## 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 O non-Budget

#### If Budget, is it Entered on Q Tier?

• Yes O 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)
- $\bigcirc \ \text{Leader}$
- $\odot~$  Individual Coop Exec Member
- $\odot~$  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		
O Adele Robinson	○ Ed Sexton	
Bashir Khan	O Louise Nunn	
O Beverley Law	O Richard Bartlett	

#### Lead Equality Objective (see for detail)

<ul> <li>Understanding Communities</li> </ul>	<ul> <li>Workforce</li> <li>Diversity</li> </ul>	<ul> <li>Leading the city in celebrating &amp; promoting inclusion</li> </ul>	<ul> <li>Break the cycle and improve life chances</li> </ul>
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## Portfolio, Service and Team

Is this Cross-Portfolio	Portfolio	
O Yes ● No	CEX	
Is the EIA joint with anothe ○ Yes ● No	r organisation (eg NHS)? Please specify	
Consultation		
Is consultation require	ed (Read the guidance in r	elation to this area)
⊖ Yes ● No	0	
If consultation is not r	equired please state why	
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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 <u>Public Sector Equality Duty</u> 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 <u>Council website</u> including the <u>Community Knowledge Profiles</u>.

### **Identify Impacts**

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

Health	○ Transgender
● Age	O Carers
<ul> <li>Disability</li> </ul>	<ul> <li>Voluntary/Community &amp; Faith Sectors</li> </ul>
<ul> <li>Pregnancy/Maternity</li> </ul>	O Partners
Race	O Cohesion
<ul> <li>Religion/Belief</li> </ul>	Poverty & Financial Inclusion
• Sex	O Armed Forces
<ul> <li>Sexual Orientation</li> </ul>	○ Other

• Year on Year	• Across a Community of Identity/Interest		
O Geographical Area	O Other		
f yes, details of impact			
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.			
	advantage to the health and social care system.		
Proposal has geograp	hical impact across Sheffield		
Proposal has geograp → Yes ○ N f Yes, details of geograp	<b>hical impact across Sheffield</b> lo phical impact across Sheffield		
Proposal has geographYesNYesNf Yes, details of geographWe will be targeting the deprivation. People who other higher risk factors	hical impact across Sheffield lo phical impact across Sheffield e service for people who live in the areas of highest o don't live in areas of highest deprivation but who have s mentioned above will be able to access the service		
Proposal has geograph Yes ON <i>f Yes, details of geograp</i> We will be targeting the deprivation. People who other higher risk factors	hical impact across Sheffield lo phical impact across Sheffield e service for people who live in the areas of highest o don't live in areas of highest deprivation but who have s mentioned above will be able to access the service		
Yes ON Yes ON <i>f Yes, details of geograp</i> We will be targeting the deprivation. People who other higher risk factors irrespective of where th	hical impact across Sheffield lo bhical impact across Sheffield e service for people who live in the areas of highest o don't live in areas of highest deprivation but who have s mentioned above will be able to access the service hey live.		
Proposal has geograph → Yes ○ N <i>f Yes, details of geograp</i> We will be targeting the deprivation. People who	hical impact across Sheffield lo bhical impact across Sheffield e service for people who live in the areas of highest o don't live in areas of highest deprivation but who have s mentioned above will be able to access the service hey live.		

#### **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
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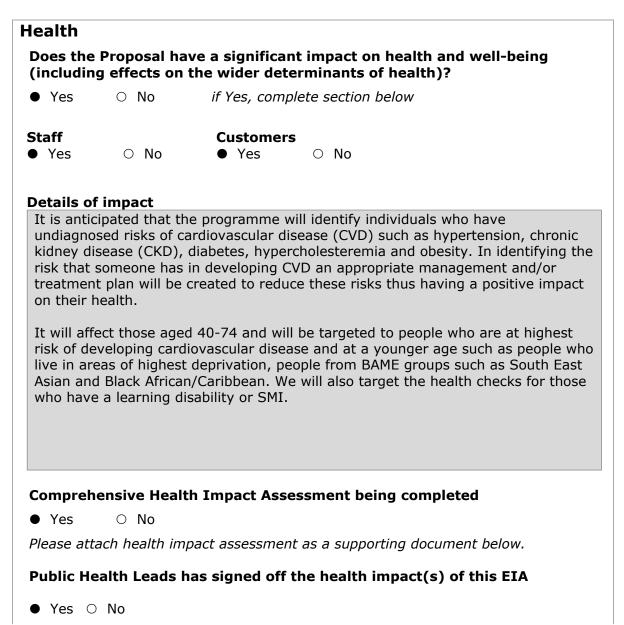
 $\bigcirc$  No

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.



## Part B

## **Full Impact Assessment**



**Karen Harrison** 

#### Age

Impact on Staff • Yes O No

Impact on Customers • Yes O 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

on Staff O No Impact on Staff

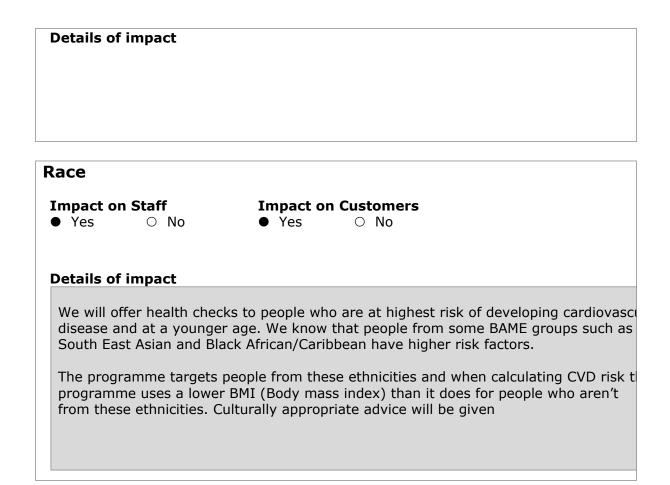
• Yes

Impact on Customers • Yes O 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 **Impact on Customers** ○ Yes ● No ○ Yes No





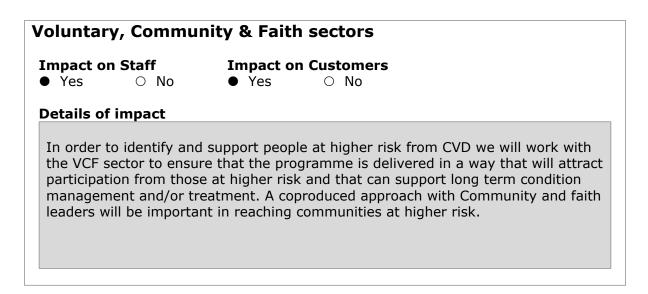
## Impact on StaffImpact○ YesNo○ Yes

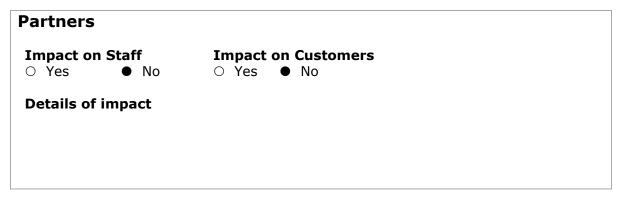
Impact on Customers○ YesNo

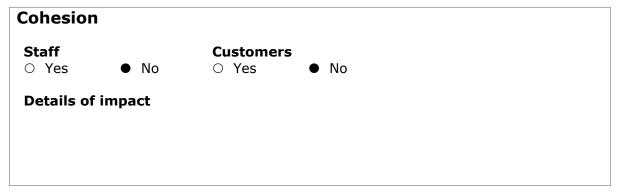
#### Details of impact

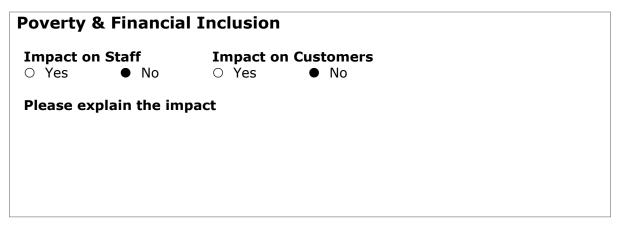
For many years CVD has been thought as being a male orientated disease rather than female. This is mainly due to the absolute mortality rate of men compared to women being higher and also most research into CVD is based on males. The reasons for thinking this often relates to perceived increased risky 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

	en and often misdiagnosed leading to longer wait times for			
	fortunately leading to death.			
	ogramme was first commissioned in 2011/12 gender was risk factor and thus targeted more towards men. However due to			
-	oning 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				
	ending as much as the other then insight will be sought and			
addressed into the reason				
Sexual Orientation				
Impact on Staff	Impact on Customers			
○ Yes ● No	O Yes ● No			
Details of impact				
Details of impact				
Gender Reassignm	ent (Transgender)			
Impact on Staff	Impact on Customers			
$\circ$ Yes $\bullet$ No	$\circ$ Yes $\bullet$ No			
Details of impact				
Carers				
Transation Staff	Transation Customere			
Impact on Staff ○ Yes ● No	Impact on Customers ○ Yes ● No			
Details of impact				
•				









Armed Forces Impact on Staff Impact on Page 137

O Yes	• No	O Yes	• No	
Details of i	impact			
Other				
Please spe	cify			
	<b>.</b>	<b>-</b> .		
Impact or O Yes	● No	○ Yes	n Customers ● No	
Details of i	mpact			

## **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 achi Patrie Marked 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. <u>Sabre Study</u>

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

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/transforminghealthcare/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.  $\bigcirc$  Yes  $\bigcirc$  No

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

Sign Off			
		signed off by the Equality I as this been signed off?	ead Officer in your
• Yes	○ No		
Date agreed	18/5/23	Name of EIA lead officer	Bashir Khan

<b>Review Date</b>	31/03/24

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