

EQIA Submission Draft

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Public Health Transformation – Health Checks and Primary Care insourcing

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Integrated Commissioning

Public Health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Chris Beale

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Vicky Tovey

6. Director of Service

Note: This should be the name of your responsible director.

Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

Yes

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

Yes

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

Yes

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No
No
Other – Please add details of any other activity type here.
8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required. In July 2023, Kent County Council (KCC) commenced the Public Health Service Transformation Programme (PHSTP). The Programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Public Health Service Transformation Programme aims to: • Improve services for our communities; targeting those who need them most; informed by evidence and ensuring join up and alignment internally as well as with other related services. • Maximise impact of investment; spending where it can have the biggest impact. This will ensure Public Health Services are efficient and reprofile funding into a new prevention proposition. • Quality assure services against best practice; ensuring they are safe and effective. • Ensure services are fit for the future, sustainable and responsive to need (political, economic, social, technological, legal, international and environmental) and continue to be affordable. This will include managing changes in demand, ensuring provider capacity and capability, insights-led changing trends in society and utilising new technology. The Public Health Service Transformation Programme has included the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery. The findings from the Public Health Service Transformation Programme engagement work for the NHS Health Check Programme were as follows: • The programme should focus on engaging residents who have a higher risk of CVD and are less likely to take up the offer of an NHS Health Check. • Targeted interventions are needed in settings that will reach those less likely to engage, including residents from areas of higher deprivation • The service should be easily accessible. • Achieving the most effective and efficient contracting arrangement for primary care providers and an outreach service is key. • There is limited experience of contracting and managing primary care providers in the market. This EqIA assesses the potential impact of the Public Health Service Transformation in relation to the NHS Health Check Programme. The NHS Health Check Programme will continue to: • Offer a check to each eligible person once every five years. (Those aged 40-74 with no prior history of CVD and who do not currently have a health condition from a nationally pre-determined list of excluding conditions.) • Exclude those with a pre-defined medical condition from receiving a check. • Record a pre-defined list of medical information during each check. • Provide patients with a cardiovascular risk score and a range of information related to their health check results.

- Report on invites sent and checks conducted.

KCC currently commissions Kent Community Health Foundation Trust (KCHFT) to manage the NHS Health Checks Programme across Kent. They currently contract directly with GPs and Pharmacies to deliver the Health Checks service, alongside running an outreach service. The NHS Health Check Programme intends to continue delivery, with the outlined minor amendments:

- The recommendation is for KCC to directly contract with Primary Care Providers. A new team within KCC will be established to manage these contracts.

The benefits of this approach include:

- Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money.
 - An environment of continuous innovation and cost efficiency to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning.
 - Contracting directly with primary care rather than via a third party brings us closer to communities so that we are better able to respond to local need and address health inequalities at pace.
 - Greater level of control and access to data, and improved ability to audit performance.
 - Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts.
- The recommendation is for KCC to commission an NHS Health Check outreach service and a digital training offer. This will ensure NHS Health Checks are available to Kent residents where GP surgeries are not signed up or lack capacity to deliver the programme.
 - The recommendation is for the NHS Health Check Programme to change its invitation model whereby individuals at higher risk of CVD are prioritised through a targeted invitation. The targeted invitation will be informed by findings from engagement work that will take place in 2025/26, aimed at understanding how to increase the likelihood of attendance to the health check.

Delivery of the programme is underpinned by provision of an end-to-end digital system provided by Health Diagnostics. All delivery of NHS Health Checks is facilitated via this platform. This is arranged by a separate contract between Health Diagnostics and KCC. This contract is not in scope of the Public Health Service Transformation Programme and is therefore not included within this decision.

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*

Yes

10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*

Yes

11. Is there national evidence/data that you can use? *Answer: Yes/No*

Yes – By KCC directly contract managing GPs and pharmacies, it ensures the Council is in line with other local authorities and best practice.

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

- Local Medical Committee (LMC)
- Local Pharmaceutical Committee (LPC)
- Providers
- KCC Internal Departments
- People Accessing the Service
- Office for Health Improvement & Disparities
- Department of Health and Social Care
- Kent and Medway ICB
- Other local Authorities

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - Answer: Yes/No
Yes
Staff/Volunteers - Answer: Yes/No
Yes
17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No
Yes
18. Please give details of Positive Impacts
- KCC directly contracting with Primary Care Providers will have the following benefits, that will positively impact KCC, Primary Care Providers and Kent residents: ➤ Fostering continuous competition throughout the lifecycle of the contract period, lending itself to better value for money. ➤ An environment of continuous innovation and cost efficiency to be implemented throughout the lifecycle of the contract period, without the costs associated with recommissioning. ➤ Contracting directly with primary care rather than via a third party brings us closer to communities so that we are better able to respond to local need and address health inequalities at pace. ➤ Greater level of control and access to data, and improved ability to audit performance. ➤ Stronger local authority relationships with primary care to make the programme more efficient and streamline with other primary care contracts. - KCC commissioning an NHS Health Check outreach service and a digital training offer will ensure all eligible Kent residents will have access to a health check. - By changing the invitation model, those at higher risk of CVD will be prioritised, and through targeted invitation will be more likely to attend their health check. By those at higher risk of CVD attending their health check, it is more likely for risks to be identified and managed, and ultimately lower premature mortality.
Negative Impacts and Mitigating Actions
The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.
19. Negative Impacts and Mitigating actions for Age
a) Are there negative impacts for Age? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Age
N/A
c) Mitigating Actions for Age
N/A
d) Responsible Officer for Mitigating Actions - Age
N/A
20. Negative Impacts and Mitigating actions for Disability
a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Disability
N/A
c) Mitigating Actions for Disability

N/A
d) Responsible Officer for Mitigating Actions - Disability
N/A
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sex
National data suggests that men tend to have a higher risk of CVD. The new invitation model will prioritise inviting those with high risk of CVD first to their NHS Health Check. This may lead to more men being invited for their health check first.
c) Mitigating Actions for Sex
All eligible patients, aged 40-74, will continue to be invited for their NHS Health Check. CVD risk is based on multiple risk factors. Sex is just one factor of the risk factors used. Therefore, this does not necessarily mean men will be invited first for their health check.
d) Responsible Officer for Mitigating Actions - Sex
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Race
National data suggests that race can impact a person's CVD risk, with certain ethnicity groups tending to have a higher risk of CVD and therefore are likely to be invited for their NHS Health Check first, using the new prioritisation model.
c) Mitigating Actions for Race
All eligible patients, aged 40-74, will continue to be invited for their NHS Health Check. CVD risk is based on multiple risk factors. Race is just one factor of the risk factors used. Therefore, this does not necessarily mean certain ethnic groups will be invited first for their health check.
d) Responsible Officer for Mitigating Actions – Race
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
N/A

c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Carer's Responsibilities
N/A
c) Mitigating Actions for Carer's responsibilities
N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
N/A