

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 or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

| | |
|---------------------------------------|---|
| Directorate: Adults and Health | Service area: Public Health –Older People, Long Term Conditions and Cancer |
| Lead person: Jane Murphy | Contact number: 0113 378 3908 |

1. Title: Report seeking authority to procure a new NHS Health Checks service which will replace the existing provision

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

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

The Council's existing contract with the Leeds GP Confederation to deliver the NHS Health Checks Service (DN370138) is due to expire on 30 March 2024, and there is no further extension provision. Leeds City Council is undertaking a review of the current service. It is seeking approval to procure a new 5 year contract (with an up to 36 months extension provision) with the Leeds GP Confederation for NHS Health Check service using Regulation 32 of the Public Contracts Regulations 2015 - negotiated procedure without prior publication of a notice.

It is proposed that the new service will adopt a mixed model delivery of NHS Health Checks predominantly through GP practices subcontracted by the Provider along with some testing of community outreach delivery for some key at risk groups which includes

those from both ethnically diverse and most deprived communities but also those most likely to be high risk of Cardio Vascular Disease. Key at risk groups will be targeted and uptake maximised. Work will take place with third sector organisations to raise awareness and increase uptake. The accessibility for NHS Health Check offer would be maintained by providing choice to the person around venue, location and timing whilst established GP Practice pathways, blood testing infrastructure, staff skill and economies of scale are cost effective.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or 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. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

| 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**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **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)

The NHS Health Check programme aims to prevent cardiovascular disease (CVD) and associated conditions through the early assessment, awareness, and management of risk factors. It targets eligible adults between the ages of 40-74 to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia and offers advice, support, and interventions to reduce their overall risk. These conditions have the greatest impact on the most deprived communities, so the NHS Health Check also provides an opportunity to help reduce health inequalities.

The city will continue to benefit from a universal NHS Health Check programme. The new contract will ensure that all eligible people will receive an invite for a Health Check.

As part of the Review, national evidence reviews have been considered along with local insight work researching uptake of NHS Health Checks by the eligible population in Leeds.

- **Key findings** (think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups,

potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The proposed model is a mixed model with predominant delivery through General Practice (the current model), alongside testing a community outreach approach targeting key most likely to benefit groups. The groups are:

People who are current smokers
People classed as 'obese' ie have BMI > 30
People living in deprived areas
People from Black and Minority Ethnic groups.

In the current contract there is a financial incentive for GP Practices to target these groups for NHS Health Checks. The introduction of a community outreach approach will allow for further targeting and maximising these groups by removing identified barriers such as location, venue, timing. Work will take place with third sector organisations to further raise awareness and increase uptake in communities.

The community outreach arm of the service will also support the programme of catch up activity where invites/uptake was significantly impacted during the period 2020-22.

- Some evidence that delivery of NHS HCs in community outreach settings may be beneficial, especially for hard to reach groups but evidence is sparse and generally low quality.
- Some evidence that opportunistic testing is beneficial in both PC and community settings in yielding greater uptake from most deprived and identifying CVD high risk.

• **Actions**

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

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: | September 2022 |
| Date to complete your impact assessment | September 2023 |
| Lead person for your impact assessment (Include name and job title) | Jane Murphy, Commissioning Manager |

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|--|--|-------------|
| 6. Governance, ownership and approval | | |
| Please state here who has approved the actions and outcomes of the screening | | |
| Name | Job title | Date |
| Carl Mackie | Head of Service - Long Term Conditions | 10/3/2023 |
| Date screening completed | | 10/3/2023 |

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| 7. Publishing | |
| <p>Though all key decisions are required to give due regard to equality the council only publishes those related to Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision.</p> <p>A copy of this equality screening should be attached as an appendix to the decision making report:</p> <ul style="list-style-type: none"> • Governance Services will publish those relating to Executive Board and Full Council. • The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions. • A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record. <p>Complete the appropriate section below with the date the report and attached screening was sent:</p> | |
| For Executive Board or Full Council – sent to Governance Services | Date sent: |
| For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate | Date sent: 17/03/23 |
| All other decisions – sent to equalityteam@leeds.gov.uk | Date sent: |