



Direct Dial/Ext: +443000412188
e-mail: dominic.westhoff@kent.gov.uk
Ask for: Dominic Westhoff
Date: 15 March 2023

Dear Member

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE - THURSDAY, 16 MARCH 2023

I am now able to enclose, for consideration at the Thursday, 16 March 2023 meeting of the Health Reform and Public Health Cabinet Committee, the following report that was unavailable when the agenda was printed.

Agenda Item No

12 **23/00010 - NHS Health Check System (Pages 1 - 26)**

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint circular stamp.

Benjamin Watts
General Counsel

This page is intentionally left blank

From: Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 16 March 2023

Subject: NHS Health Check System

Key decision: 23/00010

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: N/A

Electoral Division: All

Summary:

Kent County Council (KCC) has a statutory responsibility to provide the NHS Health Check programme which is delivered via Kent Community Health Foundation Trust (KCHFT), General Practitioners (GPs) and pharmacies.

Delivery of this programme has been challenging since the Coronavirus (COVID-19) pandemic and there are opportunities to deliver the service differently. A review has commenced which will look at both the clinical and cost effectiveness of the programme and make recommendations on the future contracting model for the service.

An IT system is required to facilitate effective delivery of the programme, including data capture, invitation processes and national reporting. KCC has contracted with *Health Diagnostics* since 2018 and the current contract comes to an end on 30 September 2023, following previous extensions.

To allow time for the review to conclude, a further six-month extension is needed for the IT system, meaning the contract will come to an end in March 2024. The maximum budget for this extension will be £166,369, which includes pass through costs for sending out invitations. The contract performs well, has high user satisfaction levels and is cost efficient.

KCC will lead a competitive procurement process which is due to start June 2023. KCC will work closely with KCHFT, as a delivery partner of the NHS Health Check Programme, and Primary Care. The new system will need to be in place by 1 April 2024, with a maximum investment of £2,672,378 over the course of an initial term of five years with two optional twelve-month extensions. It is important to note that a significant proportion of the costs is not directly for the system itself but for postal costs linked to invitations. The system will cost approximately £240,000 a year. KCC is currently piloting use of text messages to support a more cost-efficient approach.

Recommendation(s):

The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or to **MAKE RECOMENDATIONS** on the proposed decision to:

1. **EXTEND** the current NHS Health Check System contract by six months to end on 31 March 2024.
2. **COMMENCE** a formal procurement activity in June 2023 for a new NHS Health Check System contract to start on 1 April 2024, for an initial period of five years with the option of two 12-month extensions.
3. **DELEGATE** authority to the Director of Public Health to award a new contract and take relevant action, including, but not limited to, finalising the contractual terms, entering into a contract and other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 The paper provides an overview of the context of the NHS Health Check Service and the IT system used to support the programme. It outlines the current review, the contracting arrangements and future commissioning process of an IT system. The route to market is informed by a comprehensive options appraisal, market engagement, which has been concluded, and stakeholder consultation.
- 1.2 It asks the committee to endorse the recommendations to extend the current contract, commence procurement and delegate authority for the Director of Public Health to award a new contract.

2. Background

- 2.1 Local authorities are mandated to provide the NHS Health Check¹ programme via *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*². The programme supports the NHS Long Term Plan³ and Integrated Care Board on Cardiovascular Disease prevention.
- 2.2 Both the service and the IT system contributes to 'Priority 1: Levelling up Kent' of the *Framing Kent's Future Our Council Strategy 2022-2026* as the programme is a preventative approach for improving population health. The IT system also contributes to 'Priority 4: New Models of Care and Support' as the data that is collected through the system can be used to support commissioning and decision making around the delivery of the programme in addition to supporting wider commissioning activity and population health management.

¹ [NHS Health Check - NHS \(www.nhs.uk\)](https://www.nhs.uk)

² [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](https://legislation.gov.uk)

³ [NHS Long Term Plan](https://www.nhs.uk)

- 2.3 Kent Community NHS Foundation Trust (KCHFT), KCC's partner for several public health services, provide outreach and sub-contract to many GPs across Kent as well as Pharmacies to deliver the NHS Health Checks. The programme has been impacted since the Coronavirus (COVID-19) pandemic, with Primary Care having to pause delivery whilst prioritising ongoing pressures during the pandemic period. Primary Care are slowly resuming health check programme participation but require re-training to ensure effective delivery.
- 2.4 The programme cannot function effectively without a suitable IT system in place as it assists with the operational processes, including user experience, secure data capture of confidential information, and monitoring of the performance. It will ensure that the programme is provided effectively, and it supports KCC to meet its statutory obligations of delivering the NHS Health Check Service and reporting outcomes to Office of Health Improvement and Disparities (OHID). Appendix 1 provides more detail on the background, benefits, and outcomes of the NHS Health Check programme, and why a system is required to support it.
- 2.5 In 2018, Public Health commissioned *Health Diagnostics* to provide the system. Over the contract term the performance of the contract has been good and there is positive feedback from users of the system. A benchmarking activity has been undertaken which showed that the price KCC is paying for the current system is acceptable.
- 2.6 During COVID-19, the strategic decision was taken to use the emergency procurement regulations in 2021 to extend the IT system contract for 18 months. This was due to the disruption caused by the pandemic and the need to provide stability of one system to GP's during this time. Originally, the contract was due to end in March 2022 after two 12-month optional extensions had been utilised. The new end date is now 30 September 2023.
- 2.7 Due to a series of significant developments, including reduced engagement from Primary Care providers, financial pressures, and the focus on prevention in the Integrated Care Strategy, a review of the NHS Health Check Programme is currently underway. This review will look at:
- The clinical and cost effectiveness of the current service model in collaboration with key stakeholders and partners.
 - Appraisal of evidence of best practice to identify a potential new service model.
 - Analysis of the NHS Health Check data in terms of performance, uptake, and coverage to identify where improvement can be made.
 - Consider the views of stakeholders and residents on the programme.
 - Consider planning for future challenges to the NHS Health Check programme.
 - Consider refining the NHS Health Checks offer so it is more accessible to underserved or protected communities.
 - Analysis model options and make recommendations to inform the commissioning of the programme.

- 2.8 To allow time for the review to conclude, (March 2023), a six-month extension to the current IT system contract is recommended, bringing the current IT system end date to March 2024.
- 2.9 To ensure that the programme remains value for money and is as effective as possible, commissioners are working with the current systems provider and KCHFT to pilot the use of SMS text message invitations in place of traditional physical letters.

3 Commissioning requirements for the new system

- 3.1 KCC is leading the commissioning process for a new IT system and will start a competitive tendering exercise in June 2023. A detailed provision timeline for this procurement is available in appendix 2.
- 3.2 KCC is closely working with KCHFT and the Primary Care team in the Kent and Medway Integrated Care Board (ICB) for the re-commissioning of the IT system.
- 3.3 It is anticipated that there may be some changes to the commissioning model for the NHS Health Check programme following the review, which will allow for cost efficiencies. There are also opportunities to contract differently, such as through GP federations or clusters of GPs which can be explored during 2023/24.
- 3.4 The timing of this piece of work will enable the IT system requirements to be finalised alongside the conclusion of the review.
- 3.5 Changing system represents a huge undertaking in the form of training for staff, new processes needing to be established, time to transition, and more. Flexibility will be built into the service specification, contract, and payment mechanisms to ensure the system can respond flexibly to future changes resulting from the review. For example, the number of licenses and service users using the system may increase/decrease over time and can be priced separately.
- 3.6 Following engagement with service users and partners, the requirements for the IT system will be to:
- Extract data from GP clinical records to identify, invite, and provide targeted invites to the eligible population.
 - Facilitate the NHS Health Check, including mandatory data collection as set by OHID.
 - Provides functions that facilitate behaviour change in clients e.g., healthy lifestyle advice prompts.
 - Calculate a client's risk of developing a heart attack or stroke (Q-Risk score).
 - Collect client experience data for feedback purposes.
 - Automatically transfer client results to the GP clinical system.
 - Refer to other health improvement programmes where applicable.
 - Report results and outcomes back to KCC
 - Assist with payments of primary care for the delivery of the NHS Health Check

- 3.7 A long-term contract is deemed to be the most suitable option for this provision as this will allow KCC and Kent residents to recoup benefits of innovation and investment. Therefore, it is recommended the contract length will be five years, with an optional two 12-month extension.
- 3.8 Market engagement sessions conducted late 2022 and previous procurements found that a minimum of six months mobilisation was required for a successful and effective mobilisation/transition. This includes a training programme for staff/service users and testing of the system.
- 3.9 Performance, outcomes, activity, and service levels will be monitored by KCC through the submission of quarterly performance reports and contract monitoring meetings.

4 Financial Implications

- 4.1 The yearly value for the contract is variable as it depends on the number of licenses made available, volumes/type of invitations sent based on the size of the eligible population. There is an additional payment which is passed through to a secure NHS approved mail house to pay for postage and packaging of the invitation letters.
- 4.2 A maximum allowable budget is included in the table below, a further breakdown of costs can be found in Appendix 3.

	Requested six-month extension	New Contract Value (Five years with two 12-month extension)
Invitations	£56,619	£922,515
System Costs	£109,750	£1,749,864
Maximum Budget	£166,369	£2,672,378

- 4.3 Commissioners will work over the contract term to reduce the value of the contract. This will include increasing text messaging if deemed viable following the pilot.
- 4.4 Funding is from the Public Health ring-fenced grant, provided to the local authority annually from the Department of Health and Social Care (DHSC) for the purpose of commissioning public health services for the Kent population. Delivery of NHS Health checks is a requirement of the grant.

5 Corporate implications

- 5.1 The following implications are relevant to this project:
 - **Legal:** Additional legal advice has been sought in relation to the contract extension and is set out below:
“KCC is relying upon Regulation 72(1)(b) of the Public Contracts Regulations 2015 (“PCR 2015”) to make this contract extension of 6 months. The conditions of Regulation 72(1)(b) are met in that a contract extension is required for economic and technical reasons, a change of provider any sooner would cause significant inconvenience

and/or a substantial duplication of costs for KCC and the value of the contract extension does not exceed 50% of the contract value. A modification notice will be published accordingly in compliance with Regulation 72(3) PCR 2015.”

- **Equalities:** An Equality Impact Assessment (EQIA) has been created which identified that the system will need to conform with Accessibility Regulations 2018⁴, this will form part of the tender requirements and is a current requirement of the system. Once a provider has been awarded the contract, commissioners will review the EQIA and work with the supplier to ensure that appropriate action is taking place to reduce any barriers of using the system. For the current EQIA, refer to Annex 1.
Depending on the findings of the review, a new EQIA and DPIA will be developed on the changes on the service model for NHS Health Checks. The changes will on service model will not affect the aims/outcomes/functions of the IT System.
- **Data:** A Data Protection Impact Assessment (DPIA) screening tool has been conducted and the recommendation from the Data Protection Officer was that a full DPIA will need to be carried out. This will be produced in conjunction with the successful provider following awarding the contract. No significant implications to data processing are expected as the same data sets will need processing in the new service.
- **Other corporate implications:** The service will interact with and refer patients to other services commissioned by KCC and other organisations.

5.2 Commissioners have had conversations with KCC’s Director of Technology, which identified that this re-commissioning project does not need to go to the Strategic Technology Board as it will not interact or sit on KCC IT infrastructure.

5.3 The Interim Strategic Commissioner was in support of the decision to extend the contract, and this has been subsequently approved by Head of Strategic Commissioning (Children and Young People’s Services) in absence of the Interim Strategic Commissioner.

6 Conclusion

6.1 KCC will work in partnership with KCHFT to deliver the mandated NHS Health Check programme. KCHFT provide outreach and manage the sub-contracting arrangements with Primary Care providers.

6.2 Delivery of the programme has been affected since COVID-19. Several developments have led to a review of the programme which is currently underway.

6.3 An IT system has been in place since 2018 and is essential for the delivery of the programme. The IT system provision includes, inviting the eligible population, data capturing, updating GP clinical records and invoicing.

⁴ [Understanding accessibility requirements for public sector bodies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/understanding-accessibility-requirements-for-public-sector-bodies)

- 6.4 The current extension comes to an end on 30 September 2023, a further extension of six months is required to allow for the review to conclude, bringing the contract to an end in March 2024. This will ensure review finding can be reflected in the system requirements.
- 6.5 KCC is working collaboratively with Kent and Medway ICB and KCHFT to re-commission the IT system following the end of the additional extension.

Recommendation(s):

The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or to **MAKE RECOMENDATIONS** on the proposed decision to:

1. **EXTEND** the current NHS Health Check System contract by six months to end on 31 March 2024.
2. **COMMENCE** a formal procurement activity in June 2023 for a new NHS Health Check System contract to start on 1 April 2024 for an initial period of five years with the option of two 12-month extensions.
3. **DELEGATE** authority to the Director of Public Health to award a new contract and take relevant action, including, but not limited to, finalising the contractual terms, entering into a contract and other legal agreements, as necessary to implement the decision.

7 Background Documents

[Framing Kent's Future - Our Council Strategy 2022-2026](#)

- [NHS Health Check - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- [NHS Long Term Plan](#)
- [NHS Health Check Programme review - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- https://www.kent.gov.uk/data/assets/pdf_file/0018/136431/Framing-Kents-Future-strategy-document.pdf

8 Additional Documents

- Annex 1 - EQIA
- Appendix 1 – Background, benefits, and outcome of the NHS Health Check programme, and why a system is required to support it.
- Appendix 2 – Provisional procurement timeline for NHS Health Check system
- Appendix 3 – Current and projected maximum costs for an NHS Health Check system.

9 Contact details.

Report Authors:

Laura Bush

Senior Commissioner- Public Health

Laura.Bush@kent.gov.uk

Craig Barden

Commissioner – Public Health

Craig.Barden@kent.gov.uk

Relevant Director:
Anjan Ghosh
Director of Public Health
Anjan.Ghosh@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

23/00010

For publication

Key decision: YES

Key decision criteria. The decision will:

- a) *result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or*
- b) *be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:*
 - *the adoption or significant amendment of major strategies or frameworks;*
 - *significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.*

Subject Matter / Title of Decision

Commissioning of an NHS Health Check System

Decision:

As Cabinet Member for Health Reform Public Health, I agree to:

1. EXTEND the current NHS Health Check System contract by nine months to end on 30 June 2024.
2. COMMENCE a formal procurement activity in June 2023 for a new NHS Health Check System contract to start on 1 April 2024, for an initial period of five months with the option of two 12-month extensions.
3. DELEGATE authority to the Director of Public Health to award a new contract and take relevant action, including, but not limited to, finalising the terms, entering into a contract and other legal agreements, as necessary to implement the decision.

Reason(s) for decisions:

Kent County Council (KCC) has a statutory responsibility to provide the NHS Health Check programme which is delivered by Kent Community Health Foundation Trust (KCHFT), General Practitioners (GPs) and Pharmacy.

Delivery of this programme has been challenging since COVID-19 and there are opportunities to deliver the service differently. A review has commenced which will look at both the clinical and cost effectiveness of the programme and make recommendations on the future service and contracting model.

An IT system is required to facilitate effective delivery of the programme, including data capture, the invitation process and national reporting. KCC has contracted with Health Diagnostics since 2018 and the current contract comes to an end on the 30 of September 2023, following previous extensions.

To allow time for the review to conclude, a further six months extension is needed for the system, meaning the contract will come to an end on 31 March 2024.

The NHS Health Check system supports the councils' legal responsibilities to deliver the NHS Health Check programme. It is recommended for the council to conduct a competitive procurement in June 2023 and award the contract following this compliant process.

Cabinet Committee recommendations and other consultation:

**Any alternatives considered and rejected:
Options (other options considered but discarded)**

Decommission the service - Decommissioning the service was concluded as a non-viable option as the system supports the mandated NHS Health Check Programme. Not providing a system for providers of the NHS Health Check and requesting that they revert to other methods (such as using paper forms, manual reporting and invoicing) was deemed a not suitable option. It would move away from an automated approach, risking increased errors and losing the structured, logical, and standardised approach to providing consistent NHS Health Checks across the county. This option would likely put KCC at reputational risk, Primary Care may disengage with the programme or request additional funding and i. furthermore, the outreach team delivered by KCHFT would need to find other solutions in facilitating the NHS Health Check.

Hybrid model – Commissioners looked at whether systems already in place in Primary Care can be used to meet the requirements. This would involve using various Integrated Care Board systems to facilitate the NHS Health Check, such as EMIS. Analysis suggested that this could cause fragmented commissioning, with different systems having to be updated to meet the needs of the requirements. The cost modelling for these upgrades and additional time needed for staff to collate the data showed that it would be more costly to commission in this way and KCC would have less control when changes are needed.

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

.....
signed

.....
date

Subject: Commissioning of an NHS Health Check System

Appendix number: 1

Appendix title: Background, benefits and outcomes of the NHS Health Check programme, and why a system is required to support it.

An NHS Health Check can improve the health and wellbeing of adults aged 40-74 through earlier awareness, assessment and management of major risk factors contributing to premature death, disability, and health inequalities. Due to the complex requirements of the NHS Health Check, a system is needed to facilitate delivery of the associated clinical pathway to ensure KCC meets its statutory obligations and that Kent residents benefit from a seamless service.

The NHS Long Term Plan¹ has a focus on cardiovascular disease (CVD) including reducing mortality from CVD, increasing early detection, and implementing preventative approaches and interventions to reduce the risk. With a system being key to the success of the Kent NHS Health Check programme, this commissioning project will support the CVD ambitions of the NHS Long Term Plan.

The Office for Health Improvement & Disparities (OHID) Public Health Outcomes Framework sets out a vision that is to 'improve and protect the nation's health and improve the health of the poorest fastest.'² The NHS Health Check programme is considered a key initiative for preventing disease and identifying disease in its early stages, both of which contribute to the vision of the framework.

In 2021, OHID published a national review of the NHS Health Check programme³ which featured six recommendations: build sustained engagement, launch a digital service, start younger, improve participation, address more conditions, and create a learning system. Whilst these recommendations have not yet been incorporated into the programme nationally, they are currently being considered for implementation in the future. A versatile and flexible system is recommended to being able to action these recommendations effectively and innovatively should they become additional programme requirements.

The Kent NHS Health Check programme has been provided by KCHFT, in collaboration with KCC as commissioners, since 2013. KCHFT act as the primary provider, and they sub-contract delivery out to general practices and pharmacies across Kent, as well as providing NHS Health Checks directly. KCHFT also provide an outreach service to underserved communities that may be less likely to take up an invitation to a check.

The key outcomes for the **NHS Health Check system** will be:

- The NHS Health Check programme continues running successfully in Kent

¹ [NHS Long Term Plan](#)

² <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

³ [NHS Health Check Programme review - GOV.UK \(www.gov.uk\)](#)

- Service users have an effective, innovative, and easy to use digital system/solution that enables them to provide NHS Health Checks
- The NHS Health Check programme operates in a compliant and legal manner, meeting all regulations in its conduct.

The key outcomes for the **NHS Health Check programme** that the system will indirectly support will be:

- Ensure a minimum of 100% of the annual eligible population is invited for an NHS Health Check
- Delivery of NHS Health Checks in a choice of settings to achieve a minimum of 46% uptake.
- Numbers referred onwards to Adult Healthy Lifestyle Programme/s including but not limited to One You Kent and NHS Diabetes Prevention Programme
- Numbers of diagnoses following an NHS Health Check
- Number of atrial fibrillation cases detected through the atrial fibrillation project.
- Trends in equity improvement across the programme
- Equitable service delivered that takes a universally proportionate approach.
- Person centred delivery.
- Social value delivered that supports KCC strategic outcomes.
- Digital innovations

END OF APPENDIX 1.

Subject: Commissioning of an NHS Health Check System

Appendix number: 2

Appendix title: Provisional procurement timeline for NHS Health Check System.

Procurement Stage	Date
Cabinet approval requested to proceed	16 March 2023
Cabinet decision standstill	16 March 2023
Selection Stage and SQ issued to Tenderers	01 June 2023
SQ returned by Tenderers	03 July 2023
SQ Evaluation finished and tenderer list approval	10 July 2023
ITT Issued to tenderers that passed SQ stage	11 July 2023
Deadline for clarification questions from bidders	25 July 2023
ITT Deadline	11 August 2023
Evaluation begins	14 August 2023
Start of demo sessions for live system by bidders	21 August 2023
End of demo sessions for live system by bidders	25 August 2023
Tender clarification meeting (to be used if required)	29 August 2023
Evaluation ends and moderation completed	01 September 2023
Internal governance starts	04 September 2023
Internal governance ends	15 September 2023
Contract Award Notification	18 September 2023
Standstill Begins	18 September 2023
Standstill Ends	28 September 2023
Provider/Supplier Planning Meeting	29 September 2023
Contract start date	02 October 2023
Mobilisation period including planning and transition start (6 months)	02 October 2023
Mobilisation period including planning and transition end	31 March 2024
Service commencement date	01 April 2024

END OF APPENDIX 2.

This page is intentionally left blank

Subject: Commissioning of an NHS Health Check System

Appendix number: 3

Appendix title: Current and projected maximum costs an NHS Health Check system.

	Health Diagnostics		New contract						
	18 months current extension	Requested 6-month extension	Initial Contract Term 2024/2029					First optional 12m extension	Second optional 12m extension
	April 2022 - September 2023	October 2023-March 2024	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29	Year 6 29/30	Year 7 30/31
Call and Recall (invitations)	£136,350	£56,619	£596,969					£325,546	
System Costs	£313,321	£109,750	£1,269,703					£480,161	
Maximum budget	£449,671	£166,369	£1,866,671					£805,707	
			£2,672,378						

The costs in the table are calculated to account for:

Call and Recall

- The increase in Kents eligible population each year (average +0.4%). **This means more people will need to be invited each year, hence the increasing invitations costs during the new contract.**
- The increase year on year for postage and printing costs.
- Used assumption of increases text over letter subject to the current pilot.

System Costs

- Maximum costs associated with training/set up costs, hosting costs, license of the software, the number of users of the system, service charges, monthly query run, innovation pot for developments, data analysis and reporting, and exit costs.

END OF APPENDIX 3.

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Commissioning of an NHS Health Check system

2. Directorate

Adult Social Care

3. Responsible Service/Division

Public Health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.1)

Craig Barden

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Cynthia Folarin

6. Director of Service

Note: This should be the name of your responsible director.

Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

No

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

Yes

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

No

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

This activity is a commissioning project with the main objective of procuring a suitable system to facilitate effective and efficient delivery of the NHS Health Check programme in Kent. This is a mandated national public health programme which local authorities must provide to their populations. It aims to prevent and identify disease as early as possible in the target population, who are residents aged 40-74 without a pre-existing health condition e.g., cardiovascular disease, diabetes, kidney disease.

A system is required to support with the entire NHS Health Check pathway for functions including identification and invitation of the eligible population, data capture of mandatory information during the check, facilitating payments to providers, reporting data back to Kent County Council, and supporting the patient with long term positive behaviour change to improve their lifestyle.

The aims and objectives of this commissioning project are:

- A system that facilitates the NHS Health Check programme in Kent is procured and mobilised effectively.
- Service users are satisfied with the system and have access to appropriate technical support.
- The system is value for money, effective, and ensures a high level of accessibility.
- ‘Train the trainer’ training is provided to the programme managers who are then able to train system users on how to use the system for health check purposes.
- The NHS Health Check programme continues to operate in a compliant, legal, and accessible manner, meeting all regulations in its conduct.

The equality recommendations of this commissioning project are:

- Ensure that accessibility and equality legislation is explicitly mentioned within the specification and are featured as minimum acceptable requirements. This will apply to all elements of service including the system itself, training, and support.
- Ensure that there are alternative options for all patient facing elements that are digital in nature e.g., ensuring patients can be invited by a physical postal letter as well as via an SMS text message. This will ensure that no patients are excluded due to digital limitations.
- Explore the option of sending out letters and SMS text messages in someone’s own language if they are unable to read English and in braille if required.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

No.

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

No.

11. Is there national evidence/data that you can use? Answer: Yes/No

Service users (those that use the NHS Health Check system)

Yes. Data exists on the NHS Digital website which provides information on the general practice workforce, including information on age band, role, gender, and ethnicity. This information can support with this EqIA in the context of service users, as general practice will be the main user of this provision. This dataset shows that there is a wide range of ethnicities and age ranges that make up the general practice workforce. The data on the general practice workforce can be accessed in an Excel extract here: <https://digital.nhs.uk/data-and-information/publications/statistical/general->

[and-personal-medical-services/30-november-2022](#)

Patients (those that benefit from the NHS Health Check system in receipt of health check services)

Age – National data suggests that smartphone usage declines with age in that those who are older are less likely to use a mobile smartphone. According to this 2021 data (link below), 73% of people aged 55 to 64 years use mobile phones compared to just 40% of those that are aged 65 and above. This highlights that people are less likely to use a mobile phone the older they are, meaning that digital options within the system that rely on mobile phone ownership and usage could unintentionally disadvantage older patients. Therefore, the relevant actions will be taken to mitigate against these risks as highlighted in C within section 19 of this EqIA ('mitigating actions for age).'

<https://cybercrew.uk/blog/smartphone-usage-statistics-uk/>

Disability – There is no single measure of disability for Kent, and multiple sources need to be used to arrive at numbers and prevalence estimates of disability across the region.

According to Kent Analytics, 'Using the broadest definition (2011 Census), 257,038 (17.6%) of Kent residents have a health problem or disability which limits their day-to-day activities.'

'A higher proportion of people aged 65 and over claim a disability benefit than younger age groups.'

In addition, 15.6% of individuals claiming disability benefits in Kent (19,774) do so because of a learning disability. This compares to 64.3% (81,579) claiming for physical disability and 20.2% (25,611) claiming for mental health problems.

This data suggests that disability is prevalent among the Kent population, particularly amongst older age groups (which are the target for the NHS Health Check programme).

The disabled population are at risk of being disadvantaged from provision of the NHS Health Check system e.g., those with a learning difficulty might not be able to process information that is too complicated and not laid out in an easy read version. Therefore, the relevant actions will be taken to mitigate these risks as highlighted in C within section 20 of this EqIA ('mitigating actions for disability').

https://www.kent.gov.uk/data/assets/pdf_file/0018/8181/Disability-in-Kent.pdf

Ethnicity – According to an England and Wales summary by the UK government, individuals from a White British (99.7%), Black Caribbean and White Irish background (both at 98.5%), are most likely to speak English as their main language. Other ethnicities were significantly less likely to speak English as their first language including those that are Indian (63.4%), Pakistani (61.7%), Chinese (44.4%), African (71.9%), and Arab (40.8%). This shows that ethnicity is closely linked to rates of English as a first language.

According to the most recent [2021 Census by the Office for National Statistics](#), the area in Kent with the greatest proportion of the population whose main language is not English is Gravesham at 11.92%. This ties in with regional data showing high ethnic diversity in this district. On the other side of the spectrum, Tonbridge and Malling has the lowest proportion of its population whose main language is not English at 3.1%.

<https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/english-language-skills/latest>

Remaining protected characteristics

Data for the remaining protected characteristics (carers, pregnancy and maternity, marriage and civil partnerships, and sexual orientation) was not sought because the service will have a neutral impact on these protected characteristics.

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes.

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

A range of stakeholders have been, and will continue to be, consulted throughout this commissioning project. These include:

- Local Medical Committee (representative committee of NHS General Practices in Kent).
- General Practices (main service user of the system being procured).
- Local Pharmaceutical Committee (representative committee of NHS community pharmacies in Kent).
- Pharmacies (service user of the system being procured).
- Kent Community Health NHS Foundation Trust (partner of Kent County Council which manage and provide NHS Health Check programme in Kent).
- Kent and Medway Integrated Care Board (NHS organisation responsible for most commissioning of primary and secondary care in Kent and Medway. Also procure and manage Kent and Medway general practice's IT system).
- Procurement lead for children's and Public Health commissioning (provision of procurement expertise and advice to commissioners throughout project).
- Service users (those that directly use the NHS Health Check system to facilitate NHS Health Check delivery).

Continued engagement with this varied group of stakeholders will enable commissioners to continue to consider the requirements of those that will use and benefit from the system to ensure it is accessible and that no protected groups are disadvantaged.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No.

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes.

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Upload the links to data shown in section 11 above.

KCHFT provide in person training on how to use the current system to GPs and pharmacies registered to provide NHS Health Checks. Of the 72 in person training sessions that took place from March 2022 to October 2022, only one training session attendee reported having an accessibility issue (dyslexia). Though the existing software is built to comply with all accessibility legislation, the trainer spent time with the attendee ensuring that they were comfortable with how to use the software and the required functionality for providing checks. Accessibility requirements are requested when attendees are invited to training, which includes use of the system, and training is adapted accordingly. Although this does not represent the entire NHS Health Check providing service user population, it provides some insight into the prevalence of accessibility requirements amongst those that will use the system. This finding reaffirms the essential requirement for the procurement of having a solution that meets all of the government's accessibility guidelines.

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - Answer: Yes/No

Yes.

Residents/Communities/Citizens - Answer: Yes/No

Yes.

Staff/Volunteers - Answer: Yes/No

Yes.

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes.

18. Please give details of Positive Impacts

This commissioning activity will source a system that enables the NHS Health Check programme to function. Without a suitable system, there would not be the necessary technological and digital infrastructure to effectively support and operate the programme.

The NHS Health Check is a preventative public health programme. It aims to prevent premature death from heart disease, stroke, kidney disease, and more, by completing a general health assessment every 5 years. Currently, it is targeted towards 40–74-year-olds without a pre-existing condition as these ages are considered to be at highest risk of having undiagnosed disease.

As the NHS Health Check programme will be enabled by the commissioning of a system, from which all those within the eligible population will benefit from this preventative health intervention and enjoy better outcomes without regard to protected characteristic.

Health professionals with a disability who use the system to provide health checks can benefit from the system because it will be procured with compliance to accessibility standards and regulations as a minimum requirement. Kent County Council (KCC) have standard minimum requirements for any service with regard to accessibility, and these will be adhered to throughout the procurement process and during contract management. Furthermore, the Kent and Medway Integrated Care Board (ICB) which is supporting the commissioning project will provide KCC with their standard list of information technology, governance standards, and accreditations which will make the list of accessibility requirements more robust.

Patients (members of the public receiving NHS Health Check services) can benefit from the system, regardless of age. Whilst the programme targets those 40-74 without a pre-existing condition, the system will still be able to process data for any age group which will be particularly beneficial in outreach settings. The NHS Health Check programme provides outreach activities to underserved and high-risk communities, with those eligible for an NHS health check able to receive a check and those below the age of 40 or over the age of 74 (not eligible for an NHS Health Check) being able to receive a similar health MOT.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes.

b) Details of Negative Impacts for Age

Most of the system will be used by health professionals in primary and community care settings, who will be technologically trained and equipped to use the system. However, commissioners anticipate that there may be digital and mobile orientated aspects of the patient pathway which could negatively impact certain age groups. These include:

1. **Patient lead booking and appointment management via smartphones.** This will likely be via a link sent to a smart mobile phone with functionality to digitally select and manage appointments without needing to call a health professional to book. Data (included earlier in this analysis) suggests that smartphone device usage declines with age, which could unintentionally disadvantage older age groups.
2. **SMS invitations for NHS Health Check sent to the patient’s mobile phone.** Data (included earlier in this analysis) suggests that smartphone device usage declines with age, which could unintentionally disadvantage older age groups.
3. **Mobile application for download and long-term use by the patient following the check to manage and improve their lifestyle over time.** Data (included earlier in this analysis) suggests that device usage declines with age, which could unintentionally disadvantage older age groups.

c) Mitigating Actions for Age

1. **Patient lead booking and appointment management via smartphones** – In recognition that not all patients will own and use a mobile smartphone, there will be an option to book either via digital means (if this option is available) or via a telephone call to a health professional. This will ensure that older patients without a smartphone device are not being unintentionally disadvantaged.
2. **SMS invitations for NHS Health Check sent to the patient’s mobile phone.** - The service specification will mandate the requirement for both SMS and physical letter invitation options to patients for NHS Health Checks, dependant on the availability of a smartphone number with the patient’s GP. Furthermore, there will be numerous invitation pathways with one being the issuing of a physical letter after numerous SMS invitation attempts have not been successful, which will mitigate against the risk of those older patients without a phone being unintentionally disadvantaged.
3. **Mobile application for download and long-term use by the patient following the check to manage and improve their lifestyle over time** – A mobile application for download and long-term use by the patient following the check would be an addition to the service compared to the current model. However, data suggests that older patients are less likely to use a phone which means that older individuals could be unintentionally disadvantaged. In mitigation, all patients will be provided with a paper copy of results from their NHS Health Check and will engage in a lifestyle conversation looking at their risk factors and what can be done in the long-term to manage these. Finally, the patient will also be referred to another service if appropriate and encouraged to maintain a continuing dialogue with their general practice.

d) Responsible Officer for Mitigating Actions - Age

Craig Barden, Commissioner

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability
Some patients will encounter barriers when trying to read and comprehend content both via online and physical means. These can be caused by various disabilities including learning difficulties and visual impairments. The system has potential to exacerbate these barriers for the disabled in various ways including but not limited to:
<ol style="list-style-type: none"> 1. Inappropriate colour contrasts between text and the background, and non-text and the background, making seeing and reading information difficult. 2. Lack of alternative text for images which means those with visual impairments cannot understand these images with the support of screen readers. 3. Keyboard barriers existing within content that makes it tricky for those that navigate by keyboard to access and interact with all elements on a webpage, system, or mobile application. 4. If the system is incompatible with various browsers, this could disadvantage those that use a specific web browser which hosts a specific piece of assistive technology. 5. Complicated language being used in place of simpler everyday language, which could disrupt comprehension for individuals with learning difficulties. 6. Physical invitation letters that are sent out to patients might not be understandable to those with visual impairments, unless there is a specific Braille version sent for these patients.
c) Mitigating Actions for Disability
The specification will require all proposed solutions to be built in a way that meets the <i>Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018</i> and <i>The Equality Act 2010</i> .
All tenderers will be required to outline, in detail, exactly how their solution meets the accessibility regulations and how their content is WGAC 2.1 level AA compliant as per the government's requirements for public sector services.
Furthermore, additional details regarding physical means of communication (such as invitation letters) facilitated by the system will be required to ensure accessibility is maintained for all. Examples could be a braille option or a large text format option for when patients are identified as having visual impairments.
d) Responsible Officer for Mitigating Actions - Disability
Craig Barden, Commissioner
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No.
b) Details of Negative Impacts for Sex
N/A
c) Mitigating Actions for Sex
N/A
d) Responsible Officer for Mitigating Actions - Sex
N/A
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No.
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? Answer: Yes/No

<i>(If yes, please also complete sections b, c, and d).</i>
Yes.
b) Details of Negative Impacts for Race
<p>Whilst not the case for every individual and every ethnicity, there is data (attached in the data section) to suggest that certain ethnicities are more likely to not have English as their first language, and some ethnicities where rates of non-English language comprehension is more likely. This could mean that the standard NHS Health Check invitation letter and/or SMS text message issued via the system may not be comprehensible to certain ethnicities. Consequently, these groups may struggle to understand the invitation which could lead to not taking up the NHS Health Check offer, possibly having a detrimental impact on the health of the invited individual.</p> <p>Furthermore, individuals and certain ethnicities may not be able to understand their results from an NHS Health Check if they are accessed via English only websites and/or written in English when English is not a patient's native language.</p> <p>Commissioners are considering inclusion of a mobile application to enable patients to have access to their results and facilitate behaviour change over the long term. If the application is exclusively in English, those that do not have fluent levels of English literacy may struggle to access and understand the information within the application.</p> <p>Overly complicated use of grammar and vocabulary in parts of the system that the patient may interact with, such as prompts on healthy lifestyles that may be featured in the system and read out during the check, may be incomprehensible for those that are not fluent in English. This could reduce access and thus the potential impact of the NHS Health Check for the patient.</p>
c) Mitigating Actions for Race
<p>Officers will explore several options during the commissioning project to ensure that negative impacts of low levels of English literacy are reduced for the respective ethnicities. These include:</p> <ol style="list-style-type: none"> 1. Creation and distribution of invitation letters/SMS in a variety of different languages - This will be explored during the specification building stage. Elements to consider include whether providers have a solution that can accommodate multiple language letters, easy read versions and the solution can automatically detect when (and if) it is appropriate to send different language invitations based on patient record data. 2. Availability of results in different languages – A mandatory requirement for the NHS Health Check system will be for patient's to be given a copy of their results, digitally or physically via a printed copy. The specification will include the requirement for results to be translatable into a range of different languages based on the most prevalent languages spoken in Kent. This will reduce the risk of incomprehension following a check and enable all ethnicities to make a positive change to their lifestyle. All patients will be encouraged to discuss results with the practitioner who did their NHS Health check and/or their General Practitioner, and standard methods for ensuring high quality communication with language barriers minimised will be used e.g., interpreters, digital translation tools. 3. Patient facing websites and applications will be translatable – It will be a requirement for any websites and applications to feature a function that enables the content to be translated into a language of the user's choice. This will ensure that information can be understood as intended and no ethnicities are disadvantaged. 4. Language and grammar in English parts that face the patient will be simple and concise – Where there is English used during any part of the process involving the system (e.g., a prompt read out during the check), it will be written concisely and simply to ensure comprehension and effective communication. This will reduce the risk of non-understanding of communication in ethnicities who may not be fluent in English.
d) Responsible Officer for Mitigating Actions – Race
Craig Barden, Commissioner
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? Answer: Yes/No
<i>(If yes, please also complete sections b, c, and d).</i>

No.
b) Details of Negative Impacts for Religion and belief
N/A
c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i>
No.
b) Details of Negative Impacts for Carer's Responsibilities
N/A
c) Mitigating Actions for Carer's responsibilities
N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
N/A

This page is intentionally left blank