Northamptonshire County Council

Equality Impact Assessment

Name of proposal/policy	NHS Health Checks	**Budget number (if applicable)**	N/A
Service area responsible	Public Health	**Cabinet meeting date**	
Name of completing officer	Mary Hall	**Date EqIA created**	28/08/2018
Approved by Director / Assistant Director	Lucy Wightman	**Date of approval**	28/08/2018

The Equality Act 2010 places a '**General Duty'** on all public bodies to have '**Due regard'** to:

- **Eliminating discrimination, harassment and victimisation**
- **Advancing equality of opportunity**
- **Fostering good relations**

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant MUST include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders
The NHS Health Check programme aims to reduce avoidable premature mortality by early identification and management of cardiovascular risk factors and disease. In Northamptonshire, 75 in every 100,000 people die prematurely before the age of 75 from cardiovascular disease. Under the Health and Social Care Act 2012, local authorities have a legal responsibility to commission and monitor their local health check programme. It is aimed at people between the ages of 40 and 74 years who have no previous history of cardiovascular disease and who have not had a health check in the previous five years. In Northamptonshire 45,694 people are eligible for an NHS Health Check each year (for the five years between 2018/19 and 2022/23). Health Checks are currently predominantly provided within GP practices usually by healthcare assistants or practice nurses. Public Health currently commission First for Wellbeing to commission the NHS Health Check programme on its behalf who in turn commission GP Federations to provide health checks for their local population. A total of 165,281 people were invited for an NHS Health Check between 2013/14 and 2017/18 equating to 76.7% of the eligible population - significantly lower than the England average. A total of 88,305 people completed a health check during this time, or 41.0% of the eligible population, again significantly lower than the England average[1]. Eligible people in older groups were more likely to be offered and complete a health check, females were less likely to be offered but more likely to complete a health check and while eligible people living in areas rated at deprivation quintile 4 (with quintile 5 being the least deprived areas) were more likely to be invited to have a health check, those living in deprivation 1 (most deprived) and 5 (least deprived) were more likely to complete a health check.

Description of proposal under consideration/development
Public Health England prescribe what elements are required as part of the health check programme. As such changes will not be apparent in the programme but in the way it is quality assured, contract managed and aligned with latest best practice and national guidelines. Key changes proposed: a) Use of a dynamic purchase system to enable greater flexibility in procuring providers to run the programme throughout the lifetime of the programme. b) Recruitment of a Quality Assurance and Improvement Officer responsible to support providers (eg by coordinating training, evidence based programme templates links with national best practice), increase the uptake, quality and reach of the health check programme. c) Provide options for single or groups of providers to bid such as GP Federations or single GP practices. d) Provide an in house ‘mop up’ service where public health advisors provide checks for those practices that chose not to provide health checks themselves. e) Purchase point of care testing equipment on behalf of providers as part of the overall contract budget to support same day and extended hours health checks. f) Decrease the amount paid for each completed health check in line with the national average and to allow for point of care testing procurement and staff recruitment. g) Provide payment for invitations to be sent out but to link this to whether a check has been completed on first invitation or, if not, that a second invitation has been sent out. h) Provide invite payment for opportunistic and new patient registration health check.

[1] Note that overall invite and uptake figures are based on Public Health England eligible population numbers set nationally and based on Office for National Statistics population estimates.

i) Use the 10 year CVD risk score as a proxy for a completed health check and link payments to the provision of such a score.
j) Ensure contract and performance management is an integral part of the programme including ensuring all elements of the health check are carried out with removal of the contract a final consequence for any non-compliant providers.

Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)

Data Source (include link where published): Data used for equality impact assessment purposes (gender, age, ethnicity and deprivation) is taken from the locally availably NHS Health Check IT software TCR. These figures use up to date GP patient registrations for their eligible population base and as such may differ slightly from national total population invite and uptake figures which are based on Public Health England eligible population figures (taken using ONS population estimates)

Population group	Total eligible population	Number (%) invited for a check	Completion of a NHS Health Check		
			Total completed	% of those invited	% of eligible population
Female	128,492	80,607 (63%)	47,097	58%	37%
Male	122,246	84,672 (69%)	41,206	49%	34%
Age 40 – 49	101,406	56,233 (55%)	23,676	55%	23%
Age 50 - 59	85,663	59,830 (70%)	30,986	52%	36%
Age 60 - 69	46,921	36,243 (77%)	23,396	65%	50%
Age 70+	16,748	12,973 (77%)	10,245	79%	61%
Deprivation Quintile 1 (most deprived)	99,232	65,362 (66%)	35,845	55%	36%
Deprivation Quintile 2	94,543	61,773 (65%)	32,685	53%	35%
Deprivation Quintile 3	45,736	29,823 (65%)	15,159	51%	33%
Deprivation Quntile 4	91,009	61,229 (67%)	32,113	52%	35%
Deprivation Quintile 5	116,266	76,052 (65%)	42,315	56%	36%
White[2]	173,029	117,006 (68%)	76,777	66%	44%
Asian	5,759	3,526 (61%)	2,373	67%	41%
Black	5,553	3,052 (55%)	1,863	61%	34%
Mixed ethnic	1,940	1,171 (60%)	753	64%	39%
Other (including unclear)	3,317	2,161 (65%)	797	37%	24%

[2] White: including British, Irish and any other white background
Mixed ethnic groups: including White and Black Caribbean, White and Black African, White and Asian and any other mixed background
Asian: Including Indian, Pakistani, Bangladeshi, Chinese, and any other Asian background
Black: Including Caribbean, African, and any other black background
Others: Including any other ethnic group

Tick the relevant box for each line by using a capital 'P' to make a	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	Negative	Neutral	Unsure
Sex	√			
Gender Reassignment				√
Age	√			
Disability			√	
Race & Ethnicity	√			
Sexual Orientation				√
Religion or Belief (or No Belief)				√
Pregnancy & Maternity			√	
Human Rights (Please see articles in toolkit)				√
Other Groups (rural isolation, socio-economic exclusion etc)	√			

Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
We anticipate that the proposed changes will improve uptake in all areas given the additional support and performance management. A mid-programme audit (including equity audit) will be carried out and annual performance and contract management to ensure the programme is equitable. The Quality Assurance and Improvement Officer will liaise with Public Health England to ensure the latest best practice guidance is disseminated and followed in ensuring an equitable uptake.	Areas marked as unsure impact are in those areas where data is not currently available. We have incorporated a requirement that this data is collected in the proposed contract and this will be monitored by the Quality Assurance and Improvement Officer. The two areas marked as neutral are unlikely to be affected: pregnant women are likely to be under the care of a midwife with very few local pregnancies in women over the age of 40 years, and people with disabilities should be on an existing GP register with accompanying support so not part of the health check eligible population.

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2
N/A

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?

Final impact analysis (taking the findings from Part 2 into account) – including review date if required