From: Dr Anjan Ghosh, Director of Public Health

To: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Subject: NHS Health Check Programme Recommissioning

Decision no: **25/00039**

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Public Health Cabinet Committee

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:

This report outlines proposed changes to the statutory NHS Health Check Programme following review as part of the Public Health Service Transformation Programme (PHSTP). It asks for committee endorsement for the new service and contracting model, and outlines the timelines required to deliver those changes.

The current NHS Health Check programme is delivered through primary care settings and an outreach programme. It also provides ancillary services such as training for Health Check Advisors and quality assurance of clinical equipment.

The NHS Health Check Programme is funded from the ringfenced Public Health Grant and costs around £2.1m per annum in Kent with current arrangements in place until March 2026. The programme invited 83,380 individuals and delivered 31,379 Health Checks in 2023/24.

Following a comprehensive review of services, an options appraisal and business case development, it is recommended that the service is recommissioned with a revised service model and specification that will better target those at higher risk of Cardiovascular Disease (CVD) and involve a more efficient invitation process that will increase the number of people most at risk to attend their health check whilst utilising digital solutions.

It is further proposed that the council take a direct contractual relationship with the providers of the service which will give greater oversight over delivery of the service, as well as improved efficiencies and tighter budgetary control. All commissioning activity will adhere to 'Spending the Council's Money' and relevant procurement legislation.

Recommendation(s):

The Cabinet Member for Adult Social Care and Public Health is asked to:

I. **APPROVE** the proposed NHS Health Check programme model and agree to the commissioning of:

1. NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (five years with two additional one-year extensions)
2. NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
3. NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)
4. NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

II. **DELEGATE** authority to the Director of Public Health to take necessary actions, including but not limited to entering into required contracts or other legal agreements, as required to implement the decision.

III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

1. Introduction

1.1 Kent County Council (KCC) has a statutory duty to provide the NHS Health Check Programme as per The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. This legislation provides key regulations that must be adhered to by each Local Authority in the delivery of this programme including:

- Offering 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.)
- Excluding those with a pre-defined medical condition from receiving a check.
- Recording a pre-defined list of medical information during each check.
- Providing patients with a cardiovascular risk score and a range of information related to their health check results.
- Supporting the patient to access follow up support e.g. KCC Commissioned services
- Reporting on invites sent and checks conducted.

1.2 The NHS Health Check programme aims to reduce avoidable premature mortality by early identification of cardiovascular risk factors and disease in

people aged between 40 and 74 years who have no previous history of CVD. The Kent rate for premature mortality from CVD considered preventable was 26.3 per 100,000 in 2021, which is slightly better than the England average (30.2 per 100,000).

1.3 Mortality data from the Office of Health Improvement and Disparities (OHID) shows that the local population under 75 years mortality rate from cardiovascular preventable diseases, although significantly lower in some years, has for the most part, been close to the national figure. The NHS Health Check programme is well placed to improve these figures.

1.4 Despite being largely preventable, CVD is a leading cause of morbidity, disability and mortality in England. Vascular disease includes coronary heart disease, stroke, diabetes and kidney disease. It currently affects the lives of over 4 million people in England. It causes 36% of all deaths (170,000 a year in England) and is responsible for a fifth of all hospital admissions. It is the largest single cause of long-term ill health and disability, impairing the quality of life for many people.

1.5 CVD is among the largest contributors to health inequalities with people in England's most deprived areas being four times more likely to die prematurely from CVD than those in the least deprived areas.

1.6 In a 2021 national review of the NHS Health Check programme, OHID recognised the economic benefits of the programme and stated that 'by 2040 the current NHS Health Check programme is likely to reduce health inequalities and achieve a return on investment of £2.93 for every £1 spent from a societal perspective, compared to no programme.'

1.7 The current Kent service commenced on 1 April 2017 and ends on 31 March 2026.

1.8 In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP) designed to ensure that services are efficient, evidence-based, deliver outcomes and achieve best value. 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 Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

1.9 This paper provides an overview of the current service, outlines the recommissioning work (PHSTP) that has been completed and presents recommendations in the context of the planned future commissioning of the NHS Health Check Programme. The paper proposes:

1.9.1 Re-commissioning the Kent NHS Health Check services in scope of the transformation programme, as the current contract expires on 31 March 2026. Services in scope are NHS Health Check Primary Care Delivery, NHS Health Check Outreach Service, NHS Health Check Training and Quality Assurance services.

1.9.2 A revised service delivery model where those at greater risk of CVD are prioritised. Similarly, the outreach service will target those less likely to take up the offer of a Health Check and those in areas of higher levels of multiple deprivation.

1.9.3 For KCC to directly contract manage the NHS Health Check Primary Care services with GP's and Pharmacy. Through the Public Health Transformation, it has become apparent that it would be of benefit to KCC to directly mange these services itself, allowing for greater efficiency and control over the programme to be achieved. Whilst this team would initially focus on the NHS Health Check programme, utilising skills and experience from existing roles within the service, it is intended that it will broaden its remit to include other public health services which are delivered by primary care in the future such as sexual health and smoking. This will generate further efficiencies for KCC.

2. Strategic Context

2.1 The NHS Health Check Programme has been a national priority since responsibility for providing it passed from the NHS to Local Government in 2013. The programme is fully supported by the Office for Health Improvement and Disparities; NHS England; the National Institute for Health and Care Excellence (NICE); and the Local Government Association (LGA). It offers the English health and social care system a proven opportunity to reduce the growing burden of non-communicable disease related to behavioural and physiological risk factors and therefore remains a priority area for local government and the NHS. It also reduces cost to the NHS and Adult Social services by preventing individuals requiring treatment or ongoing support for CVD through prevention and early identification of those at risk.

2.2 The NHS Health Check programme aligns with the Council's **'Framing Kent's Future 2022-2026' strategy**, supporting the following priority commitments:

Priority 1: Levelling up Kent

- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.
- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps.

Priority 4: New models of care and support

- To reshape our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more consistent and proactive commissioning practice, and a stronger focus on co-designing services.

2.3 The programme is also aligned to KCC's **Securing Kents Future** strategy, by preventing people from getting long term preventable health conditions linked to poor cardiovascular health and unhealthy lifestyles, which increases demand and costs in health and social care.

2.4 The COVID-19 pandemic significantly impacted the programme from March 2020. Delivery was completely paused for several months and KCC and Kent Community Health Foundation Trust (KCHFT) have been working with primary care to increase delivery ever since. The vaccination programme and backlogs in a range of routine appointments caused by COVID-19 have led to primary care being under notable pressure. Therefore, commissioners are mindful that any change to the current NHS Health Check model should be carefully managed.

2.5 Kent has a strong history of widespread GP participation and coverage of NHS Health Checks, with primary care being the main source of health check delivery. There are 146 GP practices operating in Kent, 143 of which are engaging with the NHS Health Check programme at various levels. This participation is against a backdrop of rising costs and increasing workloads within GP practices and Pharmacies.

2.6 The Programme also aligns with the Kent and Medway Integrated Care strategy, supporting the following priority commitments:

Shared Outcome 3: Supporting Happy and Healthy Living

- Support people to adopt positive mental and physical health behaviours
- Support people to live and age well, be resilient and independent

Shared Outcome 4: Empower People to Best Manage their Health Conditions

- Provide High Quality Primary Care

Shared Outcome 5: Improve Health and Care Services

- Improve equity of access to health and care services
- Provide high-quality care

2.7 The NHS Health Check programme also supports the council to deliver against the NHS Long Term Plan, through helping to prevent up to 150,000 heart attacks through early identification and support of individuals at risk.

3. Background

3.1 The NHS Health Check programme is currently commissioned under a partnership co-operation agreement between Kent County Council and Kent Community Health Foundation Trust (KCHFT). This partnership agreement is due to end on 31 March 2026, and such agreements are no longer permitted under the Provider Selection Regime legislation which came into force in

January 2024. As a result, a decision needs to be taken regarding the future procurement routes for these services.

3.2 KCHFT deliver the programme via three routes:

- KCHFT have contracts with 143 GPs (out of 146) to provide NHS Health Checks. This accounts for approximately 84% (28,125) of all health checks provided in Kent.
- KCHFT have contracts with 32 pharmacies to provide NHS Health Checks. However, post COVID-19, recovery in this area has not been strong and pharmacies now deliver approximately 2% (570) of NHS Health Checks (compared to 11% pre-COVID).
- KCHFT provide NHS Health Checks and invitations for the GPs that do not want to deliver the programme themselves. In addition to this, they provide opportunistic NHS Health Checks in the community via an outreach service, which is designed to target those who may not engage. This provision accounts for approximately 14% (4,802) of all health checks.

3.3 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 including data extraction, invitations, data capture, payments and supporting transfer of data onto the clinical system post check. 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.

3.5 The Department of Health and Social Care (DHSC) provides Local Authorities with an annual estimate of their rolling 5-year total eligible population. The programme should invite 20% of its total eligible population every year, therefore ensuring that 100% of the eligible population are invited for their NHS Health Check within the 5-year period. This target was significantly impacted by Covid-19 when invitations were paused for several months, and the programme has been working hard to recover with invitation rates increasing steadily year-on-year.

3.6 In 2023/24 the Kent NHS Health Check programme invited 83,380 eligible residents for their health check, representing 18.2% of the total eligible population. Of these invites, 31,379 residents took up their offer of a health check, translating to an uptake rate of 37.6%. The England average uptake rate for this year is 39.9% and the average uptake of our nearest statistical neighbours was 40.3%.

3.7 In 2024/25, the Kent NHS Health Check programme invited 95,308 of the eligible population, slightly exceeding the 20% target for the year, and supported 33,487 (35%) individuals to access an NHS Health Check. National data for this period has not yet been published. The programme is reviewed regularly by the Office of Health Improvement and Disparities (OHID) and OHID are satisfied with Kent's performance.

4. Public Health Service Transformation programme (PHSTP)

4.1 Since July 2023, Kent County Council Public Health has been undertaking a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and achieve best value.

4.2 The Health Reform and Public Health committee has received regular updates on this programme of work and helped shape its development.

4.3 Initial stages of the transformation programme included completion of analysis of current needs and service provision. Key findings from this analysis were as follows:

- NHS Health Checks are vital in CVD prevention.
- Performance for two key indicators relating to invites and checks is increasing year on year following significant decline and closure of the service due to COVID-19 in 2020/21.
- Although COVID-19 recovery is strong, uptake remains lower than regional and national rates.
- The programme could do more to reduce health inequalities through prioritising individuals at higher risk of developing CVD.

4.4 Stakeholder workshops were held early in the programme to establish stakeholder views of the current service and suggestions for future delivery, followed by two further sessions to engage the wider market. Findings from these sessions 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 continue to 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.

4.5 Following these stakeholder workshops, regular engagement meetings have been scheduled with both the Local Medical Committee and the Local Pharmaceutical Committee who represent the main providers of the programme in primary care. Feedback from initial discussions regarding potential changes to the model and contracting arrangements has been positive with key points identified as follows:

- Both the Local Medical Committee and Local Pharmaceutical Committee would welcome a direct contracting relationship with KCC. They feel this would support an efficient approach and support consistency across services and potential integration with other primary care services, such as those commissioned by the ICB.

- Flexibility for GP practices to join together and contract on behalf of other practices within the Primary Care Networks would also be welcomed. This would support GP practices who do not currently have the capacity to deliver health checks to still engage with the programme.
- The Local Pharmaceutical Committee are keen to support an increase in pharmacy delivery of the programme. Areas of challenge have been identified and there is appetite to collaboratively overcome these and work towards pre-COVID levels of delivery.

4.6 Feedback from individuals receiving support was obtained via an insights report commissioned by the PHST programme. Organisation 31Ten completed a targeted programme of engagement consisting of pop-up groups, focus groups and semi-structured interviews targeted at people at high risk of CVD and those living in deprived communities. Key findings from this engagement were as follows:

- The main reason that people did not attend a health check is because they had not been invited or were not aware that they were eligible for one.
- Most people who attended a health check found it useful.
- Barriers to attending a health check were identified as difficulty accessing the GP and lack of appointments at a convenient time.
- Further communication about the service is needed, with particular focus on tailoring to priority groups to enhance engagement amongst these groups.

4.7 In September 2024, Consultants and commissioners for the NHS Health Check programme took part in a peer review with Surrey County Council. Plans for the new model and contracting arrangements were shared with Surrey in advance, providing an opportunity for discussion, questions, feedback and present challenge. Colleagues at Surrey CC shared positive feedback regarding plans to prioritise those at higher risk of CVD for the NHS Health Check and identified opportunities for improved partnership working and data sharing through plans to contract directly with primary care providers in future. They also shared learning from their own area to support our preferred approach.

5. Commissioning Options and Service Model

5.1 As part of the Transformation process a vision for the new service was developed. This vision was:

There is universal understanding of NHS Health Checks which are easily accessible. More people who are at higher risk of CVD are in receipt of an NHS Health Check.

5.2 The views and feedback from stakeholders were used to create a long list of options with the aim of achieving this vision, all of which were then independently scored and moderated to identify a short-list of options. This short-list was then scored against pre-determined critical success factors to determine a preferred option.

5.3 Short-listed options considered but rejected included:

- **Option 1: Retain the current service** – the current service provides a universal offer, meets all statutory requirements and has been performing well against KPIs. However, the service is not reaching those who really need it i.e. groups at highest risk of CVD, and invite costs are high and do not make the best use of digital solutions. Invite costs represent a large proportion of the budget and leaving less available for actual delivery of checks.

- **Option 2: Discontinue the service** – this option was dismissed as a non-viable option as it would place KCC in breach of its statutory responsibilities leading to significant reputational damage as well as increased rates of CVD and other preventable lifestyle diseases. This option would also lead to greater costs for NHS and Adult Social Care services through a greater number of people requiring support through unidentified ill-health.

5.4 The proposed option identified is to retain the current service model however, using the learning from stakeholder and public engagement to make some significant enhancements to the service specification and commissioning arrangements as follows:

- Prioritise individuals at higher risk of CVD through targeted invitation. Individuals' level of risk for CVD will be calculated utilising a clinical tool by the Health Diagnostics system. This will calculate the risk based on various factors and health inequalities such as; age, sex, ethnicity, smoking status, body mass index, blood pressure readings, deprivation decile and heart age differential.

- Graeter utilisation of digital solutions to improve the efficiency of the Health Checks programme e.g. Digital invites

- Implement findings from engagement work (taking place in 2025/26) to employ the most effective method of inviting those at high risk of CVD, to increase their likelihood of attendance at their Health Check.

- Continue to work with primary care as the main providers of NHS Health Checks, having KCC manage the contracts of primary care providers via a Direct Award B process (as per Procurement Act 2023). 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 (such as increased use of digital) 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.

- Work with the Local Medical Committee and individual GP practices to encourage full roll out of the programme, with flexibility for GP Practices to contract on behalf of other practices within the Primary Care Network.

- Commission an NHS Health Check outreach service and a digital training offer for all Health Check advisors in line with current procurement regulations.

- The new service will also implement a targeted communication campaign designed to increase uptake of an NHS Health Check amongst those at higher risk of CVD to reduce health inequalities.

5.5 Improved outcomes from the new service model include:

- 100% of the eligible population are invited for an NHS Health Check every 5 years.
- Increase in awareness of the NHS Health Check programme, including the eligibility criteria and invitation process.
- A greater number of individuals at higher risk of CVD are prioritised for their NHS Health Check through targeted inviting.
- Increased attendance to their NHS Health Check of individuals at higher risk of CVD.
- More people supported to access services and make sustainable lifestyle changes.
- The NHS Health Check programme contributes to a decrease in CVD and other preventable lifestyle diseases in Kent.

5.6 Productivity of the service will be increased through greater efficiency of the new model. This will support the programme to offer a greater number of Health Checks utilising the same budget.

5.7 KCC intends to manage GP and Pharmacy contracts directly, rather than via a third party as it does currently. This will enable the council to explore efficiencies with GPs and Pharmacies and allow for KCC to have a greater control over the programme

6. Financial Implications

6.1 These contracts would be funded entirely from the ringfenced Public Health Grant with an estimated financial commitment for a 7-year contract of £15,210,647.

6.2 The contracts are as follows:

- NHS Health Check primary care delivery – 1 April 2026 – 31 March 2033 (up to five years with two additional one-year extensions)

- NHS Health Check Outreach Service - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

- NHS Health Check Training Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

- NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

6.3 The table below outlines the estimated costs to KCC Public Health over the maximum contract term. Final costs will be subject to negotiations and procurement outcomes.

Table 1: Estimated Costs to KCC Public Health (NHS Health Check)

	Cost to KCC Public Health (NHS Health Check)
Primary Care Delivery and Support	£14,013,037
Outreach, Quality and Training services	£1,197,610
Total Cost (5 years plus two, 1 year extensions)	**£15,210,647**

6.4 The new model will drive down costs and increase efficiency by bringing the contract management within the council's direct control and by focussing on those populations most at risk. The programme will focus on driving greater efficiency from above. There will also be reduced overheads through directly managing the programme within KCC.

6.5 In the unlikely event that the grant in future years is insufficient to cover the contract value, prices or activity levels would need to be negotiated to fit the available budget.

6.6 The commissioned services will seek to build further value for the Kent resident following benchmarking exercises which have ascertained the target values Kent should be achieving.

7. Commercial Implications

7.1 The contract for the current service is due to expire 31 March 2026.

7.2 To avoid a gap in service provision to Kent residents, it is proposed to conduct a commercial procedure with the aim of successfully selecting provider(s) to deliver the services outlined to commence on the 1st April 2026..

7.3 The process will adhere to relevant procurement legislation, which will be The Healthcare Services Regulations (Provider Selection Regime) 2023 for those where a contract bound by law is required. An assessment will be conducted to ascertain the applicable procurement legislation.

7.4 In a change from the current contracting model, the Council will manage the contracts with providers directly rather than through a third party. Contractual documents will specify the year-on-year contract values to provide budget clarity and certainty.

7.5 This approach has been endorsed by the Commercial and Procurement team and their ongoing advice and expertise will be utilised throughout the procurement process.

8. Legal implications

8.1 Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.

8.2 The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice will be sought in collaboration with the Governance, Law and Democracy team and will be utilised to ensure compliance with the relevant legislation.

8.3 Legal advice will be sought as throughout the procurement process to ensure the Council remains compliant.

9. Equalities implications

9.1 In accordance with Council procedures, an Equalities Impact Assessment (EqIA) has been undertaken (Appendix A). This assessment explores the impact of the proposed changes to the service will have on members of the public.

9.2 The EqIA found the impact of this work to be positive, with no negative impacts. Services will continue to play a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population. Services will continue to aim to increase the number of people supported from underserved groups, to tackle health inequalities that exist among high-risk populations and all areas of deprivation.

10. Data Protection Implications

10.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. A joint Data Protection Impact Assessment (DPIA) will be completed by KCC in conjunction with the providers following agreement of the approach by the Cabinet Committee. This document will relate to the data that is shared between Kent County Council,

the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

10.2 The DPIA will be continuously updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to date information included and reflects any changes to data processing as a result of the specification enhancements

11. Management of Works

11.1 The management and implementation of the recommission will be delivered by KCC Public Health and Integrated Commissioning alongside other teams from HR, Legal and Commercial & Procurement. Progress will be monitored through internal governance arrangements and a alter report presented to the Health Reform and Public Heath Cabinet Committee or Cabinet member as to the outcome.

12. Conclusions

12.1 The current service has been subject to rigorous review through a programme of transformation. Following that work, a series of recommendations have been developed that will respond to the changes in legislation and see the service model achieve greater efficiency by focussing on prioritising invitations to the programme for those most at risk of developing CVD.

12.2 The proposed programme model will lead to greater efficiencies in the programme whilst increasing the numbers of people supported to access an NHS Health Check. The new model will also help KCC to achieve its statutory responsibilities in line with national guidance and reduce costs to the NHS and Adult Social services by preventing individuals requiring treatment or ongoing support for CVD through prevention and early identification of those at risk.

12.3 In addition, the council seeks to derive greater control and oversight by managing the contracts directly rather than via a third party.

12.4 Public Health is also seeking approval to procure the NHS Health Check programme contracts in line with the Provider Selection Regime.

13. Recommendation(s):

Recommendations:
The Cabinet Member for Adult Social Care and Public Health is asked to:

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4. NHS Health Check Quality Provider - 1 April 2026 to 31 March 2033 (five years with two additional one-year extension options)

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14. Background Documents

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

NHS Health Check - Data | Fingertips | Department of Health and Social Care

Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations - GOV.UK

NHS Health Check Programme Standards

NHS Health Check Best Practice Guidance

15. Contact details

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