Glasgow and Clyde
ıct Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Counterweight Plus weight management programme - NHSGGC

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Counterweight Plus programme aims to deliver T2DM remission for patients with type 2 diabetes through a clinically supervised weight management/loss programme. The Counterweight Plus programme has been selected by the Scottish Government for piloting across Scotland's territorial Health Boards, with each Board purchasing directly from Counterweight as the sole supplier.

The NHSGGC pilot will identify 55 patients currently engaged within primary care diabetes services who meet specific criteria as set out in the relevant national standards documentation (Pages 37-39). This will include an initial 3 PC Clusters with consideration of representation from BME population. This includes people with a Type 2 diagnosis within the past 6 years, who are aged between 18-75 years and have a BMI of 27+. As evidence shows Black and minority patients are more likely to develop Type 2 diabetes at a lower BMI, this is dropped to 25+ for this cohort.

The programme based on a formula low energy diet (around 850cals/day) requires individuals to be supported for an initial period of 12 months, though this can be extended to 24 months where required. The Diabetes Remission programme excludes people who administer insulin as part of their clinical treatment and those who are pregnant or breastfeeding, or living with a diagnosed eating disorder.

Patients selected for inclusion are required to follow12 weeks on a total replacement diet,(TDR) (formula low energy diet) before embarking on a 12 week plan to re-introduce food . Throughout this period and beyond they are supported by a clinical team led by a community dietitian (completed competency based training and support provided by Counterweight) and further supported with a range of written material produced by Counterweight.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

Counterweight Plus is being proposed as a new service for NHSGGC, with an initial pilot phase being delivered to better understand how it will meet the needs of the wider type 2 diabetes community. With this in mind, it's proportionate to consider inclusion and any possible barriers that might be inherent in the approach to allow for adjustment prior to mainstreaming. Early review of the programme (specifically the supporting patient materials) suggested there may be unintended exclusion or challenges to advancing equality of opportunity for patients who do not have English as a first language. This was an additional prompt for the need to equality impact assess.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	**Date of Lead Reviewer Training:**
Anna Baxendale	05/05/22

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Members on teams call

	Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	A T2DM Population Needs Assessment has been recently completed within NHSGGC. This Needs Assessment provides additional population data to inform the development of this service and service requirements. Current diabetic pathway services utilise all data available through SCI gateway and includes race, age, postcode (as a proxy for SIMD), sex, disability and additional communication support needs. This information is subsequently also reported on as part of a national core data set.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)***	Additional communication support needs captured through the referral process in addition to analysis of interpreting requests placed for diabetes services, will be used to better understand the scope of patient languages and therefore the provision required as part of the pilot phase. Participation cohort will be monitored to ensure reflects population re additional needs.	

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	Service development to reflect DIRECT control trial protocol  DiRECTProtocolPaper .pdf Glasgow University research indicates Counterweight Plus programme has been delivered for around 10 years in NHS Scottish health boards. A range of individuals have successfully accessed the programme using translators, interpreters (British Sign Language) or people with mental health or learning disabilities supported by their carers. Within GGC the standard interpreting policy will be utilised to ensure all face to face / online interventions are supported as required.	

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	The DiRECT trial collected data on age, sex and ethnicity. Identified that few black/south asians recruited, therefore STANDBY study has been done to understand this issue. The qualitative work in DiRECT did not report these factors as recommendations for improving the programme, rather that support was important The Direct trial included fairly equal representation of individuals across all Quintiles of the Index of Multiple Deprivation with a high uptake from Low SES groups DiRECT baseline paper.pdf Engagement with participants/ user feedback as well as patients who decline service will be undertaken as part of the pilot phase. Counterweight works on a continuous improvement model and has adapted patient education resources to be representative of the UK diverse population. The revised Counterweight Plus Workbook (and new digital resources in development) (resources) will be available for participants including people whose first language is not English. Counterweight Plus has been an acceptable weight loss programme for men with type 2 diabetes who are often under-represented in service access to other weight management programmes. Around 25% males attended Counterweight CORE programme(2008 BJGP 2012, Family Practice), whereas 59% of the DiRECT population were male, DiRECT 2017	PEPI Team engagement to strengthen learning as programme develops.

			In Scotland, of all cases of diabetes, 87.9% (267,615) were Type 2 diabetes. A greater proportion of those with diagnosed Type 2 diabetes are male (56.4%) Counterweight have delivered digital weight loss programmes targeting Black, Asian and Mixed ethnic groups as well as males. Around 65% of those recruited were from Black, Asian or Mixed groups. Counterweight worked with the Local Authority to produce relevant promotional materials for this targeted population. Counterweight are happy to support GGC / Scottish Health boards to develop promotional materials for any population that they identify as hard to reach. Within GGC a workshop will be undertaken to distil learning from this programme and apply to GGC.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination,***	All NHSGGC clinics are fully accessible and show due regard to the Public Sector Equality Duty in this respect. Where additional digital barriers may be experienced a pathway to support access to community digital support has been established. Counterweight Plus can be delivered remotely using the current licence model with local NHS practitioner delivery. Supporting materials and training are available from Counterweight. Programme can be delivered completely remotely using Near Me and dietetic support tailored to individuals through telephone and video calls. This can be tailored to 121 or Group delivery models. Additional community digital support is available to facilitate access to Near Me / Teams.	

	1) Remove discrimination, harassment and victimisation ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***harassment and victimisation).***	Near Me previously subject to EQIA.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of***	Communication elements of the Counterweight programme can be described in 3 key areas. **Referral Process** This aspect is managed through current NHSGGC mainstream provision and as such is reliant upon approved process to provide any communication support. This extends to provision of interpreting support for patients who do not have English as a first language and the provision of any related NHSGGC written resources in other languages and formats. The referral process would include patient letters and supporting information describing the Counterweight programme. In all matters, NHSGGC is fully compliant with the Once for Scotland National Interpreting Policy. **Patient Screening/Selection**	Counterweight will develop patient workbook and online digital & video resources in the 5 most commonly used languages within NHSGGC. . Resources English, Urdu, Punjabi, Arabic, Polish: Available in printed format by mid-July. Requests for other languages on case by case basis: lead time for new translations: 1 month. In addition further development of Digital Access to Counterweight resources in English, Urdu, Punjabi, Arabic, Polish via App will be developed including video resources with subtitles/ BSL.

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	***opportunity).***	All NHSGGC tools used by the referred patient as part of the pathway into Counterweight Plus are available in a range of languages and formats and are available for translation in any language on request. **Patient facing Information** The Counterweight Plus Programme provides a range of written information to support ongoing compliance for targeted weight loss. While this will include some NHSGGC-owned information, the core patient-facing support documents are owned by Counterweight. On the 5/5/22 supporting information from Counterweight was not available in other languages or formats. Action to mitigate has been agreed.	
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).**		Counterweight Plus entry criteria is 18-75yrs of age. An individual greater than 75 years of age would be considered only following a conversation on the benefits with the patient and GP. The DiRECT clinical trial criteria had a cut of 65yrs; An upper age limit of 65 years was fixed to avoid the greater mortality rates associated with older people in a study planned to continue for 2 years and to optimise attendance at study visits given the greater mobility problems often faced by older people with type 2 diabetes The Mean Age of participants in the DiRECT trial was 54.4	NHSGGC will routinely provide the Remission Programme to 18-65yr olds. All individuals cases <20yrs and >65yrs will be discussed with GP and benefit/ risk considered.

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The mean age of people in Scotland with type 2 diabetes in 2016/17 was 66.7 In 2018, the highest number of new Type 2 diabetes cases was observed in the 60-69 age group (4,268), followed by the 50-59 age group (4,252) Current pilot programme is based on up to 65yrs in line with national standards. SG confirmed Age criteria 20-65 years is recommended as it follows the evidence based Direct trial inclusion criteria. This criteria is set out for use in Scotland as per the PHS weight management standards Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland (healthscotland.scot) (page 38). The standards do note that exception cases can be made, this would be for the clinician to decide based on what they think is best treatment for their patient. The criteria was used to target those individuals who would be most able to achieve and maintain remission and also ensure good return on investment from a health economic perspective. As people grow older, the ability of the beta cells in the pancreas to 'reactivate' diminishes. Given this is the primary mechanism by which remission is achieved, it makes clinical sense to target those patients for whom pancreatic sufficiency is likely to be most improved. This is not a risk-free intervention and the risk to the person of 'setting them up for failure' should not be underestimated. Harm can be done by giving false hope to patients – we have a duty to avoid this if we can. Of course there are still many benefits of weight loss in older adults living with type 2 diabetes. The aim for that weight loss should focus on reducing the risk of developing other conditions and reducing or delaying blood glucose lowering medications as well as improving quality of life. This can be achieved by many	

		other evidence-based means and funding to enhance tier 3 services should be targeted towards this. In relation to minimum age the protocol and standards remain at minimum age 20 but the programme could be offered to eligible adults over the age of 18 meeting all other criteria. As noted above, this would be a decision for clinicians. Until there is more evidence to support remission interventions by total dietary replacement in older age groups we recommend that NHS Boards use the 20-65 years age criteria for all individuals being offered the Counterweight Plus remission intervention.	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There is an association between diabetes and people with a learning disability, with research suggesting 10% of the LD community will have diabetes – nearly double the rate of the general population. Obesity levels are also significantly higher. Counterweight resources are currently being reviewed to meet easy-read supporting information to ensure inclusion of people with a learning disability. Any additional materials owned by NHSGGC will be made available in easy read format where requested. Review staff confidence for providing the service (each part of pathway) for people with a cognitive impairment, Information in alternative formats will be required for people with visual impairment. Learning Disabilities was an exclusion in the DiRECT trial. Counterweight does not have LD as an exclusion criteria but taking part in the programme needs to have more benefits than	

		disadvantages to the individual. This would be assessed by the Counterweight trained dietitian and individuals medical team in collaboration with the individual and their carer.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	**No perceived impact**	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership**	**No perceived impact**	

	Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■		
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	Patients who are pregnant or breastfeeding are excluded from participation on clinical grounds.	

	4) Not applicable ■		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	The recent T2DM Needs Assessment establishes a clear relationship between type 2 diabetes and ethnicity, with 12% of those diagnosed in GGC with T2DM belonging to a non-white ethnic minority group (including South Asian of any origin, black of any origin, Chinese and other ethnic groups). Prevalence is highest amongst the Pakistani population of NHSGGC where 10% of the Pakistani population are diagnosed with T2DM. This is compared with 5.8% of the white British population, 7% of the population of Bangladeshi origin and 6% of the population of Indian origin. The risk of developing T2DM is four to six times higher in the Asian population and estimates for people of African, Caribbean ethnicity are up to 4 times higher than the white population. The pathway for patients coming into, through and out of the Counterweight Plus programme will be required to evidence how possible barriers to BME inclusion are mitigated at each stage.	The primary observation of the EQIA in relation to race is the current absence of supporting resources available in other languages. An agreed plan of mitigation has been identified with resources being available in 5 frequently used languages and available on request. A workshop to ensure learning from the Counterweight Bexley programme will be undertaken to inform GGC programme. This involved development of promotional resources for use in the community along with general practice based targeting of this population.
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?**	Assurances have been provided by the contracted supplier (Counterweight) that the available menu plan is vegetarian which can meet Halal and Kosher dietary needs. Consideration should be given to compliance with the Counterweight Plus Programme during fasting periods e.g. Ramadan. From a clinical safety perspective Total Diet Replacement is not recommended during Ramadan therefore a delayed entry into the programme would be offered to an	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	individual who meets eligibility criteria who wishes to observe associated fasting during Ramadan. Counterweight dietary plans are tailored to individuals taking into account any religious and cultural beliefs. This is covered in Training and ongoing support sessions to the trained dietitians delivering the programme in the health board. Counterweight has a nutritional information document to assist practitioners delivering Counterweight Plus. CWT Allergens and Dietary Suitability July	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The recent strategic needs assessment identified that Males (55%) are slightly higher than Females to be diagnosed with Type2 diabetes. 47% males are diagnosed over 65years.	A workshop to ensure learning from the Bexley programme will be undertaken to inform GGC programme re Male recruitment.

<table>
<tr><td>(i)</td><td>Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ■</td><td>No perceived impact</td><td></td></tr>
<tr><td></td><td>Protected Characteristic</td><td>Service Evidence Provided</td><td>Possible negative impact and Additional Mitigating Action Required</td></tr>
<tr><td>(j)</td><td>Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of</td><td>There is a relationship between Type 2 diabetes / obesity and socio-economic status with those living in poverty more likely to be diagnosed than those living in more affluent communities. The proportion of the GGC population diagnosed with T2DM living in most deprived areas is higher at all ages.

Pilot programme will monitor participants to ensure reflective of population demographics.

<table>
<tr><td>SIMD20 Quintile</td><td>Total</td><td>Female</td><td>Male</td><td></td></tr>
<tr><td>1 (Most Deprived)</td><td>6.7</td><td>6.4</td><td>7.0</td><td></td></tr>
<tr><td>2</td><td>6.2</td><td>5.6</td><td>6.8</td><td></td></tr>
<tr><td>3</td><td>4.9</td><td>4.3</td><td>5.5</td><td></td></tr>
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exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:
1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?
6. How has the evidence been weighed up in reaching our final decision?
7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed.

4	4.9	3.9	5.9		5.7	13.4	14.5
5 (Least Deprived)	3.7	2.9	4.5		3.8	10.7	11.9
Total	5.5	4.9	6.1		7.1	15.5	15.6

While the Counterweight Plus programme is free at the point of delivery, aligned support needs to take cognisance of the impact of poverty and food insecurity and ensure robust data capture is used to evidence proportionate uptake.

More detail is required to understand any possible financial barriers to complying with the reintroduction of food stage. Counterweight training supports the tailoring of plans to the individual with regards for food preferences, availability, and affordability. Further impact will be considered in the pilot evaluation.

	Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	Future availability of Counterweight as an option for prisoners requires to be explored as part of ongoing work to define Prison Healthcare as part of mainstream delivery. Consideration of patients in forensic health services also required. Counterweight Plus is being delivered in the State Hospital, Lanarkshire by dietitians trained by Counterweight.	Further action to review access in SPS health care / Rowanbank services.
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	Not applicable	

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	Review of practitioner uptake of stat mand modules and any other related L&E. Learning from Counterweight Meal Replacement Bexley programme within planned Workshop.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

Delivered in line with Human Rights legislation.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

Pilot phase will consider PANEL principles as part of evaluation and future service development

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required) ☐

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ■

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) ☐

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) ☐

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer:	**Name**	**Anna Baxendale**
EQIA Sign Off:	**Job Title**	**Head of Health Improvement**
	Signature	
	Date	**08.07.22**
Quality Assurance Sign Off:	**Name**	**Alastair Low**
	Job Title	**Planning Manager**
	Signature	
	Date	**08/07/22**

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk