



Report to Policy Committee

Author/Lead Officer of Report: Karen Harrison, Health Improvement Principal

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Report of: Greg Fell
Report to: Finance Committee
Date of Decision: 1st August 2023
Subject: Commissioning of the NHS Health check programme

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2115				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

The purpose of the report is to seek permission to commission the NHS Health check programme.

The NHS Health Check programme is a Public Health programme in England for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases (CVD) including diabetes, heart disease, kidney disease and stroke.

In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The outcomes we want to achieve are:

- Increased healthy life expectancy

- Reduced differences in life expectancy and healthy life expectancy between communities. In order to achieve this we need a targeted approach

Previously Sheffield City Council commissioned Primary Care Sheffield to be the provider of the programme. The contract with Primary Care Sheffield ended April 2021 and due to pressures from the pandemic we have not been in a position to be able to recommission until now

Recommendations:

It is recommended that the Finance Committee approves the commissioning of an external provider to deliver the NHS health check programme for a period of 5 years and an estimated value of £925,000, as set out in this report.

Background Papers:

[NHS Health Check - National guidance](#)

Lead Officer to complete:-							
1	<table border="1"> <tr> <td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td> <td>Finance: Anna Beeby and Kayleigh Inman</td> </tr> <tr> <td>Legal: Richard Marik</td> </tr> <tr> <td>Equalities & Consultation: Bashir Khan</td> </tr> <tr> <td>Climate: Jessica Rick</td> </tr> </table>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Anna Beeby and Kayleigh Inman	Legal: Richard Marik	Equalities & Consultation: Bashir Khan	Climate: Jessica Rick	
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	Climate: Jessica Rick						
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>						
2	<table border="1"> <tr> <td>SLB member who approved submission:</td> <td>Greg Fell</td> </tr> </table>	SLB member who approved submission:	Greg Fell				
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Lead Officer Name: Karen Harrison	Job Title: Health Improvement Principal						
Date: 26/6/2023							

1 PROPOSAL

1.1 The NHS Health check programme

This report seeks approval to commission the NHS Health check programme. The contract with Primary Care Sheffield ended April 2021 and due to pressures from the pandemic we have not been in a position to be able to recommission it until now.

Background

1.2 In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

1.3 The NHS Health Check programme is a Public Health programme in England for people aged 40-74 who don't have any pre-existing cardiovascular (CVD) conditions. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular disease including diabetes, heart disease, kidney disease and stroke.

1.4 The NHS Health Check programme can help individuals reduce their risk by offering treatment/management plans; signposting for help and advice across a range of risk factors and lifestyle behaviours such as smoking, alcohol use, weight management, diet and physical activity. The programme also aims to raise awareness of the signs of dementia as there are similar risk factors for CVD as there are for developing dementia.

Reducing Health inequalities

1.5 CVD remains the leading cause of premature mortality in England, and the rate of improvement seen in recent years has slowed. It is also one of the conditions most strongly associated with health inequalities. The COVID-19 Pandemic has further revealed and amplified the inequalities in health and there are clear socio-economic and ethnic inequalities in risk of mortality from the disease.

1.6 The outcomes we want to achieve are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities. In order to achieve this we need a targeted approach. We will offer health checks first to people who are at highest risk of developing cardiovascular disease and at a younger age such as people who live in areas of highest deprivation, people from BAME groups such as South East Asian and Black African/Caribbean. We will also target the

health checks for those who have a learning disability or Serious mental illness.

- 1.7 We know that not everyone has the same risk for developing CVD. We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from Black, Asian, Minority Ethnic and Refugee backgrounds, or people with learning disabilities and/or severe mental illness. These disparities are the health inequalities that exist in our city, and that we see as unacceptable.
- 1.8 In Sheffield we have always used a proportionate universalism approach where we have targeted resources towards those who we know who are at higher risk of developing CVD and at an earlier age. While this approach has shown to reduce health inequalities compared to other health programmes, there is still disparity in who accepts and receives a health check. As we recommission the NHS Health check programme we want to offer these firstly to the groups of people who we know are at higher risk of developing CVD.
- 1.9 In the past we have done this through prioritising resources to those at highest risk and working with primary care and VCF organisations to identify those at highest risk. In doing so we have ensured that those at highest risk are identified and their health needs managed appropriately.

The service

- 1.10 From 2012 to 2017 the programme in Sheffield was delivered solely by and within GP practices according to former Local Enhanced Service agreements between Public Health and individual GP practices that novated to the Council in 2013. In 2017, a single provider commissioned to deliver the programme to 31st August 2020 and then an extension to April 2021. Due to the Covid-19 pandemic a decision was made to pause the service due to ongoing service pressures and uncertainty.
- 1.11 Previous delivery of the programme in Sheffield has been within primary care giving the opportunity for an end to end pathway from being able to identify eligible individuals from clinical records, carrying out the health check and initiating management and treatment of any risk factors identified. However the mandate does not specify that the Health check programme has to be carried out by primary care and in many other areas of the country Health check programmes are provided by other providers such as VCS, community organisation and pharmacies.
- 1.12 The Council shall detail the mandate and requirements of the service but the external service provider shall demonstrate how they will achieve this.

1.13 This service cannot be delivered in-house for the following reasons:

- Lack of capacity
- Lack of staff with appropriate skills
- Costs associated with staffing and access to appropriate data

Cost and duration of the programme

1.14 As this is a 5 year programme we wish to commission for a full 5 year cycle at a cost of £185,000 per year. Total contract value £925,000. There will be an increase in year 2 in line with other health related contracts subject to separate Council approval.

2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 The NHS Health check programme in Sheffield will offer health checks firstly to Sheffield residents who we know are at higher risk of developing Cardiovascular disease and at a younger age. The aim of this is to reduce health inequalities across the City. This can have an economic impact as CVD risk factors can be prevented or managed at an earlier stage resulting in a healthier workforce and less resource needed in adult and social care.

2.2 The Climate impact assessment shows very little negative impact on the community and may have a positive impact as active travel is encouraged and healthy, sustainable food is recommended to reduce CVD risk factors

3. HAS THERE BEEN ANY CONSULTATION?

3.1 As this is a mandated service there hasn't been a public consultation of whether this should be recommissioned. However, reports from primary care and VCSE groups across the City suggest that there is an increasing demand for the service

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010.

4.1.2 This is the duty to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

4.1.3 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

4.1.4 An Equality Impact Assessment has been carried out and highlights we will work to reduce health inequalities by offering health checks to people who are at highest risk of developing cardiovascular disease and at a younger age, eg people who live in areas of highest deprivation and people from BAME groups We will also target the health checks for those who have a learning disability or Serious mental illness (SMI).

4.2 Financial and Commercial Implications

4.2.1 Funding to cover the cost of the contract is earmarked from the Public Health grant.

4.2.2 The contract value is expected to be in the region of £185k per year, for 5 years. In 23/24 the cost will be a part-year effect, and for 24/25 financial year, it is anticipated that the contract value will be increased in line with other health contracts.

4.2.3 Future years' inflation cannot be quantified beyond 24/25.

4.2.4 Commercial Services will be engaged to support the tendering and procurement process.

4.3 Legal Implications

4.3.1 Under the Health and Social Care Act 2012, the Council has a statutory duty to offer an NHS Health Check to 100% of their eligible population once every five years and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 make provision for the steps to be taken by the Council in exercising this particular public health function.

4.3.2 The proposal to contract with an external provider in this report is facilitated by the Local Government (Contracts) Act 1997 and shall go some way to ensuring the council meets its statutory duties.

4.4 Climate Implications

4.4.1 The climate impact assessment identified possible impacts on buildings and infrastructure, transport, resource use, waste and adaptation.

4.4.2 By implementing mitigation measures the assessment found:

- Buildings and infrastructure- The project will achieve a significant decrease in CO2e emissions compared to before.
- Transport- The project will achieve a moderate decrease in CO2e emissions compared to before.
- Resource use- The project will maintain similar levels of CO2e emissions compared to before.
- Waste - The project will achieve a moderate decrease in CO2e emissions compared to before.
- Adaptation- The project will achieve a moderate decrease in CO2e emissions compared to before.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Don't recommission the programme – this would leave us in breach of the DHSC mandate

6. REASONS FOR RECOMMENDATIONS

6.1 The NHS Health check is a mandated service and to not recommission would result in a breach of the mandate with possible sanctions against Sheffield City Council.

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