Equality Impact Assessment Number 2115

Part A

Initial Impact Assessment

Proposal name Commissioning of The NHS Health Check Programme

Brief aim(s) of the proposal and the outcome(s) you want to achieve

The NHS Health Check programme is a Public Health programme in England for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases (CVD) including diabetes, heart disease, kidney disease and stroke.

In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. Eligible individuals are those in this age group who don't have pre-existing Cardiovascular disease, hypertension, diabetes, and/or chronic kidney disease.

The outcomes we want to achieve are

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities. In order to achieve this we need a targeted approach. We will offer health checks to people who are at highest risk of developing cardiovascular disease and at a younger age such as people who live in areas of highest deprivation and/or people from BAME groups such as South East Asian and Black African/Caribbean. We will also target the health checks for those who have a learning disability or Serious mental illness. Data shows that the mortality rate from CVD might be higher in men than women at an earlier age (before 60) but after this age the risk is similar. Further reports from the British Heart foundation shows disparity in morbidity and treatment for women compared to men with CVD. Women were found to have some CVD symptoms different to men and often misdiagnosed leading to longer wait times for appropriate treatment unfortunately leading to death. This programme will not target a certain gender although reporting re: uptake will be analysed and the programme may become targeted to a specific gender if there is a great difference in uptake.

Proposal type

● Budget ○ non-Budget

If Budget, is it Entered on Q Tier?

● Yes ○ No

If yes what is the Q Tier reference 0011300300000

Year of proposal (s)

○ 21/22	● 22/23	● 23/24	● 24/25	● other

Decision Type

- ○ Coop Exec
- ● Committee (e.g. Health Committee)
- ○ Leader
- ○ Individual Coop Exec Member
- ○ Executive Director/Director
- ○ Officer Decisions (Non-Key)
- ○ Council (e.g. Budget and Housing Revenue Account)
- ○ Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member Zahira Naz

Lead Director for Proposal

Greg Fell

Person filling in this EIA form

Karen Harrison

EIA start date 22/03/2023

Equality Lead Officer

- ○ Adele Robinson
- ● Bashir Khan
- ○ Beverley Law
- ○ Ed Sexton
- ○ Louise Nunn
- ○ Richard Bartlett

Lead Equality Objective (see for detail)

● Understanding Communities	○ Workforce Diversity	○ Leading the city in celebrating & promoting inclusion	● Break the cycle and improve life chances

Portfolio, Service and Team

Is this Cross-Portfolio

○ Yes ● No

Portfolio CEX

Is the EIA joint with another organisation (eg NHS)?

○ Yes ● No Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

○ Yes ● No

If consultation is not required please state why

NO. It is a mandated service from Department of Health and Social Care so Sheffield City Council have a legal duty to provide a service

Are Staff who may be affected by these proposals aware of them

● Yes ○ No

Are Customers who may be affected by these proposals aware of them

● Yes ○ No

If you have said no to either please say why

NO. It is a mandated service from Department of Health and Social Care so Sheffield City Council have a legal duty to provide a service

Initial Impact

Under the Public Sector Equality Duty we have to pay due regard to the need to:
- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the Council website including the Community Knowledge Profiles.

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

● Health	○ Transgender
● Age	○ Carers
● Disability	● Voluntary/Community & Faith Sectors
○ Pregnancy/Maternity	○ Partners
● Race	○ Cohesion
○ Religion/Belief	● Poverty & Financial Inclusion
● Sex	○ Armed Forces
○ Sexual Orientation	○ Other

Cumulative Impact

Does the Proposal have a cumulative impact

● Yes ○ No

● Year on Year	● Across a Community of Identity/Interest
○ Geographical Area	○ Other

If yes, details of impact

The programme could have a positive cumulative impact as risk factors are identified at an earlier stage of development and can be managed and/or treated accordingly to reduce the risk of developing CVD. All people attending a health check will be informed of their biometric data and signposted or given information about how to minimise their risks. This will have an impact for their own health and a positive financial advantage to the health and social care system.

Proposal has geographical impact across Sheffield

● Yes ○ No

If Yes, details of geographical impact across Sheffield

We will be targeting the service for people who live in the areas of highest deprivation. People who don't live in areas of highest deprivation but who have other higher risk factors mentioned above will be able to access the service irrespective of where they live.

Local Area Committee Area(s) impacted

● All ○ Specific

If Specific, name of Local Committee Area(s) impacted

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

We will offer health checks to people who are at highest risk of developing cardiovascular disease and at a younger age such as people who live in areas of highest deprivation, people from BAME groups such as South East Asian and Black African/Caribbean. We will also target the health checks for those who have a learning disability or Serious mental illness (SMI). This will help to reduce health inequalities.

In the past we have done this through prioritising resources to those at highest risk and working with primary care and VCF organisations to identify those at highest risk. In doing so we have ensured that those at highest risk are identified and their health needs managed appropriately.

Is a Full impact Assessment required at this stage? ● Yes ○ No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

● Yes ○ No

Date agreed 18/5/23 Name of EIA lead officer Bashir Khan

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

● Yes ○ No *if Yes, complete section below*

Staff
● Yes ○ No

Customers
● Yes ○ No

Details of impact

It is anticipated that the programme will identify individuals who have undiagnosed risks of cardiovascular disease (CVD) such as hypertension, chronic kidney disease (CKD), diabetes, hypercholesteremia and obesity. In identifying the risk that someone has in developing CVD an appropriate management and/or treatment plan will be created to reduce these risks thus having a positive impact on their health.

It will affect those aged 40-74 and will be targeted to people who are at highest risk of developing cardiovascular disease and at a younger age such as people who live in areas of highest deprivation, people from BAME groups such as South East Asian and Black African/Caribbean. We will also target the health checks for those who have a learning disability or SMI.

Comprehensive Health Impact Assessment being completed

● Yes ○ No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

● Yes ○ No

Name of Health Lead Officer	**Karen Harrison**

Age

Impact on Staff
● Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

The NHS Health check programme is a mandated service that local authorities must provide to all eligible adults aged 40-74. Therefore the impact will only affect those in this age group. The reason for this is that age is a key factor in CVD and the prevalence of CVD increases significantly after the age of 40 years and this is the age group where undiagnosed CVD risk factors may be present yet not managed. There is a separate NHS programme for those aged 75 and over which is why there is an upper limit. The health impact for those aged 40-74 is detailed above.
It is hoped that as the programme is rolled out, more people will be discussing their health check and making changes to their lifestyle which can impact the whole family. It is hoped that increased awareness in the community will be disseminated to people under 40 and they will be prepared to attend for a health check once they reach 40.

Disability

Impact on Staff
● Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

The programme will be targeted to those who have a learning disability or serious mental illness as we know that they are more likely to have higher risk factors for developing CVD and at an earlier age. The Health check specification will ensure that it is accessible for people with any disability. This will include being accessible to people with physical disabilities as well as having health promotion materials in different forms so they can be communicated to people with other disabilities. The programme also offers advice for people who may be affected by dementia and how they can reduce their risks of developing this.

Pregnancy/Maternity

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

Race

Impact on Staff
● Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

We will offer health checks to people who are at highest risk of developing cardiovascu disease and at a younger age. We know that people from some BAME groups such as South East Asian and Black African/Caribbean have higher risk factors.

The programme targets people from these ethnicities and when calculating CVD risk t programme uses a lower BMI (Body mass index) than it does for people who aren't from these ethnicities. Culturally appropriate advice will be given

Religion/Belief

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

Sex

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

For many years CVD has been thought as being a male orientated disease rather than female. This is mainly due to the absolute mortality rate of men compared to women being higher and also most research into CVD is based on males. The reasons for thinking this often relates to perceived increased risky behaviours in men rather than women (such as smoking); and also the protective effect that estogen is thought to have in women pre-menopause. Data shows that the mortality rate from CVD might be higher in men than women at an earlier age (before 60) but after this age the risk is similar. Further more, The British heart foundation have published a report 'bias and biology' that shows disparity in morbidity and treatment for women compared to men with CVD. Women were found to have some CVD

symptoms different to men and often misdiagnosed leading to longer wait times for appropriate treatment unfortunately leading to death.
When the health check programme was first commissioned in 2011/12 gender was considered to be a higher risk factor and thus targeted more towards men. However due to emerging evidence questioning the risks for men and women, both genders will be invited to receive a Nhs health check. Monitoring will capture uptake of the programme and if we find that one gender is not attending as much as the other then insight will be sought and addressed into the reason why.

Sexual Orientation

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

Gender Reassignment (Transgender)

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

Carers

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

Voluntary, Community & Faith sectors

Impact on Staff ● Yes ○ No

Impact on Customers ● Yes ○ No

Details of impact

In order to identify and support people at higher risk from CVD we will work with the VCF sector to ensure that the programme is delivered in a way that will attract participation from those at higher risk and that can support long term condition management and/or treatment. A coproduced approach with Community and faith leaders will be important in reaching communities at higher risk.

Partners

Impact on Staff ○ Yes ● No

Impact on Customers ○ Yes ● No

Details of impact

Cohesion

Staff ○ Yes ● No

Customers ○ Yes ● No

Details of impact

Poverty & Financial Inclusion

Impact on Staff ○ Yes ● No

Impact on Customers ○ Yes ● No

Please explain the impact

Armed Forces

Impact on Staff

Impact on Customers

○ Yes ● No ○ Yes ● No

Details of impact

Other

Please specify

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales

Equality Impact Assessment for the recommissioning of the NHS Health Check programme

In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The NHS Health Check programme is a Public Health programme in England for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases (CVD) including diabetes, heart disease, kidney disease and stroke. The NHS Health Check programme can help individuals reduce their risk by offering treatment/management plans; help and advice across a range of risk factors and lifestyle behaviours such as smoking, alcohol use, weight management, diet and physical activity. The programme also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia

CVD remains the leading cause of premature mortality in England, and the rate of improvement seen in recent years has slowed. It is also one of the conditions most strongly associated with health inequalities.

The COVID-19 Pandemic has further revealed and amplified the inequalities in health and there are clear socio-economic and ethnic inequalities in risk mortality from the disease. During the Pandemic, health stopped improving and there was high prevalence of the health conditions that increase fatality ratios of COVID-19.

The outcomes we want to achieve are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities. In order to achieve this we need a targeted approach. We will offer health

checks to people who are at highest risk of developing cardiovascular disease and at a younger age such as people who live in areas of highest deprivation, people from BAME groups such as South East Asian and Black African/Caribbean. We will also target the health checks for those who have a learning disability or Serious mental illness.

We know that not everyone has the same risk for developing CVD. We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from Black, Asian, Minority Ethnic and Refugee backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, and that we see as unacceptable.

In Sheffield we have always used a proportionate universalism approach where we have targeted resources towards those who we know who are at higher risk of developing CVD and at an earlier age. While this approach has shown to reduce health inequalities compared to other health programmes, there is still disparity in who accepts and receives a health check. As we recommission the NHS Health check programme we want to offer these only to the groups of people who we know are at higher risk of developing CVD. This will be based on ethnicity, deprivation and Severe mental illness and learning disability. The rationale for this is detailed below.

Ethnicity
It is well known that CVD risk can be higher for people from certain ethnic backgrounds such as South Asian and African Caribbean than the rest of the UK population. People from these ethnicities may be at higher risk from developing diabetes, having high blood pressure, developing coronary heart disease and having a stroke
Sabre Study

The SABRE study that started over 30 years ago found that the risk of developing type 2 diabetes before the age of 80 was roughly double for people with a South Asian and African Caribbean background, compared with White Europeans. Sabre Study

The Kings fund reports that the risk of developing diabetes is up to six times higher in South Asian groups than in white groups and South Asian groups have higher mortality from diabetes
Diabetes prevalence in Black groups is up to three times higher than in the white population and they have higher mortality from diabetes; they also have a higher risk of hypertension and stroke. Diabetes-related co-morbidities in Black groups are similar to or lower than in white groups, except for higher rates of end-stage renal disease.

Studies in the UK consistently show a higher incidence, prevalence and mortality from CVD in South Asian groups compared with the white group or national average. South Asian groups have the highest mortality from heart disease and also develop heart disease at a younger age. As with heart disease, stroke incidence and mortality are also higher in the South Asian population. CVD mortality is high and rising in South Asia, in contrast to the declining trend elsewhere.

In contrast to South Asian groups, Black groups in the UK have a significantly lower risk of heart disease compared to the majority of the population, despite having a high prevalence of hypertension and diabetes (risk factors for heart disease and stroke). Lower cholesterol levels among people of African Caribbean heritage than white Europeans may protect them against heart disease.

However, Black groups have higher-than-average incidence of and mortality from hypertension and stroke, and they have strokes at a younger age. The prevalence of hypertension, a risk factor for stroke, is high in Africa and the West Indies. Obesity levels are also higher in Black groups, with NICE (National Institute Clinical Excellence) guidelines specifying lower BMI thresholds for them.
The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

Deprivation
Deprivation is a major determinant of life expectancy, healthy life expectancy and ability to access resources and opportunities that can influence health, wellbeing and prevalence of conditions associated with premature preventable mortality.

The evidence is clear that the more deprived communities of our country are affected by a range of conditions that significantly impact on their quality of life. For example, those in the most deprived communities are 30% more likely to have high blood pressure, which is the biggest single risk factor for heart attack and stroke.

People living in England's most deprived areas are almost four times more likely to die prematurely of CVD than those in the least deprived areas.

Severe mental illness and learning disability
People with mental illness are found to have 2.5 times the general population rate of cardiovascular death. A recent UK based data linkage study found that the rate of prescribing of key secondary prevention drugs in people with severe mental illness and CHD was very significantly lower than for people having CHD without severe mental illness. A signal factor underpinning current UK government policy focus on parity of esteem for people living with mental health problems is the finding that men having schizophrenia have 20.5 years' reduced life expectancy and women 16.4 years.

A recent NIHR-funded article found that people with intellectual disabilities in England are more likely to die young than people in the general population, and that more than a third of early deaths were potentially amendable to health care interventions.

Considerable evidence points to a link between preventable disease and its risk factors, and deprivation, ethnicity and gender. By tailoring the delivery of the programme in such a way that greater improvements in health and wellbeing are made within the more disadvantaged communities of Sheffield, and within other population groups who are at risk of developing CVD such as people with serious mental illness or learning disability, the programme will contribute to narrowing health inequalities in Sheffield.

Action plan

Action to be taken	Date to be completed
Complete EIA to inform commissioning plans and structure how to target the programme	April 2023
Complete necessary forms for democratic services and take proposal to the Adult Health and social care committee for sign off giving clear rationale for a targeted service to reduce health inequalities	May 2023
Write specification for a targeted health check programme and work with commercial services in an open tender process, with addressing health inequalities to be the highest 'weighted' question when evaluating bids	September 2023
Agree KPIs with successful provider with a clear understanding of how they will target the service and who they will work in partnership with to achieve this.	December 2023
Regular performance monitoring meetings with provider ensuring that they are meeting the KPIs to reduce health inequalities	Ongoing for duration of contract

Karen Harrison, Health Improvement Principal, April 2023

Supporting Evidence (Please detail all your evidence used to support the EIA)

NHS Health Check - Home

Sabre Study

The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

NICE | The National Institute for Health and Care Excellence

Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)

https://www.bhf.org.uk/what-we-do/policy-and-public-affairs/transforming-healthcare/womenheart-disease

Detail any changes made as a result of the EIA

A clearer focus of how the programme will be targeted.

Following mitigation is there still significant risk of impact on a protected characteristic. ○ Yes ○ No

If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

● Yes ○ No

Date agreed 18/5/23 Name of EIA lead officer Bashir Khan

Review Date 31/03/24

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