Rotherham Metropolitan Borough Council

Public Report
Delegated Officer Decision

Committee Name and Date of Committee Meeting
Delegated Officer Decision – 04 August 2026

Report Title
NHS Health Checks Programme Prevention Pilot

Is this a Key Decision and has it been included on the Forward Plan?
No, but it has been included on the Forward Plan

Service Director Approving Submission of the Report
Emily Parry-Harries, Director of Public Health

Report Author(s)
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Michael Ng, Strategic Commissioning Manager

Ward(s) Affected
Borough-Wide

Report Summary

Rotherham experiences high levels of cardiovascular risk factors and significant health inequalities. Earlier identification via NHS Health Checks can uncover undiagnosed hypertension, diabetes, CKD, AF, and obesity, reducing avoidable future hospital admissions and premature mortality. Improving Health Check uptake — especially in deprived areas — strengthens prevention, increases behavioural change engagement, and improves healthy life expectancy.

Connect Healthcare Rotherham CIC was awarded the NHS Health Checks contract, reference 22-117, for GPs to deliver the NHS Health Check programme between 1 July 2022 and 30 June 2027.

The decision is to modify the contract for an additional £100,000 to Connect Healthcare Rotherham CIC to deliver and engage with Rotherham residents who are less likely to engage with the NHS Health Check Programme through traditional GP-based routes with priority focus on high-risk groups.

Recommendations

1. To complete a contract modification and award Connect Healthcare Rotherham CIC additional funding of £100,000 to deliver and engage with Rotherham residents who are less likely to engage with the NHS Health

Check Programme through traditional GP-based routes with priority focus on high-risk groups.

List of Appendices Included

Appendix 1 Part A Initial Equality Screening Assessment

Background Papers
Cabinet Paper - 22 May 2022

Council Approval Required
No

Exempt from the Press and Public
No

NHS Health Checks Programme Prevention Pilot

1. Background

1.1 In May 2022, Cabinet agreed to a direct award to Connect Healthcare Rotherham CIC (Connect) for local GPs to deliver the NHS Health Checks (HCs) programme for one five-year cycle (40,000 NHS HCs) 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.

1.2 Connect Healthcare CIC is the legal entity formed by all GP practices in Rotherham. The basis for the direct award was that there was no other viable provider, as only primary care can verify clinical eligibility for the NHS HCs and deliver a compliant model based on its knowledge of patient records.

1.3 Rotherham experiences high levels of cardiovascular risk factors and significant health inequalities. Earlier identification via NHS HCs can uncover undiagnosed hypertension, diabetes, CKD, AF, and obesity, reducing avoidable future hospital admissions and premature mortality.

1.4 As part of the National Neighbourhood Health Implementation Programme (NNHIP), The Director of Public Health is leading the Prevention Workstream. Rotherham has been chosen as a pioneer site and will pilot this additional programme improving the NHS HC uptake, especially in deprived areas of Rotherham strengthening prevention, increasing behavioural change engagement, and improving healthy life expectancy. Rotherham Public Health will be expected to report back to Department of Health and Social Care (DHSC) on the prevention pilot implemented.

2. Key Issues

2.1 The Rotherham NHS HCs programme is already well established, is high performing, and provides an opportunity to expend identification of an at-risk cohort and act early to prevent escalation of long-term conditions and support risk factor management, such as supported behaviour change relating to tobacco dependence, inactivity and excess weight.

2.2 The Prevention Pilot will focus on the improving and adapting of current opportunities that are in place in regard to neighbourhood health, increasing the uptake of NHS HCs for adults aged 40+ improving early identification and management of these cardiovascular and metabolic risk factors, especially in the deprived areas of Rotherham.

2.3 The neighbourhood model of NHS HCs aims to engage residents who are less likely to engage through traditional GP-based routes with priority focus on high risk groups — including IMD1 neighbourhoods, individuals with elevated CVD risk (QRISK3), and those with modifiable risk factors such as smoking, raised BMI, hypertension, high cholesterol, or pre diabetes.

2.4 Delivery will be supported by Voluntary Action Rotherham (VAR), who will mobilise and provide grants to VCSE partners to support outreach, referrals

and culturally competent engagement. The Council's Neighbourhood Team will also be consulted and approached for advice and support in terms of identifying appropriate routes and locations in communities.

2.5 The delivery model will focus on communities experiencing the greatest health inequalities, and the programme will target low-uptake neighbourhoods and priority groups, including ethnic minority communities, men aged 40–60, residents in deprivation post codes, and those facing digital or access barriers.

2.6 The programme is fully costed at £100,000 from 1 August 2026 until 30 June 2027. The costings include staffing, equipment, delivery, VCSE mobilisation via VAR, overheads and evaluation. The Contract Variation outlines the additional service activity to be delivered by Connect following the Officer Decision.

2.7 The provider committed to eight measures as part of its Social Value proposal for the contract term and is currently over-delivering on six of these commitments which is likely due to the increase in funding generated through the contract variations undertaken previously and as detailed above, in particular the additional people employed to deliver the service. The provider will continue to report additional social value delivered and achieved through this contract variation for the duration of the contract period.

2.8 The below table summarises the variations completed to date.

Contract Reference	Value	Cumulative Change	Description
22-117	£2,510,000.00	-	Original Contract Value – NHS Health Checks
22-117 VAN-01	£100,000.00	£100,000.00	Rotherham Public Health has been awarded additional funding from Public Health England for drug treatment crime and harm reduction. £70,000 of this budget will be used to enhance the alcohol treatment for residents of Rotherham. £30,000 of the budget will be used to purchase equipment for the mobilisation of the NHS Health Check, using the underspend from NHS Health Checks 20/21 from the RMBC PH grant.

22-117 VAN	£199,673.00	£299,673.00	Rotherham Council has been successful in securing a maximum of £199,673 in 2024/25 from the Department of Health & Social Care revenue funding. This funding is managed by the Office of Health Improvement and Disparities (OHID) on behalf of the Department of Health and Social Care (DHSC) and is awarded for the Workplace Cardiovascular Disease (CVD) Health Checks Pilot grant scheme (Grant Determination Reference: 31/7435). This grant will be provided pursuant to Section 31 of the Local Government Act 2003. Period 01/09/2024 – 31/03/2025.

3. Options considered and recommended proposal

3.1 The recommended option is to complete a contract variation. Connect Healthcare Rotherham CIC are the only option to deliver the proposed enhancements as the current provider of the NHS Health Check programme across the borough and already has:

- Established contractual responsibility and operational infrastructure for NHS Health Check delivery
- Direct access to GP patient records, enabling accurate identification of eligible and high-risk cohorts, effective call–recall, and appropriate clinical verification
- Existing clinical governance, coding, and data reporting arrangements, ensuring compliance with national NHS Health Check guidance and local performance requirements
- Embedded relationships with GP practices and neighbourhood teams, supporting MDT linked follow up, referral, and prevention pathways

4. Consultation on proposal

4.1 The Director of Public Health has consulted with the Leader, the Chief Executive, John Edwards and the Cabinet Member for Adult Social Care and Health, Councillor Baker-Rogers.

5. Timetable and Accountability for Implementing this Decision

5.1 Delivery to commence on 1 August 2026 until 30 June 2027, pending completion of formal governance and contract documentation.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

6.1 This variation falls within the scope of FPPR Section 69 as an in-scope contractual modification.

The original call-off commenced on 01/07/2022 and is due to expire on 30/06/2027.

In accordance with the Health Care Services (Provider Selection Regime) Regulations 2023, VAN-03 (£100,000) satisfies the requirements of The Health Care Services (Provider Selection Regime) Regulations 2023 - Regulation 13 (1) (d).

Both conditions set out in paragraph (2) are met:

• the modification does not materially alter the overall character of the contract.
• the cumulative value of the change (£399,673) remains below the £500,000

6.2 Funding has been identified within the existing Public Health grant to fund the £100,000 a year extension.

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)

7.1 As stated above, the proposed contract variation constitutes a modification to an existing healthcare services contract. The modification is considered permissible under Regulation 13(1)(d) of the Health Care Services (Provider Selection Regime) Regulations 2023 as the modification does not materially alter the overall character of the contract and the cumulative value of the modifications remains below £500,000. Further the variation is necessary to deliver additional preventative NHS Health Check activity through the existing provider, which already possesses the required clinical systems, governance arrangements and access to patient records.

Accordingly, the proposed modification may lawfully be implemented without undertaking a new provider selection process.

8. Human Resources Advice and Implications

8.1 There are no implications associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The implications for Children and Young People and Vulnerable Adults are the same as the Cabinet Paper published 16 May 2022

10. Equalities and Human Rights Advice and Implications

10.1 An Initial Equality Screening Assessment (Part A) has been completed and is attached as Appendix 1.

10.2 The equality implications remain the same as the Cabinet Paper of 16 May 2022.

11. Implications for CO2 Emissions and Climate Change

11.1 A Climate Impact Assessment has been completed and is attached as Appendix 2.

12. Implications for Partners

12.1. The implications for partners are the same as the previous Cabinet paper published 16 May 2022.

13. Risks and Mitigation

13.1 The risk and mitigations are outlined in the Cabinet report of 16 May 2022.

14. Accountable Officers

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