Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act
Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility
This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings
You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” "Which protected characteristics might be affected?" and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Re-commission of the NHS Health Check programme	**Person / people completing analysis**	Sue Cecconii
Service Area	Health Improvement, Public Health	**Lead Officer**	Philip Garner
Who is the decision maker?	Glen Garrod	**How was the Equality Impact Analysis undertaken?**	Desk Based – review of 2016/17 user data
Date of meeting when decision will be made	24/01/2018	**Version control**	0.3
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	The Lincolnshire County Council's NHS Health Check programme is a national exemplar offering over 42,000 people each year, aged 40-74, a preventative check to assess their risk of vascular disease. Since 2013/14 over 200,000 people have been invited and more than 120,000 people have been assessed. Vascular diseases are the biggest cause of death in the UK, and the NHS Health Check programme in England could on average prevent 1,600 heart attacks and strokes and save at least 650 lives each year. The vascular checks programme could prevent over 4,000 people a year from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier, allowing individuals to be better managed and improve their quality of life - Putting Prevention First, Vascular Checks: Risk Assessment and Management The NHS Health Check remains a government priority. It is one of the largest public health programmes in the world and is mandatory for local authorities to provide for their eligible residents. (Health and Social Care Act 2012) The service needs to be re-commissioned, as it is a statutory duty. It will remain in its current format. More information can be found in the annual report:		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age

Evidence:

The NHS Health Check programme is one of the largest public health programmes in the world, with nearly 5 million people in England receiving an NHS Health Check since 2013.

The NHS Health Check programme offers preventative checks to people aged 40-74 years to assess their risk of vascular disease (heart disease, stroke, diabetes and kidney disease) followed by appropriate management and intervention, e.g. medical intervention and/or referral and signposting to lifestyle services. Eligible people are invited for their health check every 5 years. People already on a cardio vascular disease (CVD) register are excluded from the programme as they are already being managed by primary care.

In Lincolnshire, those at most risk are invited for their health check first, in line with National guidance. Risk is calculated by a software risk tool which uses indicators such as age, gender, BMI, family history of vascular disease, previous blood pressure and cholesterol measurements to give a risk percentage. Risk increases with age.

Age/Gender invitation and assessment

	Offered Health Check	Health Check Done	Percentage Uptake
TOTAL PATIENTS	42770	29649	69
FEMALE	21566	16021	74
MALE	21204	13628	64
FEMALE Age 40 - 44	4548	2723	60
FEMALE Age 45 - 49	3394	2637	78
FEMALE Age 50 - 54	3732	2876	77
FEMALE Age 55 - 59	3249	2408	74
FEMALE Age 60 - 64	2144	1739	81
FEMALE Age 65 - 69	2013	1638	81
FEMALE Age 70 - 74	2149	1687	79

FEMALE Age 75+	337	313	93
MALE Age 40 - 44	4467	2058	46
MALE Age 45 - 49	2898	1954	67
MALE Age 50 - 54	3093	2126	69
MALE Age 55 - 59	3230	1968	61
MALE Age 60 - 64	2828	1826	65
MALE Age 65 - 69	2477	1903	77
MALE Age 70 - 74	2007	1582	79
MALE Age 75+	204	211	103

The average uptake in Lincolnshire is higher than England and East Midlands averages. The uptake for younger patients is lower than that for older patients. Practices contact patients on three separate occasions and it is audited annually that they are using different invitation methods so the patient can be best engaged. We encourage practices to offer evening and/or weekend appointments so that younger working patients have more opportunity to attend. In 2015 funding was agreed for some practices to purchase a centrifuge so that patient blood sample could be spun and stored on site, awaiting laboratory pick up, enabling the practices to open up their range of appointment times.

Ensuring that engagement is high and improving for all age groups offers the best outcomes for all regarding having the opportunity to detect otherwise undiagnosed underlying disease and help patients to reduce their CVD risk and improve lifestyles.

Disability

Evidence:

The NHS Health Check programme does not discriminate based on disability, physical or learning. All patients aged 40-74 who are not currently on a CVD register, so already receiving treatment, will receive and invitation to attend for their assessment.

The health check programme aligns with other health checks, such as the Learning Disabilities health check, meaning patients can have fewer appointments to attend and get the greatest benefit from those that they do. This also makes make best use of practice time. Work with the practices has been underway since 2015/16, setting up alerts on their clinical systems so that appointments can be combined and this advice is reiterated at their annual audit and the use of patient alerts checked.

Gender reassignment	**Evidence:** No positive impact)
Marriage and civil partnership	**Evidence:** No positive impact
Pregnancy and maternity	**Evidence:** No positive impact)
Race	**Evidence:** The NHS Health Check programme does not discriminate. All patients aged 40-74 who are not currently on a CVD register, so already receiving treatment, will receive an invitation to attend for their assessment. Table 3: Gender Ethnicity invitation and assessment

Coverage & Uptake (01 April 2016 to 31 March 2017)

	Offered Health Check	Health Check Done	Percentage Uptake
FEMALE A - British	16681	13698	82
FEMALE B - Irish	55	45	82
FEMALE C - Any other white back-ground	1935	1344	69
FEMALE D - White and Black Caribbean	14	9	64
FEMALE E - White and Black African	18	13	72
FEMALE F - White and Asian	21	22	105
FEMALE G - Any other mixed back-ground	29	29	100
FEMALE H - Indian	62	39	63
FEMALE J - Pakistani	3	2	67
FEMALE K - Bangladeshi	5	7	140

FEMALE L - Any other Asian back-ground	62	53	85
FEMALE M - Caribbean	12	6	50
FEMALE N - African	28	29	104
FEMALE P - Any other black back-ground	14	12	86
FEMALE R - Chinese	57	49	86
FEMALE S - Any other ethnic group	187	108	58
FEMALE Z - Not stated (High level code)	413	255	62
FEMALE ZZ - No Code Recorded	0	0	0
FEMALE ZZZ-Unmapped Ethnicity Codes	1970	301	15
MALE A - British	15328	11640	76
MALE B - Irish	56	41	73
MALE C - Any other white back-ground	1933	1119	58
MALE D - White and Black Caribbean	5	4	80
MALE E - White and Black African	24	13	54
MALE F - White and Asian	23	13	57
MALE G - Any other mixed back-ground	24	13	54
MALE H - Indian	64	43	67
MALE J - Pakistani	4	0	0
MALE K - Bangladeshi	22	6	27
MALE L - Any other Asian back-ground	46	32	70
MALE M - Caribbean	7	5	71
MALE N - African	29	16	55
MALE P - Any other black back-ground	15	7	47
MALE R - Chinese	35	28	80
MALE S - Any other ethnic group	185	82	44
MALE Z - Not stated (High level code)	483	237	49
MALE ZZ - No Code Recorded	0	0	0
MALE ZZZ-Unmapped Ethnicity Codes	2921	329	11

People from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories are included at BMI 27.5 or over whereas individuals from other ethnicity categories are included in the filter at BMI 30 or over. This is due to the fact that people from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories are more prone to diabetes at a lower BMI.

The data shows the numbers in the table are small across the majority of categories, any data inaccuracies will be exaggerated meaning that drawing conclusions regarding the comparative uptake of ethnicities is not possible.

Religion or belief	**Evidence:** No positive impact
Sex	**Evidence:** The NHS Health Check programme does not discriminate. All patients aged 40-74 who are not currently on a CVD register, so already receiving treatment, will receive and invitation to attend for their assessment. <u>Gender invitation and assessment</u> **Coverage & Uptake (01 April 2016 to 31 March 2017)** There is no nationally reported data on the gender split for uptake for the NHS Health Check. However, it is well documented that women are more likely to take up the offer of health care services than men across the NHS. In Lincolnshire the uptake for men (64%) and women (74%) in 2016/17 was higher than the national uptake (49.9%). The uptake in Lincolnshire for both genders continues to increase and this is monitored. The gender difference in uptake has been investigated where practices with high uptake rates for men, in particular where their uptake rates for men were even higher than for women, were asked if they were doing anything differently so that this could be documented. Each practice said that they didn't treat the invitation of men differently from the invitation of women, even where the uptake for men has higher than the uptake for women. The feedback we received to increase uptake for both genders was the same in each high achieving practice: A well-managed invitation system where different methods were used: letter; verbal; phone calls and in some cases using text where available and this best practice is shared. Ensuring that engagement is high for both men and women offers the best outcomes for both sexes regarding having the

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FEMALE	21566	16021	74
MALE	21204	13628	64

	opportunity to detect otherwise undiagnosed underlying disease and help patients to reduce their CVD risk and improve their lifestyles.
Sexual orientation	**Evidence:** No positive impact

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Health Inequalities

Uptake is lowest for both men and women in the more deprived quintiles and increases in the more affluent quintiles.

	Male % Uptake	Female % Uptake
Quintile 1	48.7	57.5
Quintile 2	51	62.7
Quintile 3	63.8	73.5
Quintile 4	71.1	78.2
Quintile 5	69.8	79.5

Uptake to a verbal invitation is high across all 5 quintiles, but is particularly evident for the more deprived quintiles, where their response to other invitation methods is much less successful in engaging with them but response is high for verbal invitations. For example for the most deprived quintile 1, the uptake to a first letter invitation is 28.9% whereas the uptake for the last deprived quintile 5 is 43.2%. The difference in uptake practically disappears when the invitation is verbal, a face to face conversation at the patients GP practice, quintile 1 uptake is 68.3% and quintile 5 is 70%

The average uptake for England in 2016/17 was 49.9%. This is only just higher, by 1.2%, than our lowest uptake for men in the lowest quintile. However, we have added patient alerts to all GP practice systems (via our relationship with Arden GEM) so that practice staff know who to ask to make an NHS Health Check appointment. Practices continuing to increasing verbal invitations will help to increase uptake rates across all quintiles.

Ensuring that engagement is good and improving for the more deprived areas offers the best outcomes regarding having the opportunity to detect otherwise undiagnosed underlying disease and help patients to reduce their CVD risk and improve their lifestyles.

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Age	**No perceived adverse impact**
Disability	No perceived adverse impact
Gender reassignment	No perceived adverse impact
Marriage and civil partnership	No perceived adverse impact
Pregnancy and maternity	No perceived adverse impact

Race	No perceived adverse impact
Religion or belief	No perceived adverse impact
Sex	No perceived adverse impact
Sexual orientation	No perceived adverse impact

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity
To understand the impact that the Lincolnshire NHS Health Check has on the patient attending for their assessment.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Disability	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Gender reassignment	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Marriage and civil partnership	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Pregnancy and maternity	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Race	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Religion or belief	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.

Sex	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Sexual orientation	This was a desk exercise and people from this protected characteristic have not been approached. The software available that runs on GP clinical systems enables us access to all of the anonymised data required by the programme.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	The NHS Health Check is a nationally directed programme. The programme adheres to the national service specification. As this is a continuation of service, with no reduction in provision planned, we are confident that a desk top exercise is sufficient, however if in future years LCC looked to add additional elements or reduce the provision then the community engagement team would be involved.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	No change to implement at this time.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	No action required	Philip Garner	
Signed off by		**Date**	12/03/2018

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