



## H&F Equality Impact Analysis Tool

### Conducting an Equality Impact Analysis

An EIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool is informed by the [public sector equality duty](#) which came into force in April 2011. The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the Equality Act 2010**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against these three tenets.

### General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Strategy & Communities team for support.

Further advice and guidance can be accessed online and on the intranet:

<https://www.gov.uk/government/publications/public-sector-equality-duty>

<https://officesharedservice.sharepoint.com/sites/Governance/SitePages/Reports.aspx>

## **H&F Equality Impact Analysis Tool**

<b>Overall Information</b>	<b>Details of Full Equality Impact Analysis</b>
----------------------------	---

<b>Financial Year and Quarter</b>	2025/26 Q3
<b>Name and details of policy, strategy, function, project, activity, or programme</b>	<p>Title of EIA: <b>Procurement Strategy and Contract Award for Public Health GP Services</b></p> <p>Short summary:</p> <p>Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse under the Health and Social Care Act 2012.</p> <p>London Borough of Hammersmith and Fulham has a statutory responsibility to make the arrangements for the delivery of the NHS Health Check (NHSHC) programme within the local authority area. NHSHC programme is a national cardiovascular disease (CVD) prevention programme that was launched by the Department of Health in April 2009.</p> <p>This report seeks to get agreement to proceed with awarding the following services via the Provider Selection Regime (PSR) to all qualifying GP practices located in the London Borough of Hammersmith and Fulham.</p> <ul style="list-style-type: none"> <li>• NHS Health Check (NHSHC) programme</li> <li>• Long-acting reversible contraceptive (LARC) service</li> <li>• Opioid Drug Dependence General Practice Shared Care (GPSC) service</li> </ul>
<b>Lead Officer</b>	<p>Name: Rebecca Richardson</p> <p>Position: Strategic Lead</p> <p>Email: <a href="mailto:Rebecca.Richardson@lbhf.gov.uk">Rebecca.Richardson@lbhf.gov.uk</a></p> <p>Telephone No:</p>
<b>Date of completion of final EIA</b>	15 / 12 / 2025

<b>Section 02</b>	<b>Scoping of Full EIA</b>
<b>Plan for completion</b>	<p>Timing: 2025/26</p> <p>Resources: Public Health Commissioners</p>

<b>Analyse the impact of the policy, strategy, function, project, activity, or programme</b>	<p>Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic). You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.</p>		
<b>Protected characteristic</b>	<b>Analysis</b>	<b>Impact: Positive, Negative, Neutral</b>	
<b>Age</b>	<p>LARC Services – The LARC service is available to all people with a uterus who are of reproductive age. There is no negative impact on people not of reproductive age as they are unable to benefit. Under-18s will be supported by the service and follow correct safeguarding procedures where needed.</p>	Neutral	
	<p>NHSHCs – The NHSCHC programme is a national mandated Public Health programme aimed at people aged 40-74 years, who have the highest risk of cardiovascular disease (CVD). The NHSHC is offered to all eligible individuals every five years as a statutory requirement. In 2024/25 there were an estimated 46,695 people in Hammersmith &amp; Fulham who met the eligibility criteria for NHSHCs. It is a universal risk assessment and management programme which aims to improve the health and wellbeing of adults by preventing CVD, including heart disease, diabetes, kidney disease, stroke and certain types of dementia. All residents that receive a NHSHC have their CVD risk score calculated and communicated to them in a way that they can easily understand. The Council will maintain NHSHC offer and monitor uptake by age.</p>	Positive	
	<p>Opioid Drug Dependence GPSC – GPSC services can be provided to anyone in need of opioid addiction support and substitute therapy. Working collaboratively, the local treatment provider and shared care GPs ensure people are given choices as part of drug misuse treatment, including the offer of shared care support in the community. This offer is based on clinical indication and assessment for residents eligible based on these clinical needs.</p>	Neutral	
<b>Disability</b>	<p>LARC Services – There are no identified impacts for disabled people. The service is open access for all those eligible, those with specific needs will receive any additional support required.</p>	Positive	
	<p>NHSHCs – The service will be available equitably to meet the diverse range of people who meet the inclusion criteria of the programme. The effect of the</p>	Neutral	

	<p>NHSHC service will be to help reduce incidence of disability related to CVD within Hammersmith &amp; Fulham.</p> <p>Opioid Drug Dependence GPSC – GP shared care services provide substance use support to people in the community, with due consideration for co-existing presentations and biopsychosocial conditions. These considerations include co-morbid physical health issues, the co-occurrence of mental health and substance misuse with national <a href="#">2024-25 data</a> suggesting up to 74% of people starting substance misuse treatment had a mental health treatment need and support needs for people with learning disabilities, with <a href="#">research</a> suggesting the prevalence of substance misuse in this cohort may be higher nationally than estimated. The shared care model provides robust wraparound support for people in line with guidance and legislation such as the <a href="#">Mental Capacity Act (2005)</a>, with teams working to mitigate the impact of substances on the fluctuation of capacity and self-neglect, the latter of which has been referenced in the <a href="#">LBHF Safeguarding Adults Board Self-Neglect Multi-agency Guidance</a></p> <p>The comprehensive assessments completed with people commencing substance misuse treatment assesses physical and mental health needs, with a multi-agency team embedded into the treatment system including GPs, Psychiatry, Psychology, Nurses, Healthcare workers and wellbeing workers.</p> <p>The Council will provide reasonable adjustment where necessary/requested and ensure information is available in accessible formats.</p>	
	<p><b>Gender reassignment</b></p> <p>LARC Services – There are no identified impacts in relation to gender reassignment. The LARC service is available to all people with a uterus who wish to use LARC as a form of contraception. There are clinical guidelines that determine safe and effective use of LARC to all people requiring contraception.</p> <p>NHSHCs – There are no identified impacts in relation to gender reassignment.</p> <p>Opioid Drug Dependence GPSC – There are no identified impacts in relation to gender reassignment.</p>	

		The Council will improve data collection for this characteristic and provide staff training	
<b>Marriage and Civil Partnership</b>		There are no identified impacts for marriage and civil partnerships. The Council will monitor for any indirect impacts	Neutral
<b>Pregnancy and maternity</b>		<p>LARC Services – These services may reduce the number of unplanned pregnancies but will not have a direct impact on the health of people who are pregnant. Under-18 conception rates in the borough have dropped significantly in the last twenty years. In 2022, the conception rate for under 18s in Hammersmith &amp; Fulham was 6.9 per 1,000, significantly lower than the rate for London (10.0 per 1,000) and England (13.9 per 1,000). Abortion rates have remained relatively stable in the last five years in Hammersmith &amp; Fulham, with a total abortion rate of 21.1 per 1,000 in 2021, comparable to the London rate (20.9 per 1,000). However, this was higher than the national average (19.2 per 1,000). The service will ensure all people with a uterus in Hammersmith &amp; Fulham should have easy access to LARC, promoting and increasing the use of LARC, including for disadvantaged or under-served communities.</p> <p>NHSHCs – There are no identified impacts for pregnancy and maternity.</p> <p>Opioid Drug Dependence GPSC – There are no identified impacts for pregnancy and maternity.</p> <p>The Council will ensure safeguarding and referral pathways</p>	Positive
<b>Race</b>		<p>LARC Services – The UK Government's Women's Health Strategy for England (2022) acknowledges the need to reduce inequalities in reproductive healthcare, including for people from global majority ethnic groups. The service is open access for all and should support those who have poorer reproductive health outcomes.</p> <p>NHSHCs – The programme prioritises high risk groups, which includes global majority individuals. Evidence indicates the rate of CVD and diabetes are significantly higher among Black and South Asian ethnic groups compared to</p>	Positive

	<p>White populations in England<sup>1</sup>. By focusing on early detection and intervention for these conditions within these communities, the programme is designed to contribute to a reduction in health inequalities.</p> <p>Opioid Drug Dependence GPSC – The shared care service is available to all residents affected by substance misuse, with services working to provide support and reduce inequalities for all including groups under-represented in treatment.</p> <p>We will monitor the data to see if there is lower uptake for some groups for NHS Health Checks accordingly and then agree projects from there – outside of the statutory service. As needed, we will consider additional Council comms to support uptake.</p>	
<b>Religion/belief (including non-belief)</b>	<p>There are no identified impacts on religion/belief. The Council will ensure inclusive engagement and provide staff awareness/training.</p>	Neutral
<b>Sex</b>	<p>LARC Services – LARC is available to all residents with a uterus. It is important the service continues to ensure equitable access to LARC. Such services give people with a uterus choice about the type of contraception they use and offer support in informing their choice about if and / or when to attempt or prevent a pregnancy. The Council will maintain equitable LARC access</p> <p>NHSHCs – There are no identified impacts on sex.</p>	Positive
<b>Sexual Orientation</b>	<p>LARC Services – The delivery of LARC services is available to females and all residents with a uterus regardless of their sexual orientation. Individuals may choose to use contraception for purposes other than contraception, and these are commissioned by the NHS. Hammersmith &amp; Fulham Public Health commissioners are working with ICB colleagues locally to ensure a joined up local LARC offer and this is important for individuals who may not feel they require contraception for contraceptive purposes, but instead for treatment of other medical conditions such as menstrual pain, heavy menstrual bleeding, and irregular periods.</p> <p>NHSHCs – There are no identified impacts on sexual orientation.</p> <p>Opioid Drug Dependence GPSC – There are no identified impacts on sexual orientation.</p>	Neutral

<b>Care Experienced as a Protected Characteristic</b>	There are no identified impacts for Care Experienced people. The Council will include in future data collection.		Neutral
<b>Intersectionality</b>	People from multi ethnic backgrounds with disabilities or those experiencing substance misuse may face compounded barriers. Services will adopt an intersectional approach to mitigate these.		
<b>Human Rights or Children's Rights</b>			
If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice			
Will it affect Human Rights, as defined by the Human Rights Act 1998? No			
Will it affect Children's Rights, as defined by the UNCRC (1992)? No. No adverse impact identified; safeguarding pathways for under-18s and pregnant individuals are embedded in service specifications			

<b>Section 03</b>	<b>Analysis of relevant data</b> Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.
<b>Documents and data reviewed</b>	A Sexual and Reproductive Health Needs Assessment was undertaken by Public Health in 2024/25 <sup>2</sup> . This included analysis of data from a range of specialist resources on contraception, including UKHSA Sexual and Reproductive Health Profiles <sup>3</sup> , Summary Profile of Local Authority Sexual Health (SPLASH) report, and Sexual and Reproductive Health Activity Data Set (SRHAD) collection <sup>4</sup> .

	<p>For NHSHCs, the Public Health team have worked with colleagues in the North West London Integrated Care Board to gather outcome data for H&amp;F residents and is developing a PowerBI dashboard with the Business Intelligence Team to monitor uptake and equity. We are required to submit numbers of initiations sent and checks completed to the Office for Health Improvement and Disparities (OHID), and this information is readily available on Fingertips Public Health Profiles<sup>5</sup>. Uptake of the NHSHC fell during the Covid-19 pandemic (2019/20 and 2020/21) likely due to lockdown measures put in place. Numbers have now recovered to pre-pandemic levels, and on-going monitoring ensures a strong and accessible offer for all eligible residents.</p> <p>For Opioid Drug Dependent GPSC, see embedded references for all information reviewed.</p>
<b>New research</b>	If new research is required, please complete this section - n/a

<b>Section 04</b>	<b>Consultation</b>
<b>Consultation</b>	For the Opioid Drug Dependent GPSC service, a service-user experience study (commissioned by LBHF Public Health via NIHR funding) was conducted in 2024. Findings from this study will be used as part of service improvement following the re-procurement process. This research report is available to share if required.
<b>Analysis of consultation outcomes</b>	As part of the service-user experience study, no feedback was received in relation to equality and diversity issues, with all other areas to be included in service improvement actions and contract monitoring.

<b>Section 05</b>	<b>Analysis of impact and outcomes</b>
<b>Analysis</b>	What has your consultation (if undertaken) and analysis of data shown? You will need to make an informed assessment about the actual or likely impact that the policy, proposal, or service will have on each of the protected characteristic groups by using the information you have gathered. The weight given to each protected characteristic should be proportionate to the relevant policy (see guidance) - n/a

<b>Section 06</b>	<b>Reducing any adverse impacts and recommendations</b>
<b>Outcome of Analysis</b>	GP Shared Care: The analysis of the consultation and information embedded suggests a need for a stronger shared care approach to increase outcomes and engagement in shared care, putting clients at the centre, while maintaining a GP and treatment services partnership that provides seamless support. This will help increase access to shared care services for the local treatment population, with the above highlighting no adverse impacts.

Section 07	Action Plan					
Action Plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer and department	Expected outcome	Date added to business/service plan
	Race-related health inequalities	Health Checks data will be monitored by commissioners to understand if there are inequities in uptake. We will develop a local action plan accordingly which may include additional communications or outreach.	Data will be reviewed annually.	Rebecca Richardson	Plan to address service uptake inequities.	1 April 26
	Accessibility for disabled people	Check GP Services accessibility for disabled people.	By April 1 26	Rebecca Richardson People	List of practices fully acceptable (all anticipated to be compliant.	1 April 26
	Pregnancy & maternity considerations in opioid treatment	Embed safeguarding and referral pathways for pregnant individuals	As needed	Elizabeth Eagle	Turning Point already have a pathway for pregnant people. Therefore, they will be required to use this as and when people present	1 April 26
	Neutral impact for LGBTQ+	Specification to include recommendation that GPs complete EDI training available on	As needed	Rebecca Richardson, People		1 April 26

	and faith groups	NHS elearning – specifically LGBT+.				
Data Gaps	Gender reassignment and care-experienced data			Data collection improvements will be implemented by Year 1 of the contract		

Section 08	Agreement, publication and monitoring
Senior Managers' sign-off	<p>Monitoring Commitments</p> <ul style="list-style-type: none"> <li>• Annual review of uptake by ethnicity and age.</li> <li>• Accessibility audits for GP practices.</li> <li>• Data improvement for gender identity and care-experienced groups</li> </ul> <p>Name: Dr Mayada Abu Affan  Position: Interim Director of Public Health  Email: <a href="mailto:Mayada.Abuaffan@lbhf.gov.uk">Mayada.Abuaffan@lbhf.gov.uk</a>  Telephone No:  Considered at relevant DMT:</p>
Key Decision Report (if relevant)	<p>Date of report to Cabinet/Cabinet Member: 21/01/2026  Key equalities issues have been included: Yes</p>
Equalities Advice (where involved)	<p>Name: Yvonne Okiyo  Position: Strategic Lead Equity, Diversity and Inclusion  Date advice / guidance given: 8th January 2026  Email: <a href="mailto:yvonne.okiyo@lbhf.gov.uk">yvonne.okiyo@lbhf.gov.uk</a>  Telephone No: 07824 836 012</p>