

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 Lets Prevention Education Programme targeted for those at risk of developing type 2 diabetes.
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>Neutral</p>	<p>Child Healthy Weight programme available to Children & Young People and is out with the scope of this test of change.</p> <p>Referrals accepted from age range 18+ As Let's Prevent is a primary prevention programme which is aimed at stopping people from developing type 2 diabetes and the potential complications of diabetes its impact is seen as positive.</p> <p>For older people the physiology of type 2 diabetes and insulin production can mean that prevention is less likely but the programme may slow the progression to type 2 diabetes so older people have not been excluded from the programme.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	Neutral	Referral to the programme is from healthcare professional to healthcare professional, disabilities are recorded as part of the referral and this allows the team to adopt a person centred approach. The team is aware that there are numerous hidden disabilities and that through communication with the individual the programme can be tailored to individual need e.g. finding out the best way to engage with them, if support to complete paperwork is required and digital pathway allows for the person to have a buddy/carer available to support them during the programme.

		<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 & Learning Disabilities: For those presenting with Learning Disabilities the team will work with the person and their primary carer to adapt the programme to meet their needs. For those presenting with mental health issues psychology is available to support the team 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. The programme is not suitable for people who have been prescribed specific steroids as the medication may induce type 2 diabetes, signposting to other services to help reduce any other risk factors is in place.</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>Entry criteria to the programme is a diagnosis of pre- diabetes or being at high to moderate risk of developing type 2 diabetes, the team recognise that people of the following ethnicities are more at risk of developing type 2 diabetes; African Caribbean, African Black, South Asian and they are encouraged to participate to reduce their risk.</p>
Religion / Faith	Neutral	Referrals accepted from age range 18+
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)
<p>People living on a low income compared to most others in Scotland</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 pathway is available during the day and at twilight sessions and reduces, the financial burden of attending appointments which reduces the environmental impact as there is a reduction in the need to travel. However the team recognises that 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>People living in deprived areas</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 pathway is available during the day and at twilight sessions reduces; the financial burden of attending appointments which reduces the environmental impact as there is a reduction in the need to travel. However the team recognises that 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</p>

	resources available for free or reduced costs i.e. activity on prescription.
People living in deprived communities of interest	<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 pathway is available during the day and at twilight sessions reduces; the financial burden of attending appointments which reduces the environmental impact as there is a reduction in the need to travel. However the team recognises that 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 programme highlights the increase risk that these individuals face.</p>
Employment	<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 Diabetes Prevention (Lets Prevent)		
Names and role of Review Team:	Rona Osborne – Dietetic Team Lead Weight Management Carolyn Oxenham – Diabetes Prevention Programme Manager Lorna Breeze – Diabetes Prevention Specialist Dietitian	Date(s) of assessment:	23/09/2021

SECTION ONE AIMS OF THE POLICY

1.1. Is this a new or existing Policy : New

Please state which: Policy Strategy Function Service Change Guidance Other

Introduction of structured education programme to support people at risk of developing type 2 diabetes change behaviour and improve health and wellbeing outcomes across the three local authorities.

Healthier Future – Prevention, Early Detection and Early Intervention for type 2 diabetes:

<https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/>

Primary prevention programme

1.2 What is the scope of this EQIA?

NHS A&A wide Service specific Discipline specific Other (please detail)

1.3a. What is the aim?

The Scottish Government produced the document 'A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes' in 2018 which was developed to provide guidance to delivery partners as to the implementation of a specific weight management pathway for those 'at risk' or those diagnosed with type 2 diabetes. We know from evidence that risks associated with weight and type 2 diabetes are avoidable. The aim of the programme is to address the risk factors in relation to preventing type 2 diabetes, thus reducing the long term complications for the patient population and reducing the impact on health care services in relation to demand and overall cost.

<https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/pages/4/>

1.3b. What are the objectives?

The objective of the Diabetes Prevention Programme, is to raise the awareness of the risks of type 2 diabetes and encourage people to take positive steps towards preventing or reducing their risk of developing type 2 diabetes. Through prevention or delaying the onset of type 2 diabetes, we can improve the health outcomes for the citizens of Ayrshire, reduce or eliminate the cost of diabetic medications and prevent or delay the onset of complications associated with diabetes which will ultimately reduce the costs to the NHS.

1.3c. What are the intended outcomes?

The programme deliver the following outcomes: -

- Improved recording of people with pre-diabetes
- Improved recording of gestational diabetes and clear pathway to diabetes prevention programme
- Increased awareness of the risks associated with type 2 diabetes
- Increased referral rates to support services i.e. Weight Management, Quit Your Way, Activity on Prescription, Green Gym etc. More social prescribing to other services i.e. housing, debt, bereavement etc.
- Reduction in the number of people going on to develop type 2 diabetes

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

The beneficiaries of the policy are citizens of Ayrshire & Arran at risk of developing type 2 diabetes

There are a wide range of stakeholders; public health, primary care services, maternity services, third sector Weigh to Go providers, 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?

National Advisors at Scottish Government allow for feedback to remain in place between the organisations. We have scoped local services with third sector providers alongside stakeholders. We have a robust governance structure in place in order to support the implementation of the framework.

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.

We utilised the professional publication 'A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes' to develop the pilot project and develop the business case. We also have involvement from the Diabetes MCN and included beneficiaries of the service in terms of patient focus groups (attached).

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

We are included as part of the National early adopters board expert group and have regular contact with the national advisors, as highlighted above. We are also involved with the Scottish Healthy Weight Leads network. 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?

As this is a pilot programme, data will be analysed in due course. However from local data it is noted that NHS Ayrshire & Arran has one of the highest prevalence's for T2DM over Scotland <https://www.diabetesinscotland.org.uk/wp-content/uploads/2019/12/Scottish-Diabetes-Survey-2018.pdf> this data is derived from local systems and published nationally

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

Please refer to page 6 of the framework 'A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes'.

1.7. What resource implications are linked to this policy?

This pilot project requires a variety of resource as it is a new service, including accommodation in primary care, involvement of primary care, resources in order to deliver the programme as intended including physical resource as well as time from clinical staff.

SECTION TWO	IMPACT ASSESSMENT
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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			√	Child Healthy Weight programme available to Children & Young People and is out with the scope of this pilot.
Adults	√			Referrals accepted from age range 18+. As Let's Prevent is a primary prevention programme which is aimed at stopping people from developing type 2 diabetes and potentially the complications of diabetes its impact is seen as positive.
Older People	√			For older people the physiology of type 2 diabetes and insulin production can mean that prevention is less likely but the programme may slow the progression to type 2 diabetes so older people have not been excluded from the programme.

2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	√			<p>All referrals to this programme are from healthcare professional to healthcare professional any disabilities are recorded in the referral and the programme can be adapted.</p> <p>The team is aware that there are numerous hidden disabilities and that through communication with the individual the programme can be tailored to individual needs.</p> <p>The team can adopt a person centred approach by adapting the delivery route of the programme to suit the individual; asking what is the best way to engage with an individual, support to complete paperwork, suggest remote access to allow the person to have a buddy/carer available to support them during the programme etc.</p> <p>The programme is not suitable for people who have been prescribed specific steroids as the medication may induce type 2 diabetes.</p>
Sensory Disability			√	<p>Referrals for those with sensory impairment are accepted.</p> <p>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.</p> <p>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>
Learning Disabilities and Mental Health	√	√		<p>Referrals for people with learning disabilities and mental health issues will be assessed on an individual basis.</p> <p>For those presenting with mental health issues psychology is available to support the team 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			√	<p>Referrals are accepted from all adults over the age of 18 and there would be no differential impact on gender re-assignment.</p>
2.4 Marriage and Civil partnership			√	<p>Referrals are accepted from all adults over the age of 18 and there would be no differential impact on marriage and civil partnership.</p>

2.5 Pregnancy and Maternity			√	<p>Referrals accepted for pre-conception and postpartum. For active pregnancy other support is available form maternity services i.e. Healthy Bump, Healthy Baby</p>
2.6 Race/Ethnicity			√	<p>Entry criteria to the programme is a diagnosis of pre- diabetes or being at high to moderate risk of developing type 2 diabetes, the team recognise that people of the following ethnicities are more at risk of developing type 2 diabetes; African Caribbean, African Black, South Asian and they are encouraged to participate to reduce their risk.</p> <p>In addition we recognises 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 from the company currently providing the programme content</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. The current programme provider is able to supply programme content in a number of languages.</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>

Gypsy / Travellers	√	√	√	<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 to alternative methods of communication should be considered.</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 Let's Prevent 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>
2.7 Religion/Faith			√	<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>While we are aware that men are less likely to engage with health services, we will monitor this and if necessary provide targeted promotion. In terms of onward signposting to weight management services as part of the diabetes prevention programme, some of our providers deliver ‘men only’ weight management groups.</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>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> We accept the barrier for access for this group of service users is that we are currently only able to accept clinician referrals. Often this client group is not registered with a GP practice and 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>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 is 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>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>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 Diabetes Prevention Programme pre-diabetes education have received training in order to deliver Lets Prevent Diabetes, they are also supported to attend additional training to deliver and facilitate the programme as required.</p> <p>Team members are working remotely utilising telephone and video call facilities to deliver patient education. This has meant an increase in screen time. Staff have access and are highlighted to the Staff Wellbeing Hubs as required.</p> <p>Locations in which staff are asked to deliver the programme have been appropriately risk assessed and staff have been provided with the People Safe device for lone working.</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
Low income / poverty		√	√	<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>
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Living in deprived communities of interest		√	√	<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 referral to psychology. Training being introduced to allow service delivery to be trauma informed.</p>
Employment (paid or unpaid)			√	<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 prevention of type 2 diabetes it takes into consideration all risk factors and people can be signposted on to the 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 type 2 diabetes and the subsequent complications. The project focusses around primary prevention and therefore will improve initial access to appropriate services.
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.
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SECTION FIVE	MONITORING
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How will the outcomes be monitored?

Clinical outcomes including:
Weight, body mass index, waist circumference, HbA1c, lipids, blood pressure

Health & Wellbeing outcomes:
Quality of life, physical activity measures, dietary analysis

What monitoring arrangements are in place?

Pre and post assessments in place in order to attain measurements and complete paperwork. Blood results taken by GP or practice nurse at referral. The majority of the patient group will be eligible to attend weight management programmes delivered by third sector organisations or within NHS Ayrshire & Arran and clinical measures will continue to be monitored and reported on.

Who will monitor?

Diabetes Prevention Clinicians, third sector organisations providing weight management programmes, Weight Management Dietitians

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

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.

PUBLICATION

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

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

Authorised by

Karen Lauder

Title

Dietetic Service Manager

Signature

Karen Lauder

Date


23/09/2021

Identified Negative Impact Assessment Action Plan

Name of EQIA:

Diabetes Prevention Programme – Let's Prevent

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	<p>Ask communications team to review all local resources associated with programme to ensure Plain English and literacy levels.</p> <p>Request company who provide the resources for the Diabetes Prevention programme to report on the literacy levels of their resources.</p>	<p>C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk</p> <p>Lorna Breeze Diabetes Prevention Dietitian Lorna.Breeze@aapct.scot.nhs.uk</p>	<p>31/01/2022</p> <p>30/11/2021</p>	<p>Resources used to support the programme may need to be updated – time and costs</p>	
16/09/2021	Digital Exclusion and Literacy	Scope services available locally and nationally to support digital inclusion.	<p>C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk</p>	31/01/2022	<p>Possible access to hardware.</p> <p>Signposting/leaflets to local services for</p>	

		Consider adapting programme to include a digital platform introduction/taster session			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 scope opportunities	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 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. Potential for cross board co-operation and for participants to complete phases in different board areas.	

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		Consideration needed for storage of product, mixing of product and blood sampling through programme
16/04/2021	Criminal Justice System	Identify local communities and any established links, contact and scope opportunities	C Oxenham Diabetes Prevention Programme Manager Carolyn.oxenham@aapct.scot.nhs.uk	01/02/2022		

Further Notes:

Signed:

Karen Lawder

Date:

23/09/2021