

NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

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

Keep Well & Live Active Health Counsellor Service

Please tick box to indicate if this is a :      Current Service   X ☒      Service Development   ☐      Service Redesign   ☐

**Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).**

LIVE ACTIVE is delivered in West Dunbartonshire through the health counsellor model and is available for all patients not just those patients identified through Keep Well. Keep Well identifies patients with existing heart disease in deprived communities and directs them to community health improvement services when appropriate. The health counsellor service aims to provide assistance in supporting people through the behaviour change process addressing nutrition, weight management & physical activity. The model provides individualised support that is flexible and determined by the patients' needs & requirements.

**Who is the lead reviewer and where based?**

Lauren McCormick Health Improvement Senior - Keep Well  
Based West Dunbartonshire CHP  
Whitecrook Business Centre


**Please list the staff groupings of all those involved in carrying out this EQIA  
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Ailsa King - Health Improvement Lead West Dunbartonshire CHP  
Claire Wilson - Senior LIVE ACTIVE Counsellor  
Chris Kelly - Health Improvement Practitioner – Keep Well  
Helen Smith – Facilities Development Co-ordinator Leisure Services, West Dunbartonshire Council (WDC) on behalf of Kevin Murphy Senior Officer, Leisure Services WDC  
Yvonne McKay – Project Administrator WDCHP  
A representative from WDC was invited to the discussions as the LIVE ACTIVE service is delivered in West Dunbartonshire Council leisure services in their venues (commissioned by NHS).  
Service Users – comments taken from scheme evaluation results

**Impact Assessment – Equality Categories**

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>Gender</b>	<p>Counsellors and associated staff have attended WDC Equality &amp; Diversity Training (½ day).</p> <p>The service can provide a same gender counsellor if requested.</p> <p>A mapping exercise has been done by local counsellors to source additional single gender services available to clients' out-with WDC leisure facilities.</p> <p>The service offers private, 1-to-1 consultation with private changing facilities for clients participating in physical activity.</p> <p>At baseline more women with established disease access the Live Active service compared to high risk males.</p>	<p>No negative impacts identified</p> <p>Counsellors to access gender based violence training.</p> <p>Less men than women are accessing the scheme. This is surprising given that prevalence of CHD in males is normally higher than females.</p>
<b>Ethnicity</b>	<p>Equality &amp; Diversity training has been undertaken by counsellors and associated staff. LIVE ACTIVE promotional materials are available in 7 different languages with translation services available for consultations. An example of good practice is referrers now indicate on initial referral to the service if clients require translation service.</p>	<p>Information that clients take away from the consultation, (personalised goals, decisional balance exercise) should to be provided in the clients preferred language.</p>
<b>Disability</b>	<p>All venues are wheelchair accessible with nearby car parking.</p> <p>All leisure sites have loop systems and counsellors have access to British Sign Language Interpreters. Leaflets can be provided in various formats, if requested. Braille signs available in main leisure facilities.</p>	<p>The consultation room within the Playdrome is not accessible to wheelchair users however; an alternative room can be made available if required.</p> <p>Electronic/spoken format of service leaflet is not available.</p>
<b>Sexual Orientation</b>	<p>Equality &amp; Diversity Training attended by counsellors and associated service staff.</p>	<p>No negative impacts identified</p>
<b>Religion and belief</b>	<p>Equality &amp; Diversity Training attended by counsellors and associated service staff.</p>	<p>No negative impacts identified</p>
<b>Age (Children/Young People/Older People)</b>	<p>There is no upper age limit for the service but a lower limit of 16yrs +. Counsellors are aware of other programmes that are available for those under 16yrs such as Active Schools and ACES (child healthy weight programme).</p>	<p>Less Younger people (16-24) access the Live Active scheme which would be expected due to need although the need for a Gp, Physio or Nurse referral could be a barrier</p> <p>Less older people (65+) access the scheme at first appointment than would be expected given the mean age of Keep Well Patients.</p>
<b>Social Class/</b>	<p>LIVE ACTIVE clients are entitled to a discount on leisure facilities for the duration of the scheme. Equality &amp; Diversity</p>	<p>No negative impact identified</p>

<b>Socio-Economic Status</b>	training undertaken by all relevant staff.	
<b>Additional marginalisation</b>		

<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>	December 2009	<ul style="list-style-type: none"> <li>LMcC</li> </ul>
<b>Specific Actions</b> <ul style="list-style-type: none"> <li>Referral, and first appointment data to be sourced,analysed and compared more closely at EQIA review (Data not currently available)</li> <li>Results from Keep Well Health Counsellor Evaluation (summer 09) will be analysed and will provide more detailed views of service users that will help inform future EQIAs.</li> <li>Counsellors to access gender based violence training &amp; mental health first aid training.</li> <li>Investigate with translation service if client's consultation prescription can be translated into client's first language. Also, look at communication with clients prior to the consultation and provide information in the seven languages available.</li> <li>Investigate if a spoken service leaflet can be made available.</li> <li>Analyse Local Enhanced Service (LES) data from Primary care to look at number of patients at an appropriate stage of change and number of referrals made to service for weight management, physical activity &amp; nutrition</li> <li>WDC to conduct more patient surveys with a specific focus on LIVE ACTIVE users.</li> <li>LIVE ACTIVE to look at targeting promotion of service to more specific groups such as senior forums, impairment teams, disability groups</li> <li>Include process of reporting incidents within service SLA</li> <li>Changes to referral form to include disability &amp; preferred language, if appropriate</li> </ul>	December 2009 	<ul style="list-style-type: none"> <li>ALL</li> <li>CK</li> <li>LMcC/CK</li> <li>CK/CW</li> <li>CK/CW</li> <li>LMcC</li> <li>HS/KM</li> <li>CK/CW</li> <li>LMcC</li> <li>LMcC/ CK/CW</li> </ul>

**Ongoing 6 Monthly Review** Please write your 6 monthly EQIA review date:

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December 2009

Lead Reviewer:      Name: Lauren McCormick  
Sign Off:              Job Title Health Improvement Senior –Keep Well  
                             Signature Lauren McCormick  
                             Date: 5/6/09

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

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