

Assessment for Relevance Form

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

What is being assessed:	The equality impact of the Weigh to Go Tier 2 Adult Weight Management Programme
Named Officer / Directorate:	Rona Osborne Dietetic Team Lead Weight Management

Protected Characteristics	Impact Rating Positive, Adverse or Neutral Impact	Rationale (provide evidence for your rating)
Socio-economic factors such as poverty, unemployment, discrimination, poor working conditions and a lack of education can all affect an individual's ability to access services. This can also be further broken down depending on protected characteristics (listed below).		
Age <ul style="list-style-type: none"> • Children and young people • Adults • Older People 	<p>Neutral</p> <p>Positive</p> <p>Positive</p>	<p>Child Healthy Weight programme available to Children & Young People and is out with the scope of this programme. For young people aged 16-18, case by case review is carried out to ensure appropriate service is accessed.</p> <p>Referrals accepted from age range 18+. Weigh to Go is a Tier 2 Adult Weight Management Programme which offers intensive 12 week weight management intervention plus 1 year ongoing support aimed at achieving a healthier weight and potentially reducing the complications of overweight and obesity.</p> <p>No upper age limit to access Weigh to Go, as access to the programme supports older people to improve their overall health and life span.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	Neutral	<p>During screening and pre assessment participants are asked to detail any disabilities, this allows the providers to adopt a person centred approach by adapting the delivery route of the programme to suit individual needs.</p> <p>Providers are aware of asking what additional support is required to engage e.g. support to complete paperwork, with remote access options available it increases accessibility and allows the person to have a buddy/carer available to support them during the programme.</p>

		<p>The providers are aware that there are numerous hidden disabilities and that through communication with the individual the programme can be tailored to individual need</p> <p>Hearing Impairment: if person is registered with Contact Scotland (https://contactscotland-bsl.org/) they can be supported to participate, if not registered BSL interpreters can also be sourced</p> <p>Visual Impairment: NHS Ayrshire and Arran with RNIB provides an Eye Clinic Liaison Officer Service and support for people with sight loss can be sourced from this service.</p> <p>Mental Health: for those presenting with mental health issues psychology consultation is available, via the NHS adult weight management service, to assess the suitability of the programme for the individual and to allow the provider to, if necessary, signpost the person on to more appropriate services.</p> <p>Learning Disabilities: There is an adapted Weigh to Go programme (Weigh to Go 10) for those participants with learning disabilities.</p> <p>Individuals can be referred to community dietetics for input if the Weigh to Go programme is unable to meet the needs so that individuals still receive treatment.</p>
Gender Reassignment (trans)	Neutral	Referrals accepted from age range 18+
Marriage and Civil Partnership	Neutral	Referrals accepted from age range 18+
Pregnancy and Maternity	Neutral	<p>Referrals accepted for pre-conception and postpartum.</p> <p>For active pregnancy other support is available form maternity services i.e. Healthy Bump, Healthy Baby</p>
Race / Ethnicity	Neutral	<p>The following ethnicities are more at risk of developing type 2 diabetes; African Caribbean, African Black, South Asian – the criteria for these groups to be referred has been reduced to reflect their increased risk BMI\geq 23 (for people of other ethnicities BMI \geq25).</p> <p>Programmes tailored to cultural beliefs.</p>
Religion / Faith	Neutral	<p>Referrals accepted from age range 18+</p> <p>Programmes tailored to religious beliefs.</p>

Sex (male/female/non binary)	Neutral	Referrals accepted from age range 18+
Sexual orientation	Neutral	Referrals accepted from age range 18+
If you have answered positive or adverse impact to any of the groups, an equality impact assessment should be carried out (see flowchart on page 4).		
Impact on socio-economic disadvantage?	Rationale (provide evidence for your rating)	
People living on a low income compared to most others in Scotland	<p>Neutral</p> <p>Face to Face delivery is provided in communities local to the individual and will be available during the day and at twilight sessions.</p> <p>Digital programmes are also available, this form of delivery reduces financial burden of attending appointments, reduces the environmental impact due to a reduction in the need to travel and they are also available during the day and at twilight sessions and However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills; Connecting Scotland and local initiatives as well as the option of telehealth or face to face delivery makes the programmes as accessible as possible.</p> <p>As the programme advocates healthy eating and physical activity consideration needs to be given to the accessibility of healthy food and physical activity options i.e. individuals may be using food banks so there may be a lack of choice in content of parcels - CAN toolkit is available and physical activity resources available for free or reduced costs i.e. activity on prescription.</p>	
People living in deprived areas	<p>Neutral</p> <p>Face to Face delivery is provided in communities local to the individual and will be available during the day and at twilight sessions.</p> <p>Digital programmes are also available, this form of delivery reduces financial burden of attending appointments, reduces the environmental impact due to a reduction in the need to travel and they are also available during the day and at twilight sessions and However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills; Connecting Scotland and local initiatives as well as the option of telehealth or face to face delivery makes the programmes as accessible as possible.</p>	

	<p>As the programme advocates healthy eating and physical activity consideration needs to be given to the accessibility of healthy food and physical activity options i.e. individuals may be using food banks so there may be a lack of choice in content of parcels - CAN toolkit is available and physical activity resources available for free or reduced costs i.e. activity on prescription.</p>
<p>People living in deprived communities of interest</p>	<p>Neutral</p> <p>Face to Face delivery is provided in communities local to the individual and will be available during the day and at twilight sessions.</p> <p>Digital programmes are also available, this form of delivery reduces financial burden of attending appointments, reduces the environmental impact due to a reduction in the need to travel and they are also available during the day and at twilight sessions and However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills; Connecting Scotland and local initiatives as well as the option of face to face delivery makes the programmes as accessible as possible.</p> <p>As the programme advocates healthy eating and physical activity consideration needs to be given to the accessibility of healthy food and physical activity options i.e. individuals may be using food banks so there may be a lack of choice in content of parcels - CAN toolkit is available and physical activity resources available for free or reduced costs i.e. activity on prescription.</p> <p>The following ethnicities are more at risk of developing type 2 diabetes; African Caribbean, African Black, South Asian – the criteria for these groups to be referred has been reduced to reflect their increased risk BMI ≥ 23 (for people of other ethnicities BMI ≥ 25).</p>
<p>Employment</p>	<p>Neutral</p> <p>Programmes and classes are scheduled to allow attendance out with working hours and options for individual programmes are available</p>
<p>If the policy involves a strategic decision you should carry out a Fairer Scotland Duty Assessment.</p>	

EQUALITY IMPACT ASSESSMENT

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

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

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

Name of Policy	Ayrshire & Arran Weigh to Go Tier 2 Adult Weight Management Programme		
Names and role of Review Team:	Rona Osborne – Dietetic Team Lead Adult Weight Management and Diabetes Prevention Carolyn Oxenham – Diabetes Prevention Programme Manager Tracy Moynihan – Weight Management Dietitian Karen Lauder Dietetic Service Manager - East	Date(s) of assessment:	17/08/2021
SECTION ONE AIMS OF THE POLICY			
1.1. Is this a new or existing Policy : New			
Please state which: Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service Change <input type="checkbox"/> Guidance <input type="checkbox"/> Other <input checked="" type="checkbox"/>			
Delivery of a structured education programme to support people living with overweight and obesity to change behaviour and improve health and wellbeing outcomes across the three local Ayrshire and Arran authorities. NHS Health Scotland (2019). Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Adults in Scotland. www.healthscotland.scot/publications/standards-for-the-delivery-of-tier-2-and-tier-3-weight-management-services-in-scotland			
1.2 What is the scope of this EQIA?			
NHS A&A wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail) _____			

1.3a. What is the aim?

The aim of this programme is to support individuals to achieve a healthier weight by providing education and support in turn reducing the long term physical and psychological complications for the patient population and reducing the impact on health care services in relation to demand and overall cost.

It is estimated that, without action, by 2050 obesity related diseases will cost society £50billion per year. The NHS costs attributable to overweight and obesity are predicted to increase in the UK to £10billion per year by 2050 (Tackling Obesity: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health, 2007).

Being overweight or obese has a significant impact on health (SIGN, 2010). Those who are overweight or obese are more likely to suffer from physical and psychological comorbidities. Given the clear health and financial implications of obesity, NHS Ayrshire and Arran's Healthy Weight Strategy (2014-2024) states that supporting the population to achieve a healthy weight is a priority. It describes promoting healthy weight as a challenge that requires commitment, expertise, effective practice and strong leadership. The Ayrshire Healthy Weight strategy aims to utilise these qualities to work towards reducing overweight and obesity across Ayrshire and support maintenance of a healthy weight across the population.

1.3b. What are the objectives?

To ensure a consistent, equitable and evidence-based approach to the treatment of overweight and obesity for adults across weight management services in Scotland by providing initial consultation, structured group or 1:1 interventions over 12 weeks and ongoing support for one year. Each session will include an exercise component, health check, weigh-in and nutritional education. Referrals via self-referral, GP's and other Health Care Professionals.

Please see attached 'NHS Health Scotland (2019). Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Adults in Scotland.'

www.healthscotland.scot/publications/standards-for-the-delivery-of-tier-2-and-tier-3-weight-management-services-in-scotland

1.3c. What are the intended outcomes?

To ensure a consistent, equitable and evidence-based approach to the treatment of overweight and obesity for adults across weight management services in Scotland and to optimise weight loss to achieve a healthier body weight and promote a healthy lifestyle to reduce the risk of weight related physical and psychological comorbidities.

Please see attached 'NHS Health Scotland (2019). Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Adults in Scotland.'

www.healthscotland.scot/publications/standards-for-the-delivery-of-tier-2-and-tier-3-weight-management-services-in-scotland

1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?

The beneficiaries of the policy are the citizens of Ayrshire & Arran currently living with overweight and obesity. The program is for those aged 18+ (consideration given locally to 16-18 years of age) and with a BMI ≥ 25 (Patients of black African, African Caribbean and Asian origin have a lower BMI threshold (≥ 23) due to increased risk of conditions e.g. Type 2 Diabetes).

There are a wide range of stakeholders; primary care services, Allied Health Professionals, 3rd sector providers e.g. leisure and sports clubs, football clubs, Scottish Government national advisors, diabetes services, nutrition and dietetic services and citizens of Ayrshire & Arran

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

Consultation with providers of the service

Consultation with Public Health.

National Advisors at Scottish Government allow for feedback between the organisations.

We have a robust governance structure in place in order to support the implementation of the standards.

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

The programme was evaluated over a 2-year period in two consecutive stages: stage 1 (process evaluation) examining more qualitative aspects of the programme, in particular the views and experiences of its key stakeholders; stage 2 (outcome evaluation) exploring more quantitative elements, in particular the impact of the programme on clients.

A range of programme stakeholders – clients and programme staff (managers and instructors) – were interviewed in 2014 to examine different views and experiences of the Weigh to Go programme. The intention was primarily to assess the strengths and limitations of the programme, to look for common themes in the views and experiences reported, and also to explore suggestions for programme improvement. In addition, researchers directly observed four programme sessions in order to further illuminate and supplement the findings of the stakeholder interviews. (Weigh to Go – Qualitative Findings 2015)

The Weigh to Go Data Analysis, May 2016 report forms part of the evaluation of the programme and presents the main findings from an analysis of routinely collected data.

We utilised the professional publication: NHS Health Scotland (2019). Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Adults in Scotland' and 'A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes' to inform the programme.

Prior to 2019, there was a lack of standardised information collected by NHS boards in relation to provision of weight management services. Approved by the Scottish Type 2 Diabetes Framework Oversight Group, the core dataset was developed in collaboration with the Scottish Government (SG), Public Health Scotland (PHS) and NHS boards.

NHS boards commenced data collection on new referrals from 1 October 2019 and agreed to make their data available to PHS for the purposes of this report (Referrals to NHS Board Commissioned Weight Management Services Tier 2 and Tier 3, May 2021)

The core dataset was introduced to support the evaluation of the Type 2 Diabetes Prevention, Early Detection and Early Intervention Framework and Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Children, Young People and Adults in Scotland. It also assists local evaluation and service planning. The first report was published in May 2021.

The core dataset applies to all NHS board commissioned services (Tier 2 and Tier 3) for children and young people and adults, whether provided by the NHS, local authorities, commercial organisations or voluntary/third sector organisations.

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

We were included as part of the National early adopters board expert group (which has since disbanded since services have evolved). We have regular contact with the Scottish Government national advisors.

We are also involved with the Scottish Healthy Weight Leads network and potential for involvement in thematic groups as programmes evolves further.

Locally, we have a robust governance structure and have feedback strategies in place, we are also included in the Diabetes MCN executive group.

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

Quantitative - The results showed that clients completing the WTG programme clearly benefitted from their participation in a number of key ways. For a start, programme completers - defined to be those clients attending at least 9 of the 12 weekly programme sessions and amounting to about 1 in 4 of all clients referred to the programme - showed clear and notable evidence of weight loss after 9 weeks, along with parallel reductions in BMI.

In particular, relative weight loss was about 3% on average for all programme completers, being a statistically significant difference from the baseline. About 1 in 5 programme completers lost as much as 5% in body weight post-intervention, meeting a key healthy weight target for

overweight and obese adults. In addition, the rate of weight loss was independent of locality, demonstrating that clients benefitted equally regardless of which team was leading the programme. Furthermore, observed weight losses are potentially explained and corroborated by findings for changes in reported diet and physical activity. The majority of programme completers were found, after 3 months, to have improved their levels of physical activity and diet. In particular, a substantial proportion of programme completers moved up from moderate to high levels of activity, and many clients improved dietary intake through higher fruit and vegetable consumption and reduced consumption of confectionary and take away foods. It is therefore reasonable to assume that changes to body weight are likely explained in part by these changes in lifestyle, at least in the short term. It is unclear from this study, however, what happens to clients in the intermediate or long terms since there was insufficient data at 6 and 12 month follow-ups. Thus the programme can be understood to be highly effective in the short-term, at least for those clients engaging with and completing the programme.

Qualitative - The Weigh To Go programme has clearly found very strong favour among all of its stakeholders. Qualitatively, the programme fares very well. There were many positive themes and shared perspectives found among the views of Weigh To Go clients and programme staff. For example, the welcome simplicity of the teaching, the energising interactions experienced in classes, and a strong peer support culture found among clients. There was a clear sense from the various interviews – and also from direct observation of classes - that stakeholders perceived far more to be right than wrong (or not ideal) with the programme.

Nevertheless, some areas for future improvement of the programme were noted. In particular, better information and support systems for programme referrers, improved cross-team communication and working (including opportunities for shadowing), stronger goal setting with clients for supporting behaviour change (possibly through better utilisation of client diaries), and strengthening of external links with other relevant community facilities/resources. Management desired stronger guidance from the national level, and also hoped that sufficient resources could be found to deliver the programme to less accessible parts of Ayrshire and Arran. In addition, there was a view that the programme should be publicised more widely in future.

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

Scottish Government issued the core dataset to NHS Boards and asked that weight management services start collection in accordance with the common definitions on new referrals from 1 October 2019. A national report was published by Public Health Scotland (PHS) on 18 May 2021 after NHS Boards were asked to provide a central submission of their core dataset on new referrals between 1 October 2019 and 30 September 2020. The report can be accessed from the Public Health Scotland website (<https://publichealthscotland.scot/publications/referrals-to-nhs-board-commissioned-weight-management-services/referrals-to-nhs-board-commissioned-weight-management-services-1-october-2019-to-30-september-2020/>.)

Data was then produced for each individual NHS Board as a means to complement the national report and allow exploration of the breakdown of Ayrshire and Arran data in comparison with the Scotland totals. It also provides options to break down Ayrshire and Arran data at individual service level.

The establishment of NHS Health Scotland (2019). Standards for the Delivery of Tier 2 and Tier 3 Weight Management Services for Adults in Scotland' crucially supports 'A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes'.

The purpose of these standards is to ensure a consistent, equitable and evidence-based approach to the treatment of overweight and obesity for adults across weight management services in Scotland. Informed by local discussion with NHS Boards and the issues highlighted by Logue and colleagues (Variations in weight management services in Scotland: A national survey of weight management provision 2016) NHS Health Scotland also carried out a mapping exercise of weight management services across Scotland in 2017–18, which provided a more up-to-date overview of current services. Again, this exercise highlighted the need for a more consistent and equitable approach to the provision and delivery of weight management services for adults.

With broad consensus for the need for development of standards for weight management services, NHS Health Scotland convened an expert reference group which included representation from service leads, dietitians, clinical psychology, physical activity professionals, NHS Health Scotland staff, Scottish Government policy leads and academics. These standards have been informed by best available evidence including the National Institute for Health and Care Excellence (NICE) guidelines, Scottish Intercollegiate Guidelines Network (SIGN) guidelines, Public Health England (PHE) work on commissioning and delivering adult tier 2 weight management services, British Obesity and Metabolic Surgery Society (BOMSS) commissioning guide for weight assessment and management clinics (tier 3) British Dietetic Association (BDA) Dietetic Obesity management interventions in adults, learning from good practice across Scotland and emerging evidence. These standards have also been subject to peer review by the British Dietetic Association and are endorsed by the British Dietetic Association and the British Psychological Society (BPS).

1.7. What resource implications are linked to this policy?

This programme requires a variety of resource including accommodation in 3rd sector e.g. leisure centres, football and sports clubs, resources in order to deliver the programme as intended including physical resource as well as time from clinical staff.

SECTION TWO	IMPACT ASSESSMENT
--------------------	--------------------------

Complete the following table, giving reasons or comments where:

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

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

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

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

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
2.1. Age Children and young people			√	There is an established Child Healthy Weight programme available to Children & Young People and is out with the scope of this programme.
Adults	√			Referrals accepted from age range 18+. (Case by case review for young people aged 16-18 to ensure they access the most appropriate service.) As Weigh to Go is a Tier 2 Adult Weight Management Programme which offers intensive 12 week weight management intervention plus 1 year ongoing support aimed at achieving a healthier weight and potentially reducing the complications of overweight and obesity its impact is seen as positive. .

Older People	√			There is no upper age limit to access Weigh to Go. Older people can improve their overall health and life span and have not been excluded from the programme therefore its impact is seen as positive
2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	√			As part of the screening process and pre assessment paperwork participants are asked to detail any additional needs or highlight any disabilities. This allows the providers to adopt a person centred approach by adapting the delivery route of the programme to suit individual needs. The providers can adopt a person centred approach by adapting the delivery route of the programme to suit the individual. The team is aware that there are numerous hidden disabilities and that through communication the individual can successfully engage with the programme e.g. asking what support is needed to engage with an individual i.e. assist with completion of paperwork, option of remote access or to bring a significant other to allow the person to have a buddy/carer available to support them during the programme etc.
Sensory Disability			√	Referrals for those with sensory impairment are accepted. If the person is registered with Contact Scotland (https://contactscotland-bsl.org/) they can be supported to participate, if not registered BSL interpreters can also be sourced. NHS Ayrshire and Arran with RNIB provides an Eye Clinic Liaison Officer Service and support for people with sight loss can be sourced from this service.
Learning disabilities	√			For people who present with learning disabilities there is an adapted Weigh to Go programme - Weigh to Go 10

Mental Health	√	√		<p>Referrals for people with mental health issues will be assessed on an individual basis.</p> <p>Providers complete Emotion Matters module and basic AsSet training and view Opening Doors animation to help support individuals with mental health issues.</p> <p>For those presenting with mental health issues access to a psychologist is available to support the providers to assess the suitability of the programme for the individual and to allow them if necessary to signpost the person on to more appropriate services.</p>
2.3. Gender Reassignment			√	Referrals are accepted from all adults over the age of 18 and there would be no differential impact on gender re-assignment.
2.4 Marriage and Civil partnership			√	Referrals are accepted from all adults over the age of 18* and there would be no differential impact on marriage and civil partnership.
2.5 Pregnancy and Maternity			√	<p>Referrals accepted for pre-conception and postpartum.</p> <p>For active pregnancy other support is available form maternity services i.e. Healthy Bump, Healthy Baby</p>

<p>2.6 Race/Ethnicity</p>	<p>√</p>		<p>√</p> <p>√</p>	<p>People from Black African, African Caribbean and South Asian (Indian, Pakistani, and Bangladeshi) backgrounds are at a higher risk of developing type 2 diabetes. The referral criteria for these groups has been reduced to reflect their increased risk BMI> 23 (for people of other ethnicities BMI >25).</p> <p>In addition there is recognition for the need for information to be tailored to ensure it is culturally appropriate and we are able to utilise additional resources as and when required. Information specific to different cultures can be accessed through support from the Weight Management Dietitian.</p> <p>We recognise that those who do not speak English or it is not their primary language will require information in a format or language suitable to their needs to make sure they are fully informed of the programme and communications relating to it, information can be accessed through the Weight management dietitian.</p> <p>For those who require additional language support, existing organisational processes will be implemented to support clear communication between the individual and the health care practitioner</p>
----------------------------------	----------	--	-------------------	---

<p>Gypsy / Travellers</p>	<p>√</p>	<p>√</p>	<p>√</p>	<p>This population group can be less likely to engage with healthcare due to their transient nature. They may move between Health Boards throughout the year and may therefore not be known to the GP practices or the Board. This makes it difficult to capture them in the programme. This also presents challenges for raising awareness through communications as it may be difficult to contact these groups of people. Literacy is also problematic within this community so alternative methods of communication should be considered e.g. social media</p> <p>Gypsy/Travellers typically experience significantly poorer health and shorter life expectancy compared to the general population. Despite this greater health need, they experience considerable barriers in accessing health services and preventive healthcare.</p> <p>Given the culture and traditions of Scottish Gypsy/Travellers, it is crucial that NHS Ayrshire & Arran works together with established services, including local authority liaison officers, which support the communities. This will ensure that those Gypsy/Travellers who are shifting/travelling during their participation in the Weigh to Go programme can continue to access the programme, even if they are currently living out-with their GP practice area.</p> <p>Mitigation: Engagement with local officers and literacy support teams to provide tailored approaches to ensure this group are not disadvantaged.</p>
<p>2.7 Religion/Faith</p>			<p>√</p>	<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p>However we recognise that some religions may not accept some or all medical interventions offered.</p> <p>Mitigation: Links to be established with staff who liaise with the various faith groups in Ayrshire.</p>

2.8 Sex (male/female)			√	<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p>Some of our providers deliver 'men only' weight management groups and utilise a wide range of user accessible facilities e.g. football clubs, sports hubs and community facilities.</p>
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 			√	<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p>
2.10 Carers			√	<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p><u>Mitigation:</u> If the service user is a carer we offer a variety of appointment times which would provide flexibility in attendance. If the service user is attending with a carer we are able to facilitate this and have an adaptable and flexible process for this.</p>
2.10 Homeless		√		<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p><u>Mitigation:</u> Often this client group is not registered with a GP practice however we have a self-referral option. We recognise additional work should be undertaken to engage with the homelessness liaison nurses who could refer individuals, we aim to increase connections with other teams and provide a tailored approach for the individual.</p>

2.12 Involved in criminal justice system		√		<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p>Mitigation: We would approach this on an individual basis and provide tailored information for the individual.</p> <p>Previously Weigh to Go was available at HMP Kilmarnock but they are currently without trained staff, as an interim measure signposting in place while a review of provision is under way.</p>
2.13 Literacy			√	<p>Referrals are accepted from all adults over the age of 18*.</p> <p>Mitigation: Delivery route/programme altered to meet the needs of the patient e.g. translation services, 1:1 programme</p>
2.14 Rural Areas			√	<p>Referrals are accepted from all adults over the age of 18* and there would be no differential impact on this client group.</p> <p>Mitigation: Services to be delivered face to face in local communities however the COVID-19 pandemic has enabled us to utilise digital platforms which has reduced access issues in our rural communities.</p>
2.15 Staff <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 			√	<p>Referrals for staff members are accepted and there would be no differential impact on this client group.</p> <p>Staff delivering the Weigh to Go Programme have received training in order to deliver, they are also supported to attend additional training to deliver and facilitate the programme as required and have competencies reviewed annually.</p> <p>Locations in which staff are asked to deliver the programme have been appropriately risk assessed.</p>

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

	Positive	Adverse	Neutral	Rationale/Evidence
--	----------	---------	---------	--------------------

<p>Low income / poverty</p>		<p>√</p>	<p>√</p>	<p>Face to Face delivery will be in a community local to the group and will be available during the day and at twilight sessions.</p> <p>Digital delivery reduces financial burden of attending centralised appointments and will be available during the day and at twilight sessions. Digital delivery also reduces the environmental impact as there is a reduction in the need to travel. However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills.</p> <p>Mitigation: Programme can be delivered by telephone if digital literacy/exclusion is an issue.</p> <p>Due to the nature of the programme healthy eating and physical activity is being advocated so consideration needs to be given to the accessibility of healthy food i.e. are they using food banks, lack of choice in content of parcels. CAN toolkit is available. Physical activity resources available for free or reduced costs i.e. activity on prescription</p>
<p>Living in deprived areas</p>		<p>√</p>	<p>√</p>	<p>Face to Face delivery will be in a community local to the group and will be available during the day and at twilight sessions.</p> <p>Digital delivery reduces financial burden of attending centralised appointments and will be available during the day and at twilight sessions. Digital delivery also reduces the environmental impact as there is a reduction in the need to travel. However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills.</p> <p>Mitigation: Programme can be delivered by telephone if digital literacy/exclusion is an issue.</p> <p>Due to the nature of the programme healthy eating and physical activity is being advocated so consideration needs to be given to the accessibility of healthy food i.e. are they using food banks, lack of choice in content of parcels. CAN toolkit is available. Physical activity resources available for free or reduced costs i.e. activity on prescription</p>

<p>Living in deprived communities of interest</p>		<p>√</p>	<p>√</p>	<p>Face to Face delivery will be in a community local to the group and will be available during the day and at twilight sessions.</p> <p>Digital delivery reduces financial burden of attending centralised appointments and will be available during the day and at twilight sessions. Digital delivery also reduces the environmental impact as there is a reduction in the need to travel. However digital delivery may exclude people due to digital poverty/poor digital infrastructure and lack of digital skills.</p> <p>Mitigation: Programme can be delivered by telephone if digital literacy/exclusion is an issue.</p> <p>Due to the nature of the programme healthy eating and physical activity is being advocated so consideration needs to be given to the accessibility of healthy food i.e. are they using food banks, lack of choice in content of parcels. CAN toolkit is available. Physical activity resources available for free or reduced costs i.e. activity on prescription</p> <p>Programme recognises the increased risk for some BAME communities and inclusion criteria reflect this.</p> <p>Homelessness should not exclude people from the programme but links with liaison services need to be established.</p> <p>Pathways are in place for consultation with psychology. Training being introduced to allow service delivery to be trauma informed.</p>
<p>Employment (paid or unpaid)</p>			<p>√</p>	<p>Delivered within local areas and communities as much as possible, able to signpost to local services for those who require further specific input relating to poverty, housing and employment etc.</p>

SECTION THREE CROSSCUTTING ISSUES

What impact will the proposal have on lifestyles? For example, will the changes affect:

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?	√			Education programme focussed on health and wellbeing including lifestyle factors such as; nutrition, physical activity, alcohol, smoking. Due to the nature of the programme healthy eating is being advocated so consideration needs to be given to the accessibility of healthy food i.e. are they using food banks, lack of choice in content of parcels. CAN toolkit is available.
3.2 Exercise and physical activity?	√			Education programme focussed on health and wellbeing including lifestyle factors such as; nutrition, physical activity, alcohol, smoking. Due to the nature of the programme physical activity is being advocated so consideration needs to be given to the accessibility of resources available for free or reduced costs i.e. activity on prescription
3.3 Substance use: tobacco, alcohol or drugs?			√	While the programme focuses on weight loss/maintenance there is an opportunity for the providers to signpost participants to other services of their choice for example:- Tobacco - Quit Your Way, Alcohol - FAST screening is carried out as part of the pre-assessment and staff have been trained to deliver Alcohol Brief interventions if required. Addictions services
3.4 Risk taking behaviour?			√	Not addressed within education programme however services are being supported by psychology and staff can contact named psychologist for information on signposting to appropriate services.

SECTION FOUR

CROSSCUTTING ISSUES

Will the proposal have an impact on the physical environment? For example, will there be impacts on:

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			√	Delivered within local areas and communities as much as possible, able to signpost to local services for those who require further specific input relating to poverty, housing and employment.
4.2 Working conditions?			√	Delivered within local areas and communities as much as possible, able to signpost to local services for those who require further specific input relating to poverty, housing and employment.
4.3 Pollution or climate change?	√			Delivery is flexible with face to face, telehealth and digital pathways available. Delivery in local communities at times that suit – reduces the need for travel to centralised locations this has also been positively impacted by the development of the digital pathways
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	√			Improved access to relevant education relating to lifestyle and will aim to address health and wellbeing to reduce the risk of developing weight related health comorbidities and the subsequent complications.
Social Services			√	Currently not a referral route to the programme. Mitigation: Contact services and review opportunities for referral.
Education			√	The programme itself will not impact on access to or experience of educational services.
Transport			√	Delivery is flexible with face to face, telehealth and digital pathways available. Delivery in local communities at times that suit – reduces the need for travel to centralised locations this has also been positively impacted by the development of the digital pathways

Housing	√			When individuals join the programme they can be signpost to local services for those who require further specific input relating to poverty, housing and employment. However the programme itself will not impact on access to or experience of housing services.
----------------	---	--	--	---

SECTION FIVE MONITORING
<p>How will the outcomes be monitored?</p> <p>Clinical outcomes including: Weight, body mass index, SCOT PASQ, Weight loss readiness test, EQ5D</p> <p>Health & Wellbeing outcomes: Quality of life, physical activity measures, dietary analysis</p>
<p>What monitoring arrangements are in place?</p> <p>Pre and post assessments in place in order to attain measurements and complete paperwork. Weight, height, BMI taken by GP or practice nurse at referral. If identified as pre diabetic will be offered a pre diabetes education programme in first instance.</p>
<p>Who will monitor?</p> <p>Third sector organisations providing weight management programmes, Weight Management Dietitians</p>
<p>What criteria will you use to measure progress towards the outcomes?</p> <p>Outcomes of the programme are measured externally against the Adult Weight Management Standard, Child Healthy Weight Standards and the Diabetes Prevention Framework. The Scottish Government report on the Diabetes Prevention programme using information provided in the core dataset which is externally evaluated by the Scottish Government.</p>
PUBLICATION
<p>Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.</p> <p>Once completed, send this completed EQIA to the Equality & Diversity Adviser</p>

Authorised by

Karen Lauder

Title

Dietetic Service Manager - East

Signature

Karen Lauder

Date

23/09/2021

Identified Negative Impact Assessment Action Plan

Name of EQIA:

Tier 2 Weight Management Service Weigh to Go.

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
16/09/2021	Literacy of resources to support Diabetes Prevention Programme	Ask communications team to review all local resources associated with programme to ensure Plain English and literacy levels.	T Moynihan Weight Management Dietitian Tracy.Moynihan@aapct.scot.nhs	31/01/2022	Resources used to support the programme may need to be updated – time and costs	
16/09/2021	Digital Exclusion and Literacy	Scope services available locally and nationally to support digital inclusion. Consider adapting programme to include a digital platform introduction/taster session	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	31/01/2022	Possible access to hardware. Signposting/leaflets to local services for support and access. Staff time if introduction/taster session included to support access to digital platform.	

16/09/2021	Psychological Care	Develop and implement a training strategy to enhance psychological skills in staff involved in weight management services.	Dr Siobhan Manuell, Principal Clinical Psychologist Siobhan.manuell@aapct.scot.nhs.uk	Ongoing	 training strategy v2.docx	Ongoing as staff changes and new providers become involved.
16/09/2021	Communication with people with sight impairments	Contact the Eye Clinic Liaison Officer Service for more details on the service	Liz Duncan Diabetes Prevention Project Co-ordinator Liz.Duncan@aapct.scot.nhs.uk	31/12/2021	Development of resources, access to hardware and or software to support.	
16/09/2021	BSL Services	Ensure local BSL interpreter's details are accessible. Contact "Contact Scotland" and find out what services they can provide.	Liz Duncan Diabetes Prevention Project Co-ordinator Liz.Duncan@aapct.scot.nhs.uk	31/12/2021		
16/09/2021	Social work sensory impairment service	Establish links with the services and investigate opportunities	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	31/01/2022		
16/09/2021	Social work	Scope potential for accepting referrals from this team.	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	31/01/2022		
16/09/2021	BAME Communities	Identify local communities and any established links, contact and	Liz Duncan Diabetes Prevention Project Co-ordinator Liz.Duncan@aapct.scot.nhs.uk	31/01/2022	Established links will support the service to understand how	

		scope opportunities			members of the communities may engage. Assessments will consider beliefs and cultures. Allowing the service to have a good understanding of what is important to them i.e. cultural expectations and norms	
16/09/2021	Traveller Communities	Identify local communities and any established links, contact and scope opportunities	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	31/01/2022	Established links will support the service to understand how members of the communities may engage.	
16/09/2021	Homelessness services	Identify local links, establish contact and scope opportunities	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	01/02/2022		
16/04/2021	Criminal Justice System	Identify local communities and any established links, contact and scope opportunities	T Moynihan Weight Management Dietitian Tracy.Moynihan@aapct.scot.nhs	01/02/2022		

--	--	--	--	--	--	--

Further
Notes:

Signed:

Karen Lawder

Date:

23/09/2021