City of York Council

Equalities Impact Assessment

Who is submitting the proposal?

Directorate:		Public Health	
	Public Health		
al:	Re-commissioning of NHS Health Checks		
Lead officer:		Phil Truby	
Date assessment completed:		5 November 2025	
o contributed to the asses	sment:		
Name Job title		Area of expertise	
Phil Truby Head of Public Health		Public Health	
Health Improvement Officer	CYC	Public Health	
	ompleted: contributed to the asses Job title Head of Public Health Health Improvement	Public Health Re-commissioning of NH Phil Truby Sompleted: 5 November 2025 Contributed to the assessment: Job title Organisation Head of Public Health CYC Health Improvement CYC	

Step 1 – Aims and intended outcomes

1.1	What is the purpose of the proposal?	
	NHS Health Checks are standardised national checks, that are offered once every five years to people aged 40-74, who don't already have a long-term health condition affecting their cardiovascular or metabolic health. The check is designed to spot the early signs of long-term conditions that can have negative effects on a person's health. The idea is to prevent a condition impacting on health, either by signposting to prevention services or by linking to their GP to receive early treatment.	
	There is currently a contract in place with a provider to deliver NHS Health Checks in York, which comes to an end on 31 March 2026. The proposal is about the awarding of a new contract from 1 April 2026.	
	There is not sufficient budget to offer NHS Health Checks to all people eligible (~54,000 over 5 years), so a targeted offer is being proposed, to engage those who are likely to see a greater benefit from the check.	

1.2	Are there any external considerations?	
	Legislation (The Health and Social Care Act 2012) states that local authority public health teams are required to provide access to these checks (either directly through an in-house service or, more commonly, by commissioning an organisation to do this on their behalf).	

1.3	Who are the stakeholders and what are their interests?
	Residents – users of the service, will want to ensure that they can access the service in a accessible and appropriate manner
	Provider of NHS Health Checks – ensure that the service provided meets the needs of service users, and does all they can to remove barriers to accessing the service
	Healthcare Professionals – ensure they know who the service provider is, how their patients (residents) can access the service.

The re-commissioning allows an opportunity to ensure that any contract that is put in place meets the needs of those who are accessing the service, including those population groups that are targeted to receive their NHS Health Checks. The contract will ensure that the supplier considers areas such as the locations of the service (geographical access), how people are invited to their check (digital exclusion, literacy level, language), accessibility (physical access, additional needs such as interpretation, hearing loops). This aligns with the Council Plan 2023-2027 core commitment of "Health", to improve health and wellbeing and reduce health inequalities. Delivering better outcomes by targeting areas of deprivation across the city.

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?		
Source of	data/supporting evidence	Reason for using	
•	k Council - Health Needs nts - https://www.healthyork.org/	Health needs assessments on specific population groups, including those with disabilities, gypsy and travellers etc.	
NHS Health Checks Best Practice Guidance - https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/		Information and guidance on best practice models for NHS Health Check delivery	
OHID Fingertips - https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data		Latest data on health check trends, including local and national inequalities.	

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with		
Gaps i	n data or knowledge	Action to deal with this	
	ew of different people with different protected teristics.	Feedback will continue to be collated and inform the regular review of the contract and advertising policy.	
The views of residents in the development of this proposal.		Feedback will continue to be collated and inform the regular review of the contract and advertising policy.	

Step 4 – Analysing the impacts or effects.

4.1		consider what the evidence tells you about the likely impact (positive or negative) on people a protected characteristic, i.e. how significant could the impacts be if we did not make any ents?		
Equality and Human	y Groups Rights	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age The National NHS Health Check criteria stipulates that only people aged 40-74 to can access the service. Those outside		-	L	

	the age range cannot access the service, this is due to the nature of the check being designed to detect early onset of disease (below 40 likely too early, post 74 likely too late). While this may have a negative impact on those outside the included age range, there is strong evidence base for why this age cohort is included.		
Disability	Disabled people are less likely to access an NHS Health Check than non-disabled people. There are specific Health Checks for those with a Serious Mental Illness (SMI) and those with a Learning Disability, that are not commissioned as part of this service. The targeting criteria is to include a focus on neurodivergent individuals, or those with a low level mental health condition (i.e. those who aren't eligible for the SMI check).	+	M
Gender	Females are more likely to access an NHS Health Check than males. There is not any specific targeting of males planned initially.	0	L
Gender Reassignment	Those who have gone through gender reassignment, or who identify as a gender different to their biological sex are less likely to engage with healthcare services in general. The Health Check is designed to be non-judgemental and applicable to all.	-	L
Marriage and civil partnership	No impact		

Pregnancy and maternity	Those who are pregnant or recently given birth are not invited for a health check. However, they should be receiving intensive care from midwives and health visitors, so any negative impact is mitigated.	0	L
Race	Those from a race other than White British are less likely to engage in healthcare services in general. The provider will be tasked with ensuring that the health checks are accessible and appealing to all races, including those where English is not first language. Marketing, invites and resources will all be available in a range of languages.	+	L
Religion and belief	No impact		
Sexual orientation	Those with a sexual orientation other than Heterosexual are less likely to engage in healthcare services in general. The provide will ensure that those who are know to belong to LGBTQIA cohorts are proactively invited to the service.	+	M
Other Socio- economic groups including:	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	Carers often do not prioritise their own wellbeing, due to the nature of the care they are providing. The provider will be asked to ensure that links are made to York Carers forum, to ensure that those who meet the national criteria are aware of	+	L

	the Health Check offer and are able to easily engage with the service.		
Low income groups	The contract will stipulate that the provide must prioritise offering checks to those living in the more deprived areas of York. This is because it is known that these cohorts are least likely to engage with healthcare services and are likely to be at greater risk of undiagnosed long term health conditions.	+	Н
Veterans, Armed Forces Community	Due to the often-transient nature of armed forces personnel and families, they can miss opportunities to engage in programmes such as this, which look over a 5 year time period. The provider will be tasked with engaging armed forces families though existing networks.	+	L
Other			
Impact on human rights:			
List any human rights impacted.	No impact on human rights		

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

High impact (The proposal or process is very equality relevant)	There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.
Medium impact (The proposal or process is somewhat equality relevant)	There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights
Low impact (The proposal or process might be equality relevant)	There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights

Step 5 - Mitigating adverse impacts and maximising positive impacts

Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?

The contract will stipulate that the provider is to work with service users to make the service as accessible and inviting to all sections of our community. They will listen to the needs of different population groups and adapt the service to meet their needs, be that through the physical location of the service, the days/times the service operates, or the way in which they involve people with the service (e.g. marketing, referral or contact methods).

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:	
Option	selected	Conclusions/justification
No majo propos	or change to the al	The EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.

EIA 02/2021

Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by	y whom, will be undertaken as a result of the impact assessment		
Impact/issue		Action to be taken	Person responsible	Timescale
People not accessing the service		While feedback is regularly sought from service users, it is not routinely collected from those who can't/don't access the service. We want to seek their views on how we can make the service more accessible to them.	Service lead	Q3 26/27 (September – December 2026)

Step 8 - Monitor, review and improve

As part of the ongoing service delivery, quarterly contract monitoring meetings will be undertaken to ensure that the service is being delivered as required. Additionally, there is quarterly reporting back to government as part of local authority requirements under the legislation. Service user feedback will be requested to continually sought, with recommendations captured in contract monitoring meetings.