

Equality Impact Assessment / Equality Analysis

Title of service or policy	NHS Health Checks Programme
Name of directorate and service	Public Health
Name and role of officers completing the EIA	Cathy McMahon, Public Health Development and Commissioning Manager
Date of assessment	22 December 2014

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1. Identify the aims of the policy or service and how it is implemented.		
	Key questions	Answers / Notes
1.1	Briefly describe purpose of the service/policy including <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	The NHS Health Check programme is a universal risk assessment and management programme with the aim of reducing heart disease, stroke, diabetes, kidney disease and certain types of dementia. It aims to do this by increasing uptake of primary prevention interventions including weight management, smoking cessation, physical activity, statins, anti-hypertensives, and improved management of impaired glucose intolerance. In B&NES the programme is commissioned by the Public Health team and delivered through all 27 GP surgeries locally.
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	The NHS Health Checks Programme has been running in B&NES since 2011 and is a mandated Public Health Programme. There is clear guidance, ambitions and standards for delivery nationally however there is scope for local interpretation of the ambition.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	The Programme contributes to a range of public health outcomes and

		<p>supports the delivery of the following strategies:</p> <p>B&NES Health and Wellbeing Board Strategy (2013)</p> <p>The Board aims to:</p> <ul style="list-style-type: none"> • Reduce health inequalities and improve health and wellbeing in Bath and North East Somerset <p>Theme area:</p> <ul style="list-style-type: none"> • Helping people to stay healthy (prevention) • <p>B&NES CCG 5 year Strategic Plan – Prevention and self-care priorities</p> <p>B&NES Tobacco Control Strategy</p> <p>B&NES Fit for Life Strategy</p> <p>B&NES Healthy Weight Strategy</p>
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2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them

- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	Consideration of equalities issues and addressing health inequalities form part of the Contracts of all service providers delivering services related to the NHS Health Check programme
2.2	What equalities training have staff received?	Staff are required to have generic equalities training as part of their mandatory induction training and to supplement this with additional training in specialist areas where appropriate.
2.3	What is the equalities profile of service users?	<p>In April 2014, 7 GP practices participated in a small scale research project to look at who is more or less likely to take up their offer of a NHS Health Check in B&NES. Using data from 3,622 people invited for a Health Check during 12/13 we found that the following groups of people are less likely to take up their offer of a health check:</p> <ul style="list-style-type: none"> • Men • Younger people (40 – 50 yrs) • Smokers • Those living in relatively more deprived areas
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	<p>GP surgeries are not collecting specific patient feedback regarding the NHS Health Checks or following up with non-attenders. Published research suggests a range of reasons:</p> <ul style="list-style-type: none"> • Lack of awareness of the health check programme

		<ul style="list-style-type: none"> • Beliefs about susceptibility to Cardiovascular Disease • Beliefs about civic responsibility • Issues concerning access to appointments • Beliefs about the consequences of having a check
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	All practices have been asked to complete a self-assessment against the National Programme Standards to support them to improve both quality and performance during 14/15.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	Ensure that specific strategies are used to engage effectively with minority groups and vulnerable clients.
3. Assessment of impact: 'Equality analysis'		
	Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy: <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 	
	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Gender – identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)	We are currently piloting delivery of the Checks in a male dominated business on a local trading estate to see if this will increase access for men.
		Men are less likely than women to attend a NHS Health Check.

		New resources have been produced by PHE to help with marketing of the programme to men in particular and ethnic minority groups	
3.2	Transgender – – identify the impact/potential impact of the policy on transgender people	All eligible population are invited for a Health Check regardless of race, gender, ethnicity etc	
3.3	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)		People with learning or physical disabilities are offered a annual health check via their GP surgery however this does not cover all aspects of the NHS Health Check so there is a possibility that they could miss out / deselect due to misunderstanding of the offer.
3.4	Age – identify the impact/potential impact of the policy on different age groups	<p>Everyone aged 40 – 74 who does not have a related pre-existing condition is invited for a NHS Health Check.</p> <p>New resources have been produced by PHE to help with the marketing of the programme to younger people.</p> <p>We are piloting delivery of the NHS Health Checks in workplaces in Midsomer Norton. This will support those of working age in the area to access the service during working hours.</p>	Younger people are less likely to attend their NHS Health Check.
3.5	Race – identify the impact/potential impact on different black and minority ethnic groups	<p>Ethnicity is recorded as part of the NHS Health Check programme and used to assess CVD risk</p> <p>Information from GP surgeries on take</p>	Indian, Pakistani, Bangladeshi, Other Asian & Chinese, have a lower threshold for diabetes risk.

		up will include a breakdown by ethnic group	
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	Everyone aged 40 – 74 who does not have a related pre-existing condition is invited for a NHS Health Check.	
3.7	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		The programme will not have any negative impact on people of different religious/faith groups as it will have a positive impact on adults regardless of religion or belief.
3.8	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	We are working with the GP surgery in Twerton to proactively invite people for the NHS Health Check by telephone. This more personalised approach has had some success in improving uptake in deprived areas of Bristol.	Targeting routine and manual workers with support services will help to reduce the health inequalities experienced disproportionately by this group as they are more likely to have a higher risk of CVD due to a range of socioeconomic and lifestyle factors.
3.9	Rural communities – identify the impact / potential impact on people living in rural communities	We are piloting delivery of the NHS Health Checks in workplaces in midsomer Norton. This will support those of working age in the area to access the service during working hours.	.

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or

remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
<p>Only 51.1% of people who are offered a check currently take up the offer.</p> <p>A range of inequalities issues have been identified regarding delivery of the programme. These include:</p> <p>Lower take up rates in deprived areas Men less likely to attend Younger people less likely to attend Smokers less likely to attend</p>	<p>Piloting outreach approaches in workplaces, pharmacy and deprived communities to evaluate the impact on uptake</p> <p>Improving data collection on impact of the programme from GP surgeries</p>	<p>Evaluation of uptake in targeted areas</p> <p>GP Practice annual reports</p>	<p>Cathy McMahon</p> <p>Cathy McMahon</p>	<p>April 2015</p> <p>June 2015</p>

5. Sign off and publishing

Once you have completed this form, it needs to be ‘approved’ by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council’s and/or NHS B&NES’ website. Keep a copy for your own records.

Signed off by:
Date: 23/12/2014

Bruce Laurence (Director of Public Health)