

## Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Decommission Health Checks from KWHP and WISH
Directorate and Service Area	People - Public Health
Name of Lead Officer	Viv Harrison, Andrea Dickens

### Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

#### 1.1 What is the proposal?

The proposal is not to commission NHS Health Checks from Knowle West Health Park Community Interest Company and Working in Southmead for Health (WISH) (£37,554) when their current contracts end. This is currently at the end of September 2019 although we are applying for a waiver to extend this along with the Primary Care provision to the end of March 2020 to provide continuity of service to the start of the new service in April 2020. The focus for the future will be on working with primary care and communities to specifically target those who would benefit from a health check who have not taken up the offer.

#### **Background:**

NHS Health Checks are a mandated public health function and a mechanism for identifying and managing people with the common risk factors driving Cardio Vascular Disease (CVD), stroke, type 2 diabetes, kidney disease and dementia. Those eligible for a health check are people between the age of 40 and 75 without a pre-existing condition and should be offered an NHS Health Check and be recalled every 5 years if they remain eligible.

NHS health checks are currently provided by approximately 38 of the 43 GP practices in Bristol and 2 community providers: Knowle West Health Park Community Interest Company and Working in Southmead for Health (WISH). The GP practices provide a standard NHS health check and the community providers deliver an enhanced NHS health check service. The enhanced service

includes all the elements of a standard NHS health check plus the following:

- To support the practice in increasing the number of invites and uptake rates (specified for each Practice) for NHS Health Checks (see description later on in this document)
- To support Individuals in assessing individual lifestyle choices
- To support an increase of signposting and referral on to practice and community based lifestyle services.

The community providers also do outreach work to target priority groups, including BAME (who can be high risk for CVD) and also in workplaces and community venues across the City, to help reach people in familiar settings and those who may be unable to attend their GP practice, including those who work shift patterns, some men and some ethnic groups. Health Checks are also provided on behalf of some GP practices by local arrangement.

## Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

### 2.1 What data or evidence is there which tells us who is, or could be affected?

There are two sources of data for NHS health checks in Bristol:

- Community Providers (KWHP and WISH)
- GP practices

Of those protected characteristics, data is available as follows:

#### Community provider KWHP (2017/18):

<b>Ethnicity:</b>	<b>Number who received health check</b>	<b>Percentage</b>
Asian	57	8%
Black	127	16%
Other Ethnicity	23	3%
Mixed / Multiple Ethnicity	6	1%
<b>Total BAME</b>	<b>213</b>	<b>28%</b>
British	520	67%
Other White	37	5%
<b>Gender:</b>		
Female	479	62%
Male	288	37%
<b>Sexual orientation:</b>		

Bisexual	8	
Lesbian or Gay	7	
Heterosexual	303	
<b>Disabled (self reported)</b>	<b>19</b>	

#### GP Practices (2017/18)

Ethnicity	Received health check	% BAME in Inner City & East	% BAME in South	% BAME in North & West
BAME	1800	35%	14%	18%

#### 2.2 Who is missing? Are there any gaps in the data?

Whilst there is some data available relating to protected characteristics the following are gaps:

**Community providers:** gender reassignment, religion and beliefs, marriage and civil partnerships status, pregnancy, maternity and breastfeeding mothers.

#### GP practice

Other than age and gender, it is unclear what GP practices routinely record for other protected characteristics and whilst some of this data may be recorded by the practices, this information has not been captured in relation to the NHS health checks.

#### 2.3 How have we involved, or will we involve, communities and groups that could be affected?

We have carried out a public consultation on this proposal. We continue to involve affected communities and groups with the support of our community partners and stakeholders.

### Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

#### 3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

The majority of people eligible for a health check, including those from

equalities groups, will be registered with a GP practice and will therefore have access to an NHS health check in future.

Reporting from the enhanced health checks programme which we plan to cease at contract end has highlighted that in terms of numbers of health checks booked promotional activity at community events has the least return, health checks provided through GP engagement have the highest return on investment, intensive work in community settings had very little take up of health checks in these areas, and, regardless of setting, more women than men attend health checks.

The termination of the enhanced service will close the outreach service. The service data suggests the equality group most at risk of being affected is the BAME group. However, primary care providers will include these groups as part of their routine invitations to health checks for the nationally identified target group.

The biggest risk is in areas where primary care (GP practices) is reluctant to engage in delivering health checks. The commissioners will work with the BNSSG Clinical Commissioning Group to encourage more practices to provide this service. There is the potential for a GP practice to outsource it to community providers and this could be explored in the re-commissioning of the primary care health check service.

3.2 Can these impacts be mitigated or justified? If so, how?

The impacts can be justified because of the necessary budget cut and commissioning for the greatest return. The highest return in terms of numbers of health checks delivered in relation to time invested is through GP practices.

No full mitigation is possible within the decreased budget. However, by including equality monitoring in provider contracts and performance management to ensure compliance providing this data, the impact will be monitored.

There is an advantage if GP practices are central to any new service because of new requirements in calculating Cardio Vascular Disease risk.

3.3 Does the proposal create any benefits for people with protected characteristics?

No

3.4 Can they be maximised? If so, how?

N/A

#### Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

The equality impact assessment has meant a detailed analysis of the available data and highlighted some gaps and potential weaknesses in the data collection process. As a result we will ensure that comprehensive monitoring is included within the specification for the new service and that it is robustly implemented.

4.2 What actions have been identified going forward?

Development of a new targeted specification for provision of health checks. Comprehensive monitoring of the service provision.

4.3 How will the impact of your proposal and actions be measured moving forward?

- Responses to the consultation will be considered in the new specification.
- Comprehensive monitoring and analysis of data collected in the new service.

Service Director Sign-Off:



Date:15/5/2019

Equalities Officer Sign Off:



Duncan Fleming

Date:15/5/2019