consider people with protected characteristics in our climate work, and how we can consider the climate as a factor that might affect enjoyment of human rights for these people when making decisions as a public authority. In mainstreaming equalities in our climate work, we will take steps to support climate action, to promote health and build climate-resilient and more environmentally sustainable healthcare systems.

Actions

- Incorporating environment impact considerations into EQIA's, in partnership with improvement work to EQIA processes more widely
- Encouraging green investment and delivery of green infrastructure projects to tackle health inequalities
- Delivering all aspects of the NHS Scotland Climate Emergency Strategy, and ensuring equalities is considered in local Environment and Sustainability strategy planning
- Delivering NHS Highland's Anchors Plan 2023-2027
- Reducing waste and impact in line with the NHS Scotland Climate Emergency strategy and realistic medicine principles

Link to Local and National Priorities

- [NHS Scotland climate emergency and sustainability strategy: 2022-2026](#)
- [Anchors Strategic Plan \(see appendix\)](#)
- [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

DRAFT