

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Public Health	Service area: Long Term Conditions NHS Health Check
Lead person: Diane Burke	Contact number: 07712214804

1. Title: NHS Health Check current position and future procurement considerations

Is this a:

☐

Strategy / Policy

☒

Service / Function

☐

Other

If other, please specify

2. Please provide a brief description of what you are screening

The NHS Health Check programme is one of the mandated services that Public Health must deliver on. It is a systematic and integrated programme of vascular risk assessment and management for people aged between 40 and 74 years who do not have existing vascular disease. The programme aims to identify people who are at risk of developing vascular disease and offer appropriate lifestyle interventions and treatment to reduce their overall risk with a focus on reducing health inequalities. In Leeds there has been a staged implementation since 2009 where it was first offered to the GP practices in the most deprived areas of the city. There has been a wealth of insight and evaluation taking place over this time to ensure we are taking into account the needs of different people including age, race, gender, social class etc.

NHS Health Check performance in Leeds has declined over the past three years. This led to the undertaking of a comprehensive service review to identify current

gaps and to ensure that the model was accessible and offered equal opportunity to the total eligible population in Leeds.

Following the completion of the NHS Health Check review a project group established four possible delivery options (including the current model). These service models were scored independently against weighted scoring criteria.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		x
Have there been or likely to be any public concerns about the policy or proposal?		x
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect our workforce or employment practices?	x	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing equality of opportunity Fostering good relations 	x	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

- **Considering the impact on equality, diversity, cohesion and integration**

Insight and recommendations:

The NHS Health Check programme should see invitations sent out to eligible people aged 40-74 irrespective of their race, ethnicity, gender, disability, beliefs, socio-economic status, social class and location within the city boundaries.

To ensure the service offered equal opportunity for the eligible population to engage and have an NHS Health Check, work was undertaken to consider equality, diversity, cohesion and integration. This was done through a detailed review which identified gaps in current service provision, particularly towards/for males, younger eligible populations and people with a learning disability or severe mental illness. Many of those that had barriers to attendance at an NHS Health Check were also those at greatest risk of cardiovascular disease. A mixed method was employed, including reviews of local, national and international literature, national and local data analysis, interviews with vulnerable groups, primary care staff and wider stakeholders from academia, the 3rd sector and allied health professionals.

Key conclusions:

- The age of the eligible person impacts significantly on the likelihood of them having an NHS Health Check. The 40-49 age group make up the majority of the eligible population however uptake in this group is lower than that of the 50-59 and 60 age categories. Consultation suggested that the current GP model was not flexible to the needs of younger, working age people and needed to adapt.
- Gender impacts on the likelihood of having an NHS Health Check with females significantly more likely to attend than males despite similar invite rates.
- Review suggested that BAME groups are well represented at NHS Health Checks in proportion to the Leeds population (2015 ONS Mid-year estimate). Feedback from wider stakeholders suggested that GPs are considered important to this population and should be maintained as part of any future delivery model. Consultation with a BAME forum suggests greater engagement is required with the community. Further insight required to understand this cohort.
- Effectiveness of communications and alternative delivery is key to the initial engagement of people particularly males and those of the younger eligible population.
- The preferred place of having a health check was the GP surgery but with targeted community delivery and links to specialist services to offer a more flexible and accessible service was important.

Vulnerable groups:

Insight for the review was gained from key vulnerable groups including:
Homeless, gypsies, travellers, asylum seekers
Those with learning disabilities and/or severe mental illness
South Asians, African Caribbean's, Africans

Recommendations:

- Raise awareness of the Health Check across the city using a tailored rather than generic approach that would be accessible to all.
- Communicate importance of the NHS Health Check by engaging with community, support and religious groups.
- Commission service provider that can offer a flexible delivery approach ensuring the whole eligible population has equal access to an NHS Health Check.
- The procurement options following the review supported a lead provider model which provides increased flexibility in terms of time and location for eligible people particularly males, those living in the most deprived quintile, people working full-time and those with a learning disability and/or severe mental illness.
- There are deprived neighbourhoods with high levels of poor health and substantial health improvement needs particularly areas in the inner south, inner east and west of the city. The future service will need to proactively engage with these neighbourhoods and ensure the eligible population are invited to and attend an NHS Health Check.

How have you considered equality, diversity, cohesion and integration?

(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

It has been highlighted that there are current gaps in access which need to be addressed in relation to equality including:-

- Engagement from people with a learning disability and/or severe mental illness.
- Younger age groups, particularly those in full time work believe the current service lacks accessibility as appointments are difficult to get.

The most recent audit data has highlighted that people from deprived areas are attending an NHS Health Check however, there is increased uptake in the non-deprived areas of the city and therefore more insight is needed to address barriers to attendance and to undertake more marketing campaigns.

We are clear that certain vulnerable groups are underrepresented at an NHS Health check and this needs to be addressed to understand actual uptake.

Men and women are being invited at similar rates but men are not engaged with the service. When men do attend the service they are more likely to be at high risk of CVD.

Actions

(think about how you will promote positive impact and remove/reduce negative impact)

- A comprehensive evaluation will be completed consisting of local and national evaluation, consultation with existing providers and a wider stakeholder event tailored to consider the needs of different populations that are eligible for an NHS Health Check.

- The completed NHS Health Check review will be circulated and considered as part of any service procurement or redesign to ensure barriers and strengths of the current service are focused on.
- NHS Health Check data is extracted on a quarterly basis by Public Health to review uptake and disengaged groups. This will be analysed by the Health Improvement Specialist and actions taken to target and improve uptake amongst any groups that are poorly represented in comparison to the latest population census.
- A marketing campaign will be undertaken to promote the NHS Health Checks within areas of low uptake specifically deprived areas and areas of low uptake. The campaign is to target and improve uptake amongst groups of lower uptake levels.

5. If you are **not already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.**

Date to scope and plan your impact assessment:	N/A
Date to complete your impact assessment	N/A
Lead person for your impact assessment (Include name and job title)	N/A

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Lucy Jackson	Consultant in Public Health	

7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** screening's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date screening completed	07/08/2017
If relates to a Key Decision - date sent to Corporate Governance	N/A

Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	
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