

Equality Impact Assessment

Please complete this template using the [Equality Impact Assessment Guidance document](#)

Version 4: January 2019

Title of proposal (include forward plan reference if available)	Stronger Sandwell: A Strengths-Based Approach to Improving Health and Wellbeing
Directorate and Service Area	Public Health
Name and title of Lead Officer completing this EIA	Dr Lisa McNally - Director of Public Health
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Names and titles of other officers involved in completing this EIA	Paul Fisher Consultant in Public Health
Partners involved with the EIA where jointly completed	n/a
Date EIA completed	3 rd September 2019
Date EIA signed off or agreed by Director or Executive Director	4 th September
Name of Director or Executive Director signing off EIA	Dr Lisa McNally - Director of Public Health
Date EIA considered by Cabinet Member	4 th September

See [Equality Impact Assessment Guidance](#) for key prompts that must be addressed for all questions

1. The purpose of the proposal or decision required (Please provide as much information as possible)

“Stronger Sandwell” is a new, strengths-based approach to improving health and wellbeing in Sandwell. This approach seeks to better harness the area’s assets while reducing spend on contracts with large private providers based outside of the area.

The report proposes two initial applications of the Stronger Sandwell approach in the form of substantial changes to the way physical activity support and health checks are delivered in our area.

For NHS Health Checks the proposal is to terminate the current contract and deliver health checks via a partnership arrangement between local primary care centres and the voluntary sector. While the primary care is the logical setting for clinical governance reasons (as the health checks require blood samples to be taken, sharps to be disposed of and medical records to be accessed), the addition of the voluntary sector partnership would improve the extent to which health checks reach those most in need of them.

For physical activity support the proposal is to terminate the current contract and instead invest in work with the voluntary sector to increase access to the wide range of community based physical activity opportunities offered in Sandwell.

2. Evidence used/considered

In relation to physical activity, mapping work by the Public Health Team has revealed over 100 free or low cost physical activity opportunities across Sandwell. Many of these cater for those who may often face barriers against getting active, including older people and those living with disabilities.

In relation to health checks, research published in the Journal of Public Health (Capewell et al (2015) indicate that they are “costly and ineffective” and concludes that “the programme represents an ineffective strategy and is currently wasting scarce resources”. Most recently, a study in the Journal of Epidemiology (Chang et al 2019) reviewed NHS Health Check data on a randomly selected sample of 138,788 patients. It found only small overall impacts on early identification of disease and risk management. There was also no effect on inequality, with socioeconomic subgroups deriving similar benefits.

Capewell, S., McCartney, M. Walter Holland W. Health Checks—a naked emperor? Journal of Public Health, Volume 37, Issue 2, June 2015, Pages 187–192, <https://doi.org/10.1093/pubmed/fdv063>

Chang, K., Vamos, E., Palladino, R., Majeed, A., Lee, J., Millett, J. *Impact of the NHS Health Check on inequalities in cardiovascular disease risk: a difference-in-differences matching analysis* *J Epidemiol Community Health* 2019;73:11-18. <http://dx.doi.org/10.1136/jech-2018-210961>

3. Consultation

Consultation on the proposals to move away from larger provider contracts and more towards a community development approach has been undertaken with local stakeholder groups, including at two meetings of the local Voluntary and Community Sector (VCS) health and wellbeing forums and with the providers of local leisure services.

4. Assess likely impact

The impact on health is likely to be minimal as (1) the NHS Health Checks have been shown to have little impact on health and no impact on inequalities (2) there are already a range of physical activities offered by the voluntary sector in Sandwell which cater to a range of individuals and which can be further developed using funds freed up through these proposals. The move to a community development approach will in fact serve to increase the extent to which these programmes are accessible and acceptable to those who traditionally find preventative health service use problematic.

Please complete the table below at 4a to identify the likely impact on specific protected characteristics

4a. Use the table to show:

- Where you think that the strategy, project or policy could have a negative impact on any of the equality strands (protected characteristics), that is it could disadvantage them or if there is no impact, please note the evidence and/or reasons for this.
- Where you think that the strategy, project or policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.

Protected Characteristic	Positive Impact	Negative Impact	No Impact	Reason and evidence (Provide details of specific groups affected even for no impact and where negative impact has been identified what mitigating actions can we take?)
	✓	✓	✓	
Age	✓			The Health Checks programme is limited under national regulations to those aged between 40 and 74. This will not change. The new approach will be designed and delivered in collaboration with community groups able to ensure greater access by those at the older range of that age group. The physical activity programme will be designed and delivered in collaboration with community groups that facilitate access by both young people and older adults.
Disability	✓			Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by those living with disabilities. A positive impact is therefore anticipated.

Gender reassignment			✓	Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. However, no specific impact on those undergoing or gender reassignment is anticipated.
Marriage and civil partnership			✓	Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. However, no specific impact on those either married or in civil partnership is anticipated.
Pregnancy and maternity			✓	Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. However, no specific impact on pregnant women is anticipated.
Race	✓			Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. These will include those from black, Asian or other minority ethnic groups and hence a positive impact can be expected in this case.
Religion or belief	✓			Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. These will include a number of faith groups and hence a positive impact can be expected in this case.

Sex			✓	Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. However, no specific impact on men or women is anticipated.
Sexual orientation			✓	Both the health checks and physical activity programmes will be designed and delivered in collaboration with community groups that facilitate access by a wide range of priority groups. However, no specific impact relating to sexual orientation is anticipated.
Other				

Does this EIA require a full impact assessment? Yes No

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then you do not need to go any further. You have completed the screening stage. You must, however, complete sections 7 and 9 and publish the EIA as it stands.

If you have answered yes to the above, please complete the questions below referring to the guidance document.

5. What actions can be taken to mitigate any adverse impacts?

There should be no adverse impacts but to ensure this we will:

- Be working with GP Practices and Voluntary Groups to ensure that NHS Health Check are better targeted to those who are more likely to benefit (e.g. new migrants)
- We will also ensure the voluntary sector in Sandwell provide a range of physical activity offers to the population

6. As a result of the EIA what decision or actions are being proposed in relation to the original proposals?

No changes have been made.

7. Monitoring arrangements

NHS Health Checks will be monitored on a monthly basis (number of invites, Health Checks carried out).

Physical activity will be monitored via the community connects hub (number of individuals and demographic data).

8. Action planning

You may wish to use the action plan template below

No actions identified.

9. Publish the EIA

Will be published via CMIS.

Where can I get additional information, advice and guidance?

In the first instance, please consult the accompanying guide “Equality Impact Assessment Guidance”

Practical advice, guidance and support

Help and advice on undertaking an EIA or receiving training related to equalities legislation and EIAs is available to **all managers** across the council from officers within Service Improvement. The officers within Service Improvement will also provide overview quality assurance checks on completed EIA documents.

Please contact:

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