

Equality Impact Assessment [version 2.12]



Title: NHS Health Checks in GP Practices	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Public Health and Communities	Lead Officer name: Lynn Stanley
Service Area: Public Health	Lead Officer role: Senior Public Health Specialist

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

To recommission the provision of NHS Health Checks in Bristol, in accordance with:

- Local Authority responsibility for improving the health of their local population and reducing health inequalities.
- Conduct of Health Checks as a statutory public health function, according to [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](#).

The current NHS Health Checks contract is for 5 years, ending on 31st March 2025. A new contract will take effect 1st April 2025 to 31st March 2030.

As part of the commissioning process, providers will be required to demonstrate a good understanding of Equality Act 2010 requirements and the public sector equality duty; including that equality of opportunity is central to internal processes/workforce; and services will be regularly tailored and reviewed to meet the diverse needs of Bristol Citizens.

By conducting NHS Health Checks in Bristol, we aim to improve the health of our citizens and reduce inequality in health. By identifying individuals at higher risk of Cardiovascular disease (CVD) conditions eg heart disease, stroke, diabetes and helping them reduce their risk.

1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
-----------------------------------------	-----------------------------	-----------------

Step 2: What information do we have?

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-diversity)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](https://www.bristol.gov.uk/data-statistics). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](https://www.bristol.gov.uk/hr-analytics) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<p>Bristol's JSNA for CVD tells us that:</p> <ul style="list-style-type: none"> In Bristol the rate of early deaths from CVD is over 3 times higher among people living in the most deprived areas of the city compared to the most affluent areas In 2020 there were 235 premature (aged 	<p>That by continuing to provide NHS Health Checks in Bristol, we can help identify people who are at risk of developing CVD conditions. And provide early intervention to reduce the risk and help reduce premature deaths from CVD, as well as empowering people to live longer, healthier lives.</p>

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<p>under 75 years) deaths from CVD in Bristol. 69% of these were among men.</p> <ul style="list-style-type: none"> • CVD premature mortality rates in the Inner City locality have been consistently above the Bristol average and over 3 times as high as the rates in the North and West (inner) locality. • CVD is more common where a person is male, older, has a severe mental illness, or ethnicity is South Asian or African Caribbean. • Early death rates from CVD are no longer declining. 	<p>In Bristol there are 113,952 people (aged 40 to 74) who are eligible for an NHS health Check (ONS Eligible Population 2020-2025).</p>
<p>In Bristol there are 113,952 people who are eligible for an NHS health Check (ONS Eligible Population 2020-2025).</p>	<p>That's 22,790 eligible people per annum (over the 5 year period) that should be offered and NHS Health Check through Bristol City Councils commissioned providers.</p>
<p>Additional comments:</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

The data collected during the NHS health Check is relevant to patient health. It is collected by the GP Practice at time of deliver, and the data is stored on the patient records held by the practice. The practices report anonymised data to us each quarter which includes age, sex, ethnicity. But they do not collect data about all the protected characteristics.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing a change process or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

There was a full consultation process prior to the last commissioning cycle for NHS Health Checks, all required consultation was conducted at the time.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

The next commissioning cycle will include the required stakeholder engagement.

We are currently awaiting advice from procurement re what level of stakeholder engagement is required for a Direct award under the new NHS Provider Selection Regime. We anticipate that we will consult with all Bristol GP Practices as part of this consultation but it's not clear at this stage if we will have to go wider than this. This information will be updated as more information is provided throughout the process.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

Only people who are aged 40 to 74 who do not already have any CVD related conditions are eligible to be invited for an NHS Health Check.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/> NA - only people over 40 and under 74 are eligible for an NHS Health Check
Potential impacts:	
Mitigations:	
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> NA - only people over 40 and under 74 are eligible for an NHS Health Check
Potential impacts:	
Mitigations:	
Disability	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> as long as they are eligible they can be invited for an NHS Health Check
Potential impacts:	
Mitigations:	
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/> Not aware of any exclusion criteria for pregnant women, as long as they are 40+. Although the GP Practice may make a clinical judgement on whether the NHS Health Check is appropriate during pregnancy.
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> There are targeted actions within our contract to reach groups who are higher risk of CVD eg south asian and other ethnic groups
Potential impacts:	
Mitigations:	
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> The contract has targeted plans to reduce health inequalities associated with deprivation
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	

Other groups [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [Public Sector Equality Duty](#) to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

<p>The NHS health checks contract specification outlines targeted plans to reach those at most risk of developing CVD conditions:</p> <p>Priority Population Groups</p> <ul style="list-style-type: none"> • Living in the most deprived areas (1st and 2nd most deprived quintile) • BME (South Asian, Chinese, Black British (Caribbean) or Black African Origin -risk factors occur earlier and individuals in this category are eligible between ages 30-39 with a BMI of >23 • BMI 30+ (or 23+ if South Asian) • Those with a family history of CHD under 60 years old • Those who have not attended the GP Practice in the past 12 months and are known smokers.

Step 4: Impact

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

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
By conducting NHS Health Checks in Bristol, we aim to improve the health of our citizens and reduce inequality in health. By identifying individuals at higher risk of Cardiovascular disease (CVD) conditions eg heart disease, stroke, diabetes and helping them reduce their risk.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
When the service is recommissioned in 2026, we will ensure that the consultation process includes a review of how well the programme has reached higher risk groups and helped to reduce health inequalities. This review will help inform the plan for re-commissioning of the NHS Health Checks.	Lynn Stanley	25/26


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

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

We collect and review data from the providers on a quarterly and annual basis and will continue to do so for the duration of the contract.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director¹.

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 15/5/2024	Date: 11 May 2024

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.