

Committee Name and Date of Committee Meeting

Cabinet – 16 May 2022

Report Title

Public Health, Healthy Lifestyle Services Pathway

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Anne Charlesworth, Head of Public Health Commissioning

Ward(s) Affected

Borough-Wide

Report Summary

This report sets out options and recommendations regarding the future model for healthy lifestyle service delivery and the NHS health checks programme. NHS health checks are a key gateway into healthy lifestyle services, and this report sets out how the whole pathway should operate to support public health improvements for the borough over the next ten years. It is proposed that the NHS health checks, and the healthy lifestyle services are considered as two elements of one pathway.

The report recommends that a direct award is made to Connect Healthcare CIC with local GPs delivering the NHS health checks programme for one five-year cycle from 1 July 2022 to 30 June 2027. Connect Healthcare CIC is the legal entity formed by all GP practices in Rotherham. The basis of the direct award is that there is no other viable provider, as only primary care can identify clinical eligibility for the NHS health check and deliver a compliant model based on their knowledge of patient records. The NHS health checks programme runs on five-year cycles, so it is also recommended that there is the provision to extend the contract for another five years, subject to a review of KPIs and outcomes.

The report also outlines recommendations regarding the future model for healthy lifestyle services, which provide specialist behaviour change support. It is proposed that these services are commissioned by competitive tender, and include services to support stopping smoking, weight management and improve access to exercise. It is proposed that the alcohol screening component included within the previous

integrated healthy lifestyle services model forms part of the alcohol pathway and is recommissioned as part of the services described in the Cabinet paper of November 2021.

Recommendations

That Cabinet:

1. Agree to the proposed model, with NHS health checks being a key gateway into the healthy lifestyle services, and both services operating within a broader partnership pathway.
2. Agree that a direct award is made to Connect Healthcare CIC for local GPs to deliver the NHS health checks programme for one five-year cycle from 1 July 2022 to 30 June 2027, with the provision to extend the contract for a further five years to allow for another cycle of the NHS health check programme.
3. Agree to recommission healthy lifestyle behaviour change services by competitive procurement, comprising services to support stopping smoking, weight management and improve access to exercise.
4. Agree that the alcohol screening component included within the previous integrated healthy lifestyle services model forms part of the alcohol pathway and is recommissioned as part of the services described in the Cabinet paper of November 2021.
5. Note the variation of the contract with Parkwood Healthcare Limited with a continuation of up to a maximum of twelve months to 31st March 2024 (in 2 x 6-month blocks.) The aim is to complete the procurement for a new contract by 1st October 2023, but with an option to extend if required.

List of Appendices Included

- Appendix 1 Executive summary – health needs assessments
- Appendix 2 Proposed healthy lifestyles pathway
- Appendix 3 Part A – initial equality screening assessment form
- Appendix 4 Carbon impact assessment form

Background Papers

[Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations, December 2021](#)

[Provision of Public Health Services - an Integrated Lifestyle & Behaviour Change Service \(Integrated Wellness Service\) – Cabinet and Commissioners' Decision-Making Meeting, 13th November 2017](#)

[Public Health Proposals for Recommissioning Rotherham's Alcohol and Drugs Service](#)

Get Healthy Rotherham 2021/2022 Performance Scorecard

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Public Health, Healthy Lifestyle Services Pathway

1. Background

- 1.1 This report sets out options and recommendations for a healthy lifestyle pathway that will support public health improvements for the borough over the next ten years. This includes recommendations regarding the future model for healthy lifestyle service delivery and the NHS health checks programme.
- 1.2 In 2016, it was agreed that an integrated lifestyle and behaviour change service would be commissioned, which was a new model for Rotherham, bringing together several existing specialist services for adults. This included:
 - The NHS health checks programme.
 - Alcohol screening.
 - Smoking cessation service.
 - Smoking in pregnancy.
 - Single point of access (for weight management).
 - Adult weight management service.
 - Health trainer service.
- 1.3 These services are primarily for adults, but variation to the contract also led to the inclusion of smoking cessation support for under 18s.
- 1.4 Rotherham's current integrated healthy lifestyle service was tendered in 2016 and awarded to Parkwood Healthcare Limited. The service started on 1 April 2018 for three years (31 March 2021) with the option of 2 one-year extensions which have both been utilised. NHS health checks were paused nationally as a result of the COVID-19 pandemic and are yet to restart in most areas. National guidance for the NHS is that the NHS health check should restart when capacity allows post-March 2022.
- 1.5 The NHS health check programme is a mandated programme that local authorities are required to commission. It is a health check-up for predominantly healthy adults in England aged 40 to 74 who are clinically eligible – (those with certain pre-existing conditions are not eligible for the health check and may receive more regular health checks as part of their long-term condition management.) The programme includes a number of tests and is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Patients should be invited every five years for a health check.
- 1.6 In December 2021, the Office for Health Improvement and Disparities (OHID) published a national review of the NHS health check programme (please see background papers.) This review made several recommendations to enhance the health checks programme, including that:
 - Health checks should be recast to support an ongoing relationship with individuals and promote lasting health and wellbeing, as opposed to an isolated check.

- Linked with this, health checks should be the 'entry point' for behaviour change services, including stop smoking, weight management, alcohol, diabetes prevention and physical activity services.
- A digital offer should be launched, piloted by OHID and NHSX.
- The health check should be made available to people from a younger age, with those aged between 30-39 now being eligible – *(currently, people aged 40 to 74 with no known pre-existing CVD are eligible for an NHS Health Check every 5 years.)*
- Action should be taken to improve the participation of all eligible groups, but particularly those from deprived areas, ethnic minority groups and men.
- More conditions should be covered in the health check, including common mental health conditions and musculoskeletal conditions.
- An ongoing and independent scientific evaluation of the NHS health checks programme should be launched.

1.7 A national paper is anticipated that will outline further guidance regarding how these recommendations will be taken forward. Ensuring that Rotherham's model is compliant with the new guidance and expectations is a priority.

2. Key Issues

2.1 In Rotherham, life expectancy and healthy life expectancy are lower than the national average. This means that local people not only live shorter lives than the England average, but they can expect to live for a longer proportion of their lives in poor health. Rotherham is also significantly worse than the England average for under 75 mortality for numerous conditions, including cardiovascular disease, respiratory disease, and cancer.

2.2 The Global Burden of Disease Study 2019 found that the risk factors that are driving disability adjusted life years (DALYs)* and premature mortality in Rotherham are largely amenable to prevention. The top ten risk factors associated with DALYs in Rotherham are: smoking; high blood glucose; diet; high BMI; high blood pressure; high cholesterol; alcohol use; occupational risk; cold homes; and air quality. These risk factors are also drivers of health inequalities and are associated with socioeconomic deprivation.

**(Disability-adjusted life years refers to the number of years lost due to ill-health, disability, or early death.)*

2.3 In Rotherham:

- 72.9% of adults in Rotherham were overweight or obese (BMI >25) in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight.
- 17.8% of adults smoked in 2019, compared to 13.9% nationally – equates to around 37,000 current adult smokers.
- 11.9% of pregnant women were known to be smokers at time of delivery during the first two quarters of 2021/22, compared with an England average of 9.1%.

- 30% of adults in Rotherham drink over 14 units of alcohol per week (2011-14 data).
- As well as adults, these risk factors are also higher amongst children and young people. 10% of 15-year-olds in Rotherham smoked in 2015, compared to 8.2% nationally and 37.9% of 11-year-olds in Rotherham were overweight or obese in 2019/20.

2.4 Local authorities have a mandate to commission NHS health checks and a responsibility for healthy lifestyle services. These services, in conjunction with wider partnership services and initiatives, aim to address some of the challenges set out above, improving population health and supporting Rotherham people to live well for longer.

2.5 An overview of how these services are currently operating is set out below.

2.6 **NHS health checks – current model**

2.7 For the last year of the contract, NHS health checks have been paused. Due to the impact of the COVID-19 pandemic, there was a national decision to suspend the health check programme, meaning there is no current or recent performance data. It is now timely to restart and restore these services.

2.8 Prior to the suspension, there were considerable challenges regarding the delivery of NHS health checks within the existing model, including a lack of agreement with local GPs around obtaining the list of clinically eligible patients. The review of health checks identified this as a challenge nationally where the provider is not primary care. The previous model that was tried in Rotherham has demonstrated that obtaining access to information around clinical eligibility is key to the operation of a successful NHS Health Check model and that this information is only accessible to primary care.

2.9 The previous provider attempted to manage this issue through subcontracting this to primary care but failed to agree a system and had to invite all patients in the target age group, which was not a compliant model. This has limited the evaluation of the integrated model as the service has not been able to operate in the manner intended in the Cabinet Paper of 2017.

2.10 **Healthy lifestyle and behaviour change services – current model**

2.11 Health needs assessments were conducted in 2021 to inform the commissioning of services (see Appendix 1.) These needs assessments reflected that certain elements of the current system in Rotherham function well, especially where strong positive relationships exist between partners.

2.12 This is reflected in the latest performance figures. In 2021/22, the provider has supported 5549 Rotherham residents (exceeding the target of 5000), 42% of which came from the most deprived wards in the Borough (exceeding the target of 35%.) This has included supporting 1640 Rotherham residents to stop smoking, with 909 successfully achieving a 4-week quit (exceeding the target of 648), with a quit rate of 68% (target 55%).

2.13 The pandemic has impacted the delivery of the weight management service, due to many services not being able to offer face to face interventions for the majority of 2021/22, because of COVID restrictions. Despite that, the provider has supported 1601 Rotherham residents to access weight management services, although so far only 18% have managed to achieve a weight loss (against a target of 30%).

2.14 However, there are some challenges with the existing model for healthy lifestyle services. To summarise:

- The total number of referrals to the healthy lifestyle services is small, especially given the fact that Rotherham is worse than national averages for several risk factors, including smoking, excess weight, and alcohol.
- Despite evidence pointing to a high degree of need in Rotherham, most referrals into services were self-referrals, with GP referrals accounting for a very small proportion (only 6% for smoking cessation services and 14% for weight management.) This is a concern, as those with the greatest clinical need may not be referred to or accessing the services.
- Linked with this, the cost and location of currently available services for physical activity means that those who have the greatest need are not always able to access services.
- There is no single up-to-date resource to signpost people to, meaning there is a difficulty for professionals in knowing what is on offer outside of defined services. A comprehensive directory would support this.
- There is a lack of prevention messaging within the borough for both smoking and healthy weight.
- Linkages with other services within the pathway could be stronger and work more effectively.

2.15 Some of these challenges have been compounded by the stop-start delivery that has been caused by the pandemic. This has affected the way services have been delivered; for example, NHS health checks have been suspended nationally and some services have been delivered in a different way, e.g., moving to a digital approach. It has also affected attendance at appointments and the ability of primary care to respond to those needing further follow up appointments.

3. Options considered and recommended proposal

3.1 A re-tender of the exact same service as present has been discounted due to the issues with the current model outlined above and the aim to meet the recommendations from the national review of NHS health checks.

3.2 As outlined above, smoking, obesity and alcohol consumption are higher in Rotherham when compared with the national average, yet the number of referrals to healthy lifestyles services are low, with the current model being dependent on self-referrals. The recommended proposal should help to reach more people.

3.3 **Proposed healthy lifestyles pathway**

- 3.4 The intention is that the NHS health checks programme and the healthy lifestyle services operate within a broader partnership pathway. The desired pathway is outlined in Appendix 2.
- 3.5 Aligned with the national review of NHS health checks, the check will be a key gateway into the healthy lifestyle services. GPs will call eligible patients to undertake the health check every five years and will target communities at the highest risk of the conditions being screened for. Based on the outcome of the health check, GPs will provide advice around behavioural change and make appropriate referrals into healthy lifestyle services or to other provision within the community.
- 3.6 Making the health check a key gateway into healthy lifestyle services aims to ensure that those with the greatest clinical need are referred onto support, and that inequalities in access are reduced.
- 3.7 Whilst referrals from health checks will be an integral part of the pathway, other referral routes into healthy lifestyle services will also exist, such as self-referrals and other clinical referrals where risk factors are identified.
- 3.8 Given the scale of the public health challenge in Rotherham, healthy lifestyle services cannot be the only solution to supporting behavioural change – (e.g., over 72% of adults are overweight or obese and over 17% of adults smoke.) As such, referral routes should also be in place to provision within communities and towards self-help prevention messaging. Work will take place with partners across the Rotherham Place to further develop the pathway.
- 3.9 The new model should support better linkages across the partnership, including embedding the principle of ‘making every contact count’, effectively signposting to the offer within the community and promoting self-help and upstream prevention messaging. Tackling health inequalities will be a central part of the model, with support delivered at a scale that is proportionate to the degree of need.
- 3.10 It is proposed that the NHS health checks, and the healthy lifestyle services are treated as two elements of one pathway. The proposals for each element are outlined below.
- 3.11 **NHS Health Checks – proposals**
- 3.12 Informed by the learning from the current model, it has been concluded that it is only primary care that is able to effectively manage the call and recall of patients who are eligible for the NHS health check programme, accounting for patients with health issues that make them ineligible. This is because primary care has access to patient records which can be used to identify eligibility, and this data is not available to other providers. There is a national precedent for this conclusion, as at the time of writing this report, all other areas where

the NHS health check is delivered by other providers have relied on subcontracting the call and recall aspect to general practice.

- 3.13 As the GP is responsible for any clinical follow up from the NHS health check, the preferred model is that the whole health check takes place in primary care, with the option for referrals to be made for additional services. This is a more efficient model which supports ongoing engagement with the patient and is in line with the findings of the national review of health checks.
- 3.14 Evidence also shows that groups at the highest risk of the conditions being screened for are often less likely to participate in screening. Discussions with Primary Care Clinical Directors have identified opportunities to take more of a targeted approach when calling patients for health checks, drawing from data available to primary care, such as the Rotherham Health Record and the primary care dashboard. The data and patient records available to GPs are not available to other providers, making GPs uniquely placed to target in this way.
- 3.15 Additionally, in terms of targeting underserved communities, Connect Healthcare and primary care have learning to draw from based on the rollout of the COVID-19 vaccination programme. This provides a strong foundation to build on what worked well, and there may be an opportunity to join work up with other screening programmes led by primary care (such as the upcoming programme of lung health checks) to share learning and effectively target underserved populations.
- 3.16 It is therefore, recommended that a direct award for the delivery of the NHS health checks be made to general practices via Connect Healthcare for a period of 5 years from July 2022 to June 2027. The rationale behind awarding the contract for 5 years is because the NHS health checks programme runs on a 5-year cycle, with eligible adults being called every 5 years. It is recommended that the potential for a 5-year extension is built into the contract, which would be dependent on a review of performance linked to outcomes and KPIs.
- 3.17 Connect Healthcare Rotherham CIC (CHRoCIC) is a federation formed by GP practices in Rotherham. A GP federation is a legal entity that enables a group of general practices or surgeries to work together and share responsibility for delivering high quality, patient-focused services. Connect Healthcare is the only legal body identified that could receive the money on behalf of general practice in Rotherham. This model can enable economies of scale in primary care, e.g., on the management of data and recall systems whilst enabling delivery in multiple locations across Rotherham. Practices without capacity to deliver can be managed through a primary care home model with patients offered the service via the primary care network hubs.

3.18 **Healthy lifestyles services – proposals**

3.19 It is proposed that the healthy lifestyle services be recommissioned, incorporating smoking cessation services, weight management support and improved access to exercise. This will primarily be support to adults but may also include some support for young people.

3.20 It is proposed that the alcohol component of the current integrated healthy lifestyles service forms part of the alcohol pathway and is recommissioned as part of the services described in the Cabinet paper from November 2021 (please see background papers.) This is the preferred approach due to the specialist knowledge of the staff within the alcohol and drugs service.

3.21 Additionally, it is proposed that the contract with Parkwood to deliver the healthy lifestyle services is continued for a period of up to 12 months to the end of March 2024 but that this is negotiated as 2x 6-month options to allow for the new service to be in place by October 2023 if possible. This extension allows sufficient time for the commissioning work to take place and for partners to work together through the Prevention and Health Inequalities Enabler Group to establish the wider healthy lifestyles pathways. Without an extension, there is the risk of a gap in service provision, which could negatively affect service-users and would leave GPs with no service to refer to, undermining the pathway approach.

3.22 In summary, the recommendations are:

That Cabinet:

- Agree to the proposed model, with NHS health checks being a key gateway into the healthy lifestyle services, and both services operating within a broader partnership pathway.
- Agree that a direct award is made to Connect Healthcare CIC for local GPs to deliver the NHS health checks programme for one five-year cycle from 1st July 2022 to 30th June 2027, with the provision to extend the contract for a further five years to allow for another cycle of the NHS health check programme.
- Agree to recommission healthy lifestyle behaviour change services by competitive procurement, comprising services to support stopping smoking, weight management and improve access to exercise.
- Agree that the alcohol screening component included within the previous integrated healthy lifestyle services model forms part of the alcohol pathway and recommissioned as part of the services described in the Cabinet paper of November 2021.
- Note the variation of the contract with Parkwood Healthcare Limited with a continuation of up to a maximum of twelve months to 31 March 2024 (in 2 x 6-month blocks.) The aim is to complete the procurement for a new contract by 1 October 2023, but with an option to extend should timescale require it.

4. Consultation on proposal

- 4.1 Consultation on the pathway and options has taken place at the ICP Prevention and Health Inequalities Group chaired by the Director of Public Health. The group includes key health partners and has covered discussion about how the pathway will operate for patients.
- 4.2 The new guidance on the NHS health check and pathway options has also been discussed with the Local Medical Committee (LMC) and the Primary Care Network Clinical Directors.
- 4.3 Engagement and coproduction work will take place with local people, including groups that have been identified as underserved within the existing model. This additional consultation is part of the pathway development and will be informed by the health needs assessments and the high-risk groups identified.
- 4.4 Market engagement will also take place regarding the recommissioning of the healthy lifestyles services. This is scheduled to take place in Summer, subject to Cabinet approval of the proposed approach.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The lifestyle service will start by April 2024 at the latest in its new form to ensure this provision is continuous and clients can be handed over.
- 5.2 It is envisaged that market engagement activity will commence in the summer months followed by procurement commencing in November. The new service is expected to be live by October 2023 subject to completion of a successful mobilisation period.
- 5.3 Delivery of the NHS health check will start when the specification and contracts are finalised – (target date for mobilisation is July 2022.) The numbers delivered will depend on the national position regarding COVID guidance and priorities within primary care.

6. Financial and Procurement Advice and Implications

- 6.1 The current healthy lifestyle service value is £449k, funded from the Public Health Budget. The original awarded contract value was £700k, however £251k was removed when the NHS health check was suspended for the final contract year.
- 6.2 The NHS health check is a mandated function, and the contract value will be a minimum of £251k per annum to deliver health checks, which equates to £2,510,000 for the full 10-year contract. Whilst this will be the minimum value, it is proposed that flexibility is retained for the award to be higher, subject to the availability and identification of funding. The continuation of both services has been included in the Public Health budget in 2022/23.

- 6.3 The services described in this report would be defined in the Public Contracts Regulations 2015 (“the Regulations”) (as amended) as Social and Other Specific Services (“SOSS”).

There are individual procurement implications relative to the commissioning activity detailed in this report as follows:

1. Health Checks – Connect Healthcare CIC

The value of this service contract is for one five-year cycle of the NHS health checks programme, with the provision to extend the contract for a further five years, subject to a review of performance, meaning a potential total of 10 years equating to £2,510,000 net of VAT. This is above the threshold for SOSS (£552,950 net of VAT / £663,540 inclusive of VAT) as defined in the Regulations, and as such a full procurement in compliance with the Regulations is required unless one of the exemption grounds can be relied upon.

In the context of the Health Checks, General Practitioners have sole access to the confidential medical data necessary to ascertain the invitations and commit to completing Health Checks for those eligible. The Regulations provide through the use of Regulation 32 (Use of the negotiated procedure without prior publication) an exemption on the grounds as detailed in this report. For the purpose of this report the Council would be relying on the provisions in Regulation (32)(2) which sets out the following: The negotiated procedure without prior publication may be used for public works contracts, public supply contracts and public service contracts in any of the following cases:

(b) where the works, supplies or services can be supplied only by a particular economic operator for any of the following reasons:-

(ii) competition is absent for technical reasons.

2. Recommissioning healthy lifestyle behaviour change services

The current contract value for healthy lifestyle behaviour change service is circa £449,000 per annum with a potential total five-year term (tendered for 3 years with the provision to extend the contract for 2 x one-year periods). Using the current contract value as an indication of the future contract value, this makes the estimated value of the service above the threshold for SOSS (£552,950 net of VAT / £663,540 inclusive of VAT) and as such a competitive procurement must be undertaken in compliance with the Regulations and the Council’s own Financial and Procurement Procedure Rules, which will be facilitated and overseen by the Corporate Procurement Team.

3. Continuation of the Healthy Lifestyle Service – Parkwood Healthcare Limited

In order to enable the continuation of the Healthy Lifestyle Service contract with Parkwood Healthcare Limited for a further maximum of 12 months at a

value of £449,000 net of VAT, the Council are required to undertake a contract variation. The variation must be conducted in compliance with the Regulations and a formal modification notice issued.

A modification of this contract is permitted under Regulation 72 (Modification of Contracts during their Term) subject to satisfying certain conditions. For the purposes of the variation detailed in this report the Council would be relying on 72(1) which sets out the following: Contracts ... may be modified without a new procurement procedure ... in any of the following cases:

(c) where all of the following conditions are fulfilled:

- (i) the need for variation has been brought about by circumstances which a diligent contracting authority could not have foreseen (*as described within the body of this report at 3.21*)
- (ii) the variation does not alter the overall nature of the contract (*the nature of the contract is not subject to change*)
- (iii) any increase in price for the extra year does not exceed 50% of the value of the original contract (*the increase in price represents 15% of the original contract value*).

7. Legal Advice and Implications

7.1 In relation to the proposed direct award of the Health Checks contract to Connect Healthcare CIC:

- This Cabinet Report demonstrates that a direct award is justifiable (regardless of contract value) because competition is absent for technical reasons (regulation 32(2)(b)(ii)). Due to the specialist nature of the services, no other operator would appear to have the same access to GPs and the GP clinical record within the Borough.
- Officers have consulted Legal Services regarding the preparation of appropriate contractual documentation.

7.2 In relation to the recommission of the healthy lifestyle behaviour change services:

- As indicated in section 6 of this Cabinet Report, it is a contract to be procured under the 'light touch' regime of the Public Contracts Regulations. Given the contract value, it must be subjected to a full procurement exercise unless a specific exemption in the Regulations applies. There is no obvious exemption in the Regulations.
- Officers have consulted Legal Services regarding the preparation of appropriate contractual documentation.

7.3 In relation to the continuation of the Healthy Lifestyle Service contract with Parkwood Healthcare Limited:

- Any extension of the contract from 1st April 2023 to 31st March 2024 would require a variation to the contract to enable the services to continue for the further year.
- An extension of this kind is permitted under regulation 72(1)(c) without requiring a new procurement if all of the following conditions are met:
 - the need for variation has been brought about by circumstances which a diligent contracting authority could not have foreseen;
 - the variation does not alter the overall nature of the contract;
 - any increase in price for the extra year does not exceed 50% of the value of the original contract.
- Officers may wish to consult Legal Services to have appropriate contract variation documentation prepared.

8. Human Resources Advice and Implications

- 8.1 There are some staff in the current model with Parkwood Healthcare Ltd where TUPE might apply in the new service model. The proposed option will enable the provider to comply with their requirements under TUPE.
- 8.2 If there were no extension to the contract with Parkwood, there would be a risk to TUPE arrangements due to a likely gap in service delivery.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The NHS health check currently only applies to those aged 40 and above, with the potential that this will be lowered to age 30 and above. However, some elements of referral into healthy lifestyle services are applicable to young people, namely a stop smoking support offer and access to weight management and exercise opportunities.
- 9.2 The 0-19s Public Health Nursing Service model signposts young people requiring stop smoking support into this service. The NCMP programme also offers weight management follow up but can also signpost into this service.

10. Equalities and Human Rights Advice and Implications

- 10.1 Ensuring that services are effective and accessible for all our communities, including protected characteristic groups is important. To underpin the recommissioning of the healthy lifestyles and behaviour change services, coproduction work with underserved communities and other key stakeholders is planned. This will be led by voluntary sector partners and will help to shape the final pathway and model.
- 10.2 Addressing health inequalities is a key objective of these services. The specifications will include expectations around targeted action that will be undertaken with underserved communities and those identified as high-risk.

11. Implications for CO2 Emissions and Climate Change

- 11.1 In terms of carbon impact, under the proposed model the NHS health check will largely be delivered from general practices, although there may be the

option to provide mobile health checks as part of outreach work with communities. This means there may be some transport implications, but these will be minimal.

- 11.2 The integrated healthy lifestyle service may not operate from a physical premises. Some of the service offer will be digital and online. It is not anticipated that there will be an increase in CO2 emissions as a result of this decision.

12. Implications for Partners

- 12.1 To work effectively, these services need to be integrated within an agreed partnership pathway. The proposed pathway has been outlined within appendix 2 and has been informed by consultation with partners, including the ICP Prevention and Health Inequalities Enabler Group.
- 12.2 If the recommendation were approved, the NHS health checks service would be awarded directly to Connect Healthcare. Partners would also be eligible to bid to deliver the healthy lifestyles and behaviour change services, but this will be a competitive tender process, open to any prospective providers.

13. Risks and Mitigation

- 13.1 Without the extension to the existing contract, there is insufficient time to fully consult with primary care partners on the NHS health check restart as an integral part of the pathway and the inclusion of the new guidance. This may also lead to a gap in service provision, which could negatively affect service-users and impact on TUPE arrangements.
- 13.2 The current contract value available for the NHS health checks programme means it would not be feasible to cover the whole eligible population (76,030), with the current budget allowing for a 50% coverage of the eligible population, with the national take-up rate target being 75%. This has necessitated a targeted approach to those at greatest need. It is proposed that £251k per annum is treated as the minimum contract value, with the flexibility for the award to be higher, subject to the availability of funding.

14. Accountable Officers

Ben Anderson, Director of Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	28/04/22
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/04/22
Assistant Director, Legal Services (Monitoring Officer)	Phil Horsfield	21/04/22

*Report Author: Anne Charlesworth, Head of Public Health
Commissioning*

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