

## Equality Impact Assessment

### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	NHS Health Checks procurement
Related EIAs:	EIA Number: EIA reference number: 00449
EIA for Savings Programme:	No
Service affected	The NHS Health Check programme is a nationally mandated public health service which aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. Cardiovascular Disease (CVD) is responsible for one in four premature deaths (deaths under the age of 75); it is estimated that as much as 85% of CVD related deaths are preventable. The NHS Long Term Plan aims to prevent over 150,000 heart attacks, strokes, and dementia cases by 2029 through early detection and treatment of high-risk conditions like high blood pressure, high cholesterol, and atrial fibrillation. NHS Health Checks play a crucial role in early detection and prevention, aligning with these strategies to identify and manage high-risk conditions, ultimately reducing premature mortality and enhancing overall health equity. In Hampshire there were 5,055 deaths from cardiovascular disease in 2022, of which an estimated 22.8% were

	premature. In 2024 it is estimated that there are 426,142 people in Hampshire who are eligible for an NHS Health Check; this represents 66.8% of the Hampshire population between 40 and 74 years old. The eligibility criteria for NHS Health checks is adults aged 40-74 without a pre-existing condition and who have not had an NHS Health Check in the last five years.
Description of the service/policy/project/project phase	Local authorities have a statutory duty to invite all residents who are eligible for an NHS Health checks every 5 years. The statutory requirements sets out the age restrictions for NHS HCs eligibility (Local Authorities have a statutory responsibility to make arrangements for each eligible person aged 40-74 to be offered an NHS Health Check every five years, and for each individual to be recalled every five years if they remain eligible). In Hampshire, NHS Health checks are currently commissioned by Hampshire County Council and provided by General practices (GPs) under the Open Framework. The current Open Framework contract is due to end on 31st March 2026 and the new primary care commissioning framework to replace the Open Framework coming into place on 1st April 2026. As part of the recommissioning of the service, new service specifications are being developed to set up the key requirements for NHS Health checks for service providers. We are currently in the procurement process
New/changed service/policy/project	To commission a Hampshire NHS Health Checks service which will invite and deliver NHS Health Checks to the eligible population.

Engagement
Engagement with GP practices/potential service providers will take place in April to get feedback from the potential providers. Findings from these will be used to further inform the commissioning and procurement process.
There is also ongoing engagement with the ICBs, which is helping inform the commissioning of the NHS Health checks program.
In addition, as part of the NHS Health checks program quality improvement, there will be ongoing insights and engagement. This will include gaining insights of the eligible population from a variety of sources including surveys, service user feedback, case studies and engagement with local communities. Findings from these will be used to improve the quality of NHS Health checks.

## Equalities considerations - Impact Assessment

### Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	Evidence indicates that the risk of cardiovascular disease (CVD) increases with age. An <a href="#">ONS analysis</a> shows that the prevalence of hypertension rises with age for both men and women. The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia among individuals aged 40-74. Statutory requirements specify that NHS Health Checks are to be offered every five years to those within this age range.

	<p><b>Hampshire population overview</b></p> <p>In Hampshire, approximately 636,008 (44%) of the population are aged 40-74. In 2024 it was estimated that there were 426,142 people in Hampshire who met the eligibility criteria for NHS HCs.</p> <p>NHS HC will positively impact on those aged 40-74, improving health and reducing cardiovascular disease (CVD) risks through improved early identification. This will also enable early identification and management of individual behavioural and physiological risk factors and the other conditions associated with those risk factors. Cardiovascular Disease (CVD) is responsible for one in four premature deaths (deaths under the age of 75); it is estimated that as much as 85% of CVD related deaths are preventable.</p>
Mitigation	

## Disability

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>People with certain <a href="#">pre-existing</a> conditions, who currently receive other health checks through the NHS, are not eligible for the NHS Health Check program as per mandated program. These individuals' risks are often already known by their GPs/healthcare professionals and in most cases they have separate more regular check ups.</p> <p><b>Hampshire population overview</b></p> <p>According to the Census 2021, 17% of the Hampshire population identified as having a long term health condition and reported as disabled under the Equalities Act. Those who are eligible for NHS Health checks will have access regardless of their disability status. The service will be delivered in a way that is non-discriminatory and advances equality of opportunity for people with different abilities and from different communities. This applies both to service users and staff. The service will make reasonable adjustments that ensure disabled people eligible for an NHSHC have equal opportunities of access to the service, and will include provision of interpretation and translation where necessary (including foreign language and British Sign Language when appropriate).</p>
Mitigation	

## Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral

Rationale	<p>Any resident who has undergone gender reassignment and meets the eligibility criteria will be invited and receive NHS Health Check as per program. The NHS Health Checks provided by the service will remain unchanged regardless of a person's gender reassignment, although people who have undergone gender reassignment surgery should be provided with risk calculations based on their gender at birth and their reassigned gender and encouraged to discuss which is most appropriate for them as an individual.</p> <p><b>Hampshire population overview:</b></p> <p>95% of the residents identified their gender as the same as sex registered at birth, 0.12% identified gender as different from sex registered at birth, 0.07% as Trans man and 0.08% as Trans woman. Data is not broken by age group. As highlighted, all residents who are eligible for NHS Health checks will receive the service, irrespective of gender reassignment. Service users who disclose that they have undergone gender reassignment will be provided their risk score results for both their gender at birth and their reassigned gender, and will be advised to discuss with their GP which calculation is more appropriate to them as an individual.</p>
Mitigation	

## Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>There would be no negative impact on mothers in this age bracket. The NHS Health Checks will be available to all who are eligible irrespective of a person being pregnant or maternity status.</p> <p><b>Hampshire population overview:</b></p> <p>The estimated age specific fertility rates in Hampshire are higher in women aged 30-34 (101.6 per 1,000 women) compared to women aged 40-44 (12.5) and those aged 45 and over (1.4). Those who are aged 40-74 and are eligible for NHS Health Checks will continue to receive the service, however, the numbers of are expected to be low as indicated by the data.</p>
Mitigation	

## Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Evidence shows that cardiovascular disease (CVD) and diabetes are higher among Black and South Asian Ethnic groups than White groups (<a href="#">Kings fund 2023</a>; <a href="#">British Heart Foundation</a>). The NHS Health</p>

checks service specifications highlight that the service aims to reduce inequalities in the programme through focussing on increasing uptake in the populations most at-risk of cardiovascular disease – these include people who are in the most deprived communities, smokers, people who are obese, people from minority ethnic communities and people with a family history of cardiovascular disease. Hence this will positively benefit those from these minority ethnic groups.

[Demographic overview](#) - Hampshire/England average

**Asian, Asian British, or Asian Welsh:** Hampshire (3.7%); England (9.6%)

**Black, Black British, Black Welsh, Caribbean or African:** Hampshire (1.0%); England (4.2%)

**Mixed or Multiple ethnic groups:** Hampshire (1.9%); England (3%)

**White:** Hampshire (92.6%); England (81%)

**Other ethnic group:** Hampshire (0.8%); England (2.2%)

The Hampshire population is less diverse than England as a whole, however, the diversity of the area's population is increasing, 7.4% of the population described themselves as of an ethnic background other than White in 2021, up from 5% in the previous census conducted in 2011. Urban areas tend to have higher ethnic group diversity. Rushmoor and Basingstoke and Deane are more diverse when compared to Hampshire overall. Over 23% of the Rushmoor population are from a non-white British ethnic group, with over 10,575 people identifying themselves as Nepalese in the 2021 Census. Overall, higher proportions of people in the older age groups. The demographic profile of the population who are from an ethnic minority groups is younger, however as stated above, some ethnic minorities have higher prevalence of CVD. The NHS Health check program service specifications therefore aims to address these through ensuring action on inequalities of access and uptake using evidence based interventions.

Mitigation

## Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The NHS Health Checks program will remain unchanged regardless of a person's religion or belief.</p> <p><b>Population overview (<a href="#">JSNA</a>):</b></p> <p>Census 2021 data reported slightly over half of Hampshire residents (51.5%) stated they had a religion, 42.8% no religion and 5.7% did not say. Christianity was the dominant religion with 47.8% of</p>

	<p>Hampshire residents reporting to be Christian. 1.1% reported Hindu as their religion, 0.9% Muslim and 0.8% Buddhist.</p> <p>Across the districts religion varied the most in Rushmoor, reflecting the greater ethnic diversity in this district. Christianity remained the dominant religion, but the proportion was lower than Hampshire (42.3%). 5.7% reported Hindu as their religion, 2.5% Muslim and 4.7% Buddhist. NHS Health check service delivery will not be affected by religion or belief.</p>
Mitigation	

## Sex

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The NHS Health Checks program eligibility criteria and service offer remains unchanged irrespective of a person's sex. However, men are <a href="#">twice as likely to die of CVD</a> compared with women. Furthermore, evidence shows that the uptake of NHS Health checks varies by gender, age and ethnicity, with women more likely to take up an NHS Health check offer compared to men. The NHS Health check providers will be expected to target both sexes through various communications methods and choice of appointment time that will encourage engagement for those who are eligible for an NHS Health Check.</p> <p><b>Hampshire population overview:</b></p> <p>According to the JSNA, females aged 40-74 make up an estimated 22.8% (328,260) of the Hampshire population, while males in the same age group constitute 21.4% (307,748). Those eligible for NHS Health Checks will have access to the service regardless of sex. NHS Health Check program providers will focus on targeting individuals and supporting them to ensure equal access to services.</p>
Mitigation	

## Sexual Orientation

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Neutral impact as the NHS Health Checks program eligibility criteria and service provision will remain unchanged regardless of a person's sexual orientation.</p> <p><a href="#">Population overview:</a></p> <p>According to the 2021 Census, 91.3% of Hampshire residents (all ages) identified as 'Straight or Heterosexual'. This was similar across all districts. 1.2% identified as 'Gay or Lesbian', this varied from</p>

	1.0% in the New Forest to 1.6% in Gosport. 1.1% identified as 'Bisexual', this varied from 0.8% in Hart and the New Forest to 1.7% in Winchester. 0.3% identified as 'All other sexual orientations' this was similar across all districts. 6.2% did not answer. The NHS Health check program providers will work to engage and ensure access to all eligible residents, irrespective of sexual orientation.
Mitigation	

## Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>The NHS Health checks program eligibility criteria and service provision will remain unchanged regardless of marital or civil partnership status.</p> <p><b>Hampshire population overview:</b></p> <p>Local data on marriage civil partnership broken down by age is not available.</p> <p>Census 2021 data reported that slightly over half of Hampshire residents (50.9%) were married or in civil partnership, 30.7% never married and never registered a civil partnership, 9.7% divorced or civil partnership dissolved and 6.6% widowed or a surviving partner from a civil partnership. No negative impact anticipated based on marriage and civil partnership status. Service providers will work to increase access to all eligible residents</p>
Mitigation	

## Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The NHS Health Check program plays a key role in identifying risk factors for cardiovascular disease (CVD) and diabetes, particularly among individuals in deprived areas. Evidence shows that there are inequalities in health outcomes for those living in deprivation (<a href="#">OHID 2021</a>; <a href="#">WHO 2021</a>) Deprivation is strongly linked to higher risks of CVD conditions due to various wider structural determinants of health such as low income, poor housing, poor access to healthcare, as well as higher prevalence of behavioural risk factors (e.g. smoking and higher body mass index). In addition, coastal areas face unique health challenges. These areas often have lower life expectancy and higher rates of certain diseases compared to non-coastal areas. Coastal communities include a disproportionately high burden of ill health, particularly CVD, diabetes and other health conditions.</p> <p>NHS Health check program aims to address these health inequalities by detecting the risk factors early. People living in deprived areas,</p>

will be positively impacted as they will be targeted and prioritised to ensure increased access to NHS Health checks program.

**Hampshire population overview:**

Although Hampshire is among the least deprived authorities in England according to the Index of Multiple Deprivation (IMD) 2019, there are areas within Hampshire that fall within the most deprived areas in the country. The data show there are inequalities across the county. Hampshire is the 16th least deprived Upper Tier Authority in England (ranked out of 151 authorities). At a district level, Hart is the least deprived area in England. The most deprived areas are in Rushmoor, Havant, Gosport and Eastleigh, with pockets also in the New Forest. Havant is the most deprived district in Hampshire ranked 119th out of 317 in the local authority IMD rankings and placing the district in the top 50% most deprived authorities.

The supplementary indices for older people (aged 60 years and over) (IDAOPI) also shows that

- 9% of residents aged 60 or over experience income deprivation
- IDAOPI ranks 14 areas in Hampshire in the most deprived decile nationally, 12 of these are in Rushmoor

In Hampshire there are three specific neighbourhoods; Grange in Gosport, and Bondfields and Warren Park in Havant. All three of these neighbourhoods are also classified as coastal communities, highlighting their extremely high vulnerability to poor health outcomes. The [JSNA](#) also highlights that a greater proportion of those aged 65 and over living in coastal areas are in areas of high deprivation, whereas fewer residents aged 65 and over living in the least deprived deciles are living by the coast.

The NHS HCs program specifications objective for providers include a focus on increasing uptake in the populations most at-risk of cardiovascular disease. These include people who are in the most deprived communities, people from minority ethnic communities and people with a family history of cardiovascular disease.

Mitigation

**Rurality**

Impact on public	Positive
Impact on staff	Neutral
Rationale	According to the <a href="#">ONS analysis</a> of risk factors for undiagnosed high blood pressure in England (2015-2019) (all ages), males living in rural areas were among the groups who were more likely to be undiagnosed compared to their urban counterparts. There was no evidence of differences in the proportion of females with hypertension who were undiagnosed by region or rural-urban classification.

The NHS Health Checks program is accessible to all eligible residents, including those in rural areas. General Practices provide wider coverage, with GPs distributed across the county, ensuring that rural communities are included. Providers will be encouraged to enhance accessibility by accommodating various transport modes, such as walking, cycling, public transport, and private cars.

**Hampshire population overview:**

Hampshire is a diverse county with large rural areas, which could make it a challenge for some people to access services, including smoking cessation services. There are rural communities throughout Hampshire County of varying sizes, with largest numbers residing in Winchester, Test Valley, New Forest, Basingstoke and Deane, and East Hampshire. According to the Joint Strategic Needs Assessment (JSNA), the population density varies greatly across the county, from 190.5 people per square kilometre in Winchester to 3,337.3 people per square kilometre in Gosport. Nearly 22% of the population of Hampshire was categorised as living in rural areas. Hampshire’s rural communities have a higher proportion of older people, and a smaller proportion of young adult age groups compared to the urban population. Rural areas tend to have better health outcomes compared with urban areas. This often masks small pockets of rural deprivation and associated poor health outcomes.

The service providers will encourage and ensure access to service for those living rural areas who are eligible for an NHS Health Checks. The NHS Health check program service specifications also require for consideration for providers to deliver NHS Health checks from community-based locations that are accessible. In addition, providers will also be encouraged to work with a 3rd party provider where available to increase options for those in rural areas as well.

Mitigation

**Geographical Impact: All Hampshire**

**Equality Statement**

**Additional information:**

The NHS Health Check, as previously highlighted, the NHS Health Checks programme is a national program that aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for CVD – risk factors that are associated with premature death, disability and health inequalities.

Pseudonymised data on NHS Health Check activity will be collected and a Data Protection Impact Assessment (DPIA) will also be completed for this procurement exercise. Specific aggregated demographic information such as breakdown by age, ethnicity, sex/gender, and location is will be collected to monitor the quality of services and monitor access to the NHS Health Check programme and outcomes. The service specifications clarify that

providers may be required to submit anonymous data to enable the commissioners to undertake a Health Equity Audit to ensure the service is accessible to those most at risk of health inequalities.

In addition, providers will be expected to be compliant with the requirements set out in the Equality Act 2010 and to have clear Equality and diversity policies. The service specification will also state that the NHS Health Check program will be delivered in a way that is non-discriminatory and advances equality of opportunity for people from different communities. This applies both to service users and staff. The service provider will be required to make reasonable adjustments that ensure disabled people access the service and will include provision of interpretation and translation where necessary (including foreign languages and British Sign Language).

## Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00855

Date of production of EIA for publication: 22/05/2025