

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

25/00039

For publication

Key decision: YES

Subject Matter / Title of Decision: Public Health Service Transformation Programme – NHS Health Check Programme

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose 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.

Reason(s) for decision:

Kent County Council (KCC) has a duty to provide the statutory 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.
- 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.
- Reporting on invites sent and checks conducted.

The NHS Health Check programme is currently commissioned under a partnership co-operation

agreement between KCC 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.

In addition, Public Health have undertaken a comprehensive review of services funded by the ringfenced Public Health grant as part of the transformation programme, with the aim of improving future services and ensuring best value for money and service sustainability. The work completed as part of this programme has included stakeholder engagement; service user insights and options appraisals, as well as a robust peer review process of the preferred option

The preferred option is to implement learning from the current service, into a revised model and specification that will better target those at higher risk of CVD. 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, improved efficiencies and tighter budgetary control. All commissioning activity will adhere to 'Spending the Council's Money' and relevant procurement legislation. Details of the preferred option are as follows:

- Prioritise individuals at higher risk of CVD through targeted invitation.
- 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, insourcing the contract management of the service so that KCC are contracting directly with primary care providers via a Dynamic Purchasing System (DPS). 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 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.

How the proposed decision supports the [Framing Kent's Future - Our Council Strategy 2022-2026](#)

The NHSHC 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.

The model enhancements in this proposed decision further supports these priorities with a greater focus on narrowing health inequalities, through the prioritisation of key groups at higher risk of CVD and targeting of the outreach service.

How the proposed decision supports Securing Kent's Future 2022 -2026: [Securing Kents Future - Budget Recovery Strategy.pdf](#)

This approach aligns with Securing Kent's Future and the council's Best Value Statutory responsibility, most notably point 4.6 of the strategy documents as this decision will prioritise best value considerations .

Public Health services are preventative services with evidence of good Return on Investment and can help reduce demand into other KCC services and across the health and social care system.

How the proposed decision supports the Kent and Medway Integrated Care Strategy : [Kent and Medway Integrated Care Strategy](#)

The NHS Health Checks programme aligns to 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

Financial Implications

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

The tables below outline 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 HC)

	Cost to KCC Public Health (NHS HC)
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

The Public Health Grant allocated to the county council has increased each year since the Covid-19 pandemic. In the unlikely event that the grant in future years is insufficient to cover the contract value, further savings will be negotiated with contract holders across the transformation programme.

Legal Implications

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.

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.

Equalities implications

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

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.

Data Protection implications

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 KCC, the provider and the Office for

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

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

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 and the outcome included in the paperwork which the Cabinet Member will be asked to sign

Any alternatives considered and rejected:

Option 1: Keep current service the same – 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 best use of digital solutions. This represents 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 Crae services through a greater number of people requiring support through unidentified ill-health.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date