Open Report on behalf of Martin Samuels,
Executive Director - Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**08 May 2024**
Subject:	**NHS Health Checks Recommissioning**
Decision Reference:	**I032102**
Key decision?	**Yes**

Summary:

The NHS Health Check programme seeks to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for cardiovascular disease (CVD).

Lincolnshire County Council (LCC) has a statutory responsibility to make arrangements for eligible people (aged 40 to 74 years) to be offered an NHS Health Check every 5 years.

LCC currently holds contracts with 78 General Practices (GPs) across the county to deliver NHS Health Checks to their eligible patient population. These arrangements cover 80 of the 82 practice areas across Lincolnshire. The current contracts commenced on 1st September 2018 for an initial period of 4 years and 7 months to 31st March 2023. Further extensions have been approved and utilised with all contracts now ending on 30th September 2024, requiring new arrangements to be in place from 1st October 2024.

A recommissioning project commenced in 2023 with officers across public health and commercial teams working together to review the current arrangements, national guidance, best practice, benchmarking and undertake engagement with GPs and the public. The key findings from these activities are set out within this report including the resulting recommendations for a future model for the NHS Health Check programme in Lincolnshire and the procurement approach to best secure this model from 1st October 2024.

This report presents the case for recommissioning NHS Health Checks utilising the Most Suitable Provider (MSP) Process under the Health Care Services (Provider Selection Regime) Regulations 2023 which came into force on 1st January 2024. This report sets out the reasons for the recommended model being that of service delivery through GP Practices throughout Lincolnshire, with support from the Integrated Lifestyle Service provider in any areas not covered by a GP Practice wishing to deliver the service following the proposed re-procurement. This is in line with the findings of the recent service review and is subject to the final outcome of the MSP Process.

Recommendation(s):

That the Executive:

1) Approves the re-commissioning and re-procurement of the NHS Health Checks Service for all eligible residents of Lincolnshire, based on the recommended service model set out in this report:

2) Approves the use of the Most Suitable Provider Process under the Health Care Services (Provider Selection Regime) Regulations 2023 in order to determine the award of contracts due to commence on the 1st October 2024 with a total value of £590,269 per annum and for a period of 5 years with option to extend for five 1 year periods ;
And

3) Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to take all decisions necessary under the Provider Selection Regime to deliver the recommendations above including the award and entering into the final contracts for the NHS Health Checks Service and any other documentation necessary to deliver the re-commissioning of the Health Checks Service.

Alternatives Considered:

1. **Recommission the service on a like for like basis without any improvements**
   - Whilst the review indicated the current services performed well as a whole, when compared nationally, there are still areas of the county where invite and uptake is low and the recent service review highlights ways this could be improved. These have been incorporated into the recommended model set out in this report.
   - NHS Health Check guidance outlines the requirement for local authorities to continually seek to improve the uptake of NHS Health Checks in their area.

   For the above reasons this alternative is not recommended.

2. **Do nothing – no longer commission an NHS Health Check Programme**
   Delivery of the NHS Health Check programme is a statutory responsibility for LCC, and therefore this is not a legal or viable option.

3. **Recommission the service utilising an alternative route under the Provider Selection Regime**
   As set out in this report, the alternative routes available to councils under the PSR are either not legally applicable to this service or are not considered to offer the most effective means of re-procuring the NHS Health Checks service. As such, these alternatives are not recommended.

Reasons for Recommendation:

The future procurement of the NHS Health Check Programme services falls within the scope of the new NHS Provider Selection Regime (PSR) under Health Care Services (Provider Selection Regime) Regulations 2023. The circumstances of the programme requirements in Lincolnshire will enable the Council to benefit from the new flexibilities in the selection of a proportionate contract award procedure available under PSR for the reasons set out in the report.

As set out in the report, the Council is legally bound to offer the NHS Health Check service as a statutory service to eligible residents, and use of the MSP process, as recommended in the report, will support the efficient continuity of the service after 30 September 2024.

Taking into account likely providers and based on all relevant information currently available, the Council is of the view that it is likely to be able to identify the most suitable provider; GP Practice providers are considered the most suitable to deliver the NHS Health Checks Service to their patient populations because they have the premises, qualifications, staff, and access to patient records that are required to effectively deliver the service. This is supported by the benchmarking carried out, which demonstrates that 100% of councils surveyed use GP Practices as their primary delivery providers for NHS Health Checks services.

The GP Practice model is currently considered to be in the main working well. In recent years the COVID-19 pandemic and subsequent recovery have had a significant impact on the NHS Health Check programme. Data published by OHID suggests that Lincolnshire compares well to England for uptake; whilst there is also scope for improving the invite levels. This report outlines recommendations for a new like for like service provision with some specification and work programme improvements focused on impact of the health check, the quality/user experience and uptake levels of health checks.

There is no other known provider or group of providers who could deliver the service across the entire county of Lincolnshire from the required start date.

The report also sets out further detailed reasons as to why the GP Practice model aligns well with the Key Criteria for selection, required under the use of the MSP procurement process.

If the recommended MSP procurement route does result in any gaps in the service offer to residents, these would be filled by identifying a suitable community provider, following a competitive process (e.g. the future Integrated Lifestyle Service re-procurement). This approach is also evidenced within the benchmarking exercise undertaken (where half of the councils surveyed supplement the GP Practice as prime provider model by using one or more community providers).

The National Guidance for the NHS Health Check programme sets out the local decisions that can be made in relation to service design. This includes where the checks are delivered, how the checks will be delivered and the remuneration. Informed by the

findings from the recommissioning activities, use of the GP Practice model enables all the service requirements to be delivered by the same GP providers, including invitation, assessment, advice/follow up and referral/signposting to appropriate services.

The recommended contract term and extensions options detailed in the report are designed to create maximum future flexibility to accommodate potential national changes to the NHS Health Checks system, balanced with budget certainty for the Council and income information for providers.

1. Background

1.1. Current arrangements

1.1.1. The NHS Health Check programme seeks to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for cardiovascular disease (CVD).

1.1.2. In Lincolnshire, the Council currently holds contracts with 78 General Practices (GPs) across the county to deliver NHS Health Checks to their eligible patient population. These arrangements cover 80 of the 82 GP practice areas in Lincolnshire. The current contracts commenced on 1st September 2018 for an initial period to 31st March 2023. Further extensions have been approved and utilised with all contracts now ending on 30th September 2024, requiring new arrangements to be in place from 1st October 2024.

1.1.3. The existing contractual arrangement with GPs requires them to deliver the key components of the NHS Health Check, namely invitation, risk assessment, cardiovascular disease risk awareness and risk management. Any additional testing or clinical follow up remains the responsibility for primary care, however patients are to be provided with relevant lifestyle information, advice, and onward referral/signposting. People with certain conditions, for example, diabetes, hypertension, and stroke are ineligible for NHS Health Checks.

1.1.4. The Office for Health Improvement and Disparities (OHID) estimate that the total eligible Lincolnshire population for the NHS Health Check programme for 2019-2024 is currently 227,449. Each contracted GP has an annual and monthly invitation target based on their patient population. Practices are currently paid according to activity, with a set cost per invite, per completed health check and incremental annual bonus payments available to incentivise delivery.

1.1.5. In 2021 OHID published a review of NHS Health Checks with recommendations to make improvements to the programme, including the inclusion of a digital offer model, broadening the scope of eligible ages and conditions, and improving participation with those most likely to benefit from the intervention. There are currently no timescales for the implementation of these

recommendations into the national guidance although exploration of a digital offer has begun in some areas of the country.

1.2. Legal Duty

1.2.1. The Council has a statutory duty under the Local Authorities Regulations 2013 to arrange for eligible people (aged 40 to 74 years) within the local authority area of Lincolnshire to be offered an NHS Health Check every 5 years.

1.2.2. National guidance outlines the delivery requirements such as the risk factors covered by the health check and the need to continuously improve the percentage of eligible individuals having an NHS Health Check. There is local flexibility on some aspects of the programme, for example how individuals are identified and invited to attend an NHS Health Check and the location they are delivered from.

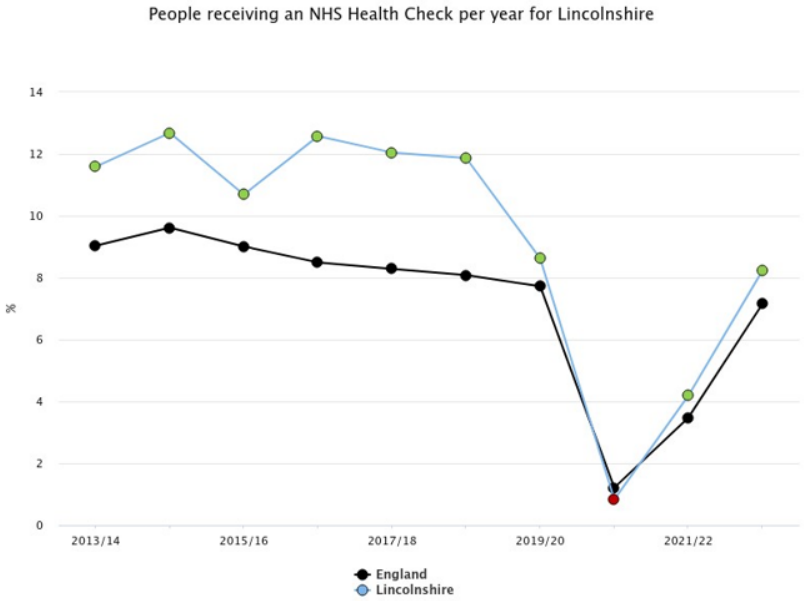
1.3. Review of Current Programme

1.3.1. A review of the current health check programme was undertaken to inform the future provision. This included a review of contractual arrangements with GPs, a literature review, benchmarking with other local authorities, engagement with GPs and a public survey. Key findings were:

1.3.2. **Review of the current service:**

1.3.2.1. The current arrangements with GPs are mostly working well. However, in recent years the COVID-19 pandemic and the recovery from it, has had a significant impact on the delivery of the NHS Health Check programme. However, nationally published data from OHID suggests Lincolnshire is consistently achieving positive levels of uptake for those invited for an NHS Health Check and this data is included in Appendix B. Yet, there remains a need to improve invitation levels, and there is an aspiration to improve the reach, delivery, and experience of residents receiving an NHS Health Check whilst facilitating smooth onward referral for those who may benefit from lifestyle advice and support.

1.3.2.2. Whilst the OHID data for Lincolnshire remains encouraging, activity over recent years has been significantly impacted by the pandemic. The graph below illustrates the dramatic impact on the programme nationally and in Lincolnshire from 2019/20. All non-urgent primary care interventions all but ceased during periods of lockdown and the programme was officially halted whilst GPs supported the COVID-19 vaccine rollout campaign. The Council implemented an average payment mechanism at the outset of the pandemic for activity-based services, linked to pre-pandemic delivery to maintain financial support to service providers. This payment approach continued until 1st October 2021 when activity-based payments for NHS Health Checks resumed.



1.3.2.3. Whilst Lincolnshire continues to maintain strong performance compared to the East Midlands and England for eligible residents taking up an NHS Health Check invite, a full recovery to pre-pandemic delivery volumes for completed health checks has yet to be realised. The last full year of data (2022/23) saw 75% of pre-pandemic activity levels achieved for completed NHS Health Checks. At the end of Q3 in 2023/24 completed NHS Health Checks were 20% higher than at the same point in 2022/23 as volumes continue to recover.

1.3.2.4. A key expectation of the service requirement for GPs is to provide advice, follow up and onward referral/ signposting following the outcome of individual's assessment. Intelligence from the NHS Health Check Support Service provides insight into outcomes at programme and practice level. This facilitates targeted support to GPs surrounding onward referrals and can guide commissioning interventions regarding lifestyle services. Improved harnessing of this data is key to future integrated support and oversight of GPs and PCNs within the new arrangements. Examples of outcomes for 2022/23 are included in Appendix B.

1.3.3. Literature Review Key Findings

1.3.3.1. To inform the development of the new service a literature review was undertaken in August 2022. The key findings were:

- Changing invitation methods such as inviting people by phone, or when they are at a GP surgery for another reason, have increased uptake, as have text message invitations (Public Health England: Findings from the 2019/20 Delivery Survey, 2020).
- GPs are the most common provider of NHS Health Checks commissioned by Local Authorities (LAs) with 93% of LAs (104) commissioning GPs to deliver at least some checks. In addition, community outreach providers are used by 27% of the LAs who responded, and pharmacy providers are used by 19% of LAs (Public Health England: Findings from the 2019/20 Delivery Survey (2020).

- More of a focus is required in relation to follow up, onward referral and support for lifestyle and behaviour change, which are fundamental aspects of the programme's intended outcomes (OHID- Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations, December 2021).
- The 2021 NHS Health Check Review suggests moving away from the current stand-alone service to a model that incorporates health and wellbeing practitioners that have the skills and competencies in behaviour change and lifestyle intervention.
- Public Health England: Findings from the 2019/20 Delivery Survey found that most providers are paid between £21.00 and £40.00 per NHS Health Check. For GP providers, 74% of local authorities pay between £21.00 and £40.00 per check, and 19% of GP providers pay £20 or less.

1.3.4. ***Benchmarking***

1.3.4.1. Benchmarking was carried out in two phases: A survey that 21 other LAs responded to, and further detailed discussion with four local authorities. Some of the key findings for this report are:

- GPs are the 'back bone' for the delivery of the NHS Health Check. All local authority commissioners stated that GPs underpinned their service. Community providers were used to fill the gaps, for example if a GP practice opted out of health check delivery, or a practice was struggling with capacity. Other providers were used to target health checks at population groups to address health inequalities.
- The relationship between the commissioner, community provider and the GPs are thought to be fundamental in the successful delivery of the NHS Health Check programme.
- Most GP practices were paid an activity-based payment on number of completed health checks, or enhanced payment for target population groups. Two commissioners paid GPs a block rate (one contracted a GP Federation).
- Most commissioners did not pay their provider separately for invitations sent, most GPs were paid per completed check only. The payment per health check completed ranged from £18 to £34. Many had complicated payment mechanisms paying additional rates for targeted groups or reaching target volumes.
- Of the 18 responders that gave us their pricing, 14 paid less than £25 for each NHS Health Check completed with 8 of those enhancing the payment in some way.
- Community providers were usually paid a block payment; however, the NHS Health Checks were often part of a much wider lifestyle service, so costs were difficult to break down.
- Text message primers and reminders were used in some areas. Some commissioners found hard-to-reach groups responded better to text

messages than letters. Most providers were required to send 2 or 3 reminders to none-responders.

1.3.5. ***Engagement***

1.3.5.1. An engagement exercise was completed with both GP providers and the public. 21 surveys were completed by providers and a further 8 in depth face to face meetings took place. There were 82 responses to the public survey which was hosted on Let's Talk Lincolnshire. 47 of the responders had their NHS Health Check and 35 responders were invited but did not attend their NHS Health Check. The key findings were:

- The provider survey showed a mixed response regarding the current payment mechanism. Some providers were happy with it, whilst others said the amount was not enough/ not viable. High performing Practices who regularly met targets for bonus payments, fed back that they happy with the current payment mechanism.
- Practices identify eligible population via the NHS Health Check Support Service and send out invites based on their capacity to carry out these appointments.
- The national letter template is still the most used method of inviting people (first invite). However, this process is shifting more towards text messages, utilising a communication platform which enables text message invites to be sent along with a link for patients to book their own appointment online. The communication platforms are becoming widely adopted across Lincolnshire and have resulted in a greater uptake in patients booking their appointment.
- Respondents who did not take up the offer of a health check stated that it was because they had forgotten to book their health check. The majority also stated that they did not receive any information about the health check with their invitation.
- The overarching feedback from providers and service users was for NHS Health Checks to remain as an 'in person' delivered service.

1.4. Future Delivery

1.4.1. The National Guidance for the NHS Health Check programme will continue to underpin the delivery of NHS Health Checks in Lincolnshire. In line with the Council's ability to locally determine elements of our service design and informed by the findings of the recommissioning activities.

1.4.2. Subject to the final outcome of the Most Suitable Provider Process, it is proposed to continue to use the GP Practice model as the main method for delivery of the NHS Health Checks service. As set out in this report, there is a very small number of gaps in the existing service, and under the proposed recommissioning, these would be filled by identifying a suitable community

provider, following a competitive process (e.g. the future Integrated Lifestyle Service re-procurement).

1.4.3. To maximise the benefits of the NHS Health Check programme, and to support LCC to deliver its statutory responsibilities of 'continually improving the percentage of eligible individuals having an NHS Health Check', both Public Health and Commercial Services will use the learning from this recommissioning exercise to work with GP providers to increase invitations sent, health checks completed, and impact. This will include:

- Supporting practices to adopt invite methods that are suitable for their population and, whichever method is used, include patient information about the NHS Health Check.
- Ensuring that everyone who has an NHS Health Check is supported to understand what their CVD risk means for them and to consider how and what changes might help them reduce their risk.
- Ensuring that the NHS Health Check programme is effectively linked with other public health commissioned services, for example, the Integrated Lifestyle Service, to ensure people are supported with for example, stopping smoking and weight management interventions.
- Strengthening performance management at Primary Care Network level to have a stronger emphasis on targets for inviting their eligible population.

1.5. Commercial Model Overview

1.5.1. It is envisaged that delivery will be by individual Lincolnshire GP Practices, with the aspiration of full coverage across the county with all 82 practices commissioned to deliver NHS Health Checks to their eligible populations. The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR Regulations) came into effect on 1 January 2024 and from this date, should be used by local authorities and health authorities to procure health care services in England. As such, the re-procurement of the Council's NHS Health Checks Services will need to be undertaken in compliance with PSR Regulations. Following analysis of the options, and with reference to the "Key Criteria" set out in the PSR Regulations and based on the rationale set out in the Legal Issues within this report, it is proposed that the Council utilises the Most Suitable Provider (MSP) Process for the re-procurement of the NHS Health Check Service.

1.5.2. The PSR Regulations outline essential "Key Criteria" for making decisions about provider selection and are crucial when following the Most Suitable Provider Process. They include: Quality and Innovation, Value, Integration Collaboration and Service Sustainability, Improving Access, Reducing Health Inequalities and Facilitating Choice and Social Value. The application of the principles should be meticulously recorded and detailed records kept to ensure transparency, accountability, and consistency in the Provider Selection Process. Further detail is provided below at paragraph 2.1.3.

1.5.3. The contract term will be a period of up to 10 years, consisting of an initial period of 5 years with options to extend for up to an additional 5 years on an annual extension basis, thus offering maximum flexibility in opting to take any or all of the proposed extensions (i.e. 1+1+1+1+1). This matches the invitations cycle for the wider programme and gives certainty of the delivery mechanism aligned to this. There is no indication from the commissioning review work undertaken to date that the known proposed changes to the national priorities and strategies influencing NHS Health Checks would preclude an initial 5-year term. Indeed, the specification will seek to future proof provision as much as possible to signal to Provider(s) the likely developments during the contract term e.g. digital advancements and changes to the age parameters of eligible parties and/or conditions included in scope.

1.5.4. Payment will remain activity based, with payment for invites kept at the current level of £2.10 per invite sent and an increase to the payment per completed Health Check of 3.7% to £21 (from £20.26). The current incentivisation element of the payment mechanism is to be retained, with additional payments made to GPs who achieve 60% (£1.50), 65% (£2.50), and 70% (£3.50) uptake.

1.6. Demand and Financial modelling

1.6.1. The current budget for NHS Health Checks is £0.590m per annum. The programme is funded from the Public Health Ring Fenced Grant that the Council receives from the Department of Health and Social Care. The annual budget includes the individual contracts with General Practices and the NHS Health Check Support Service delivered by TCR Nottingham Ltd (£39,279 in 2022-23) to facilitate the data collection requirements for and from practices.

1.6.2. The contracts with GPs are activity based which results in the annual costs having the potential to be very variable, influenced mainly by the uptake that is achieved. Financial modelling has been undertaken based on the demand forecasting included in Appendix C and the proposed payment mechanism. The projected annual cost of the NHS Health Check Programme (excluding the Support Service costs) in the event of estimated population and uptake increases are set out in the table below:

Year	*Year*	*Estimated eligible population*	*Estimated number of invites sent based on population and invite increases*	*Estimated Health checks completed based on population and uptake increases*	*Estimated Cost of NHS Health Check Programme*
0	*2023-24 - BASELINE*	***227,449***	*34,045*	*20,504*	*£532,835*
1	*2024-25*	***227,092***	*34,771*	*21,519*	*£557,197*
2	*2025-26*	***227,986***	*35,744*	*22,689*	*£585,565*
3	*2026-27*	***229,106***	*36,570*	*23,770*	*£635,404*
4	*2027-28*	***230,552***	*41,198*	*28,838*	*£793,062*
5	*2028-29*	***232,090***	*41,469*	*29,028*	*£798,278*

1.6.3. The demand and financial modelling are aspirational, based on the Council working with providers to increase invites and uptake as part of its statutory duty. As most of the changes outlined are programme changes (as opposed to changes to the specification or contract with the provider) it is within the Council's control to accelerate and reduce the programme of work proposed for working with providers accordingly to manage demand.

1.6.4. Should the planned activity to increase the volumes of NHS Health Checks be successful, the Public Health Grant will be used to manage the financial impact.

1.7. Risks and dependencies

1.7.1. The national NHS Health Check programme has been the subject of a review published in 2021 containing recommendations with uncertain implementation timescales. Recent policy papers linked to the forthcoming Major Conditions Strategy may also have implications for the NHS Health Check Programme, as such the service may be subject to nationally instigated change during the lifetime of the new contracts. The development of the service specification will ensure any mandated outputs from system changes surrounding NHS Health Checks can be reflected within the scope of the contracts to be established during the contract term.

1.7.2. As health care services, the NHS Health Check service will need to be procured in line with the new PSR Regulations This will be the first procurement undertaken by the Council under the scope of that legislation, so it will be necessary to ensure that the statutory guidance is followed carefully to mitigate any risks relating to the management of the process.

1.7.3. Procurement exercises with GPs can be particularly challenging due to the volume of practices to establish arrangements with and the capacity of some practices to complete the required assurance documentation to execute the contracts in a timely manner. An engagement plan has been established to mitigate this as much as possible.

1.7.4. In continuing to deliver the NHS Health Check programme via GPs, there remains the inherent risk that should demands on primary care be diverted in response to national or local health emergencies or priorities (as was in the case during the pandemic) delivery of health checks may be negatively impacted.

1.7.5. Subject to the final outcome of the Provider Selection Regime Process, the planned procurement route is intended to secure Health Check delivery through GP practices county wide. Should this not prove possible it will be necessary to identify a suitable community provider to fill those gaps. Due to the close links with the Council's commissioned Integrated Lifestyle Support (ILS) service, which supports the management of the major risk factors for cardiovascular disease, it is proposed that Health Check provision in any areas without GP coverage will be included in scope of the forthcoming ILS service re-

procurement. This creates a timescale dependency and imperative to conclude procurement of the NHS Health Check programme prior to the commencement of the ILS service procurement in November 2024.

2. Legal Issues

2.1. Procurement Implications

As stated above, the PSR Regulations came into effect on 1st January 2024 and replace the previous 2015 Public Contracts Regulations 2015 in situations where local authorities and health authorities are procuring health care services.

Healthcare is defined as all forms of healthcare provided for individuals, whether relating to physical or mental health, which fall within one or more of the codes specified in Schedule 1 of the PSR Regulations.

The purpose of the PSR Regulations is to introduce a flexible and proportionate process for deciding who should provide healthcare services, to provide a framework that allows collaboration to flourish across systems, and to ensure that decisions are made in the best interests of patients and service users.

2.1.1. Procurement processes under PSR

Within the PSR Regulations , the following contract award processes are available to local authorities and health authorities:

Direct Award Processes (A, B, and C). These involve awarding contracts directly to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:

- the existing provider is the only provider that can deliver the healthcare services (direct award process A)
- patients have a choice of providers, and the number of providers is not restricted by the relevant authority (direct award process B)
- the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C)

Most Suitable Provider Process: This involves awarding a contract to providers without running a competitive process, because the authority can identify the most suitable provider. This is expected to be used for the procurement of a new service, or where an existing service is ending and is to be replaced (in circumstances where direct Awards A and B do not apply).

Competitive Process. This involves running a competitive process to award a contract. This process can be used in circumstances other than where Direct Awards A and B apply and must be used if setting up a contract framework under the PSR. Following the set-up of a specific framework, individual contracts for the services governed by that can be awarded to providers selected for that framework without recourse to further competition.

2.1.2. Use of Most Suitable Provider Process

The Most Suitable Provider (MSP) Process is proposed for the re-procurement of the NHS Health Check Programme. The MSP process allows the Council to procure the service using a direct award to the provider(s) which the Council deems most suitable, following consideration of the Key Criteria set out by the PSR legislation.

Use of the MSP will enable changes in the scope of the services, identified as beneficial to the future model for NHS Health Checks in Lincolnshire, including the increase to the duration of the contracts (from the original 4 years and 7 months to a 5 + 5-year model), which would not have been permissible under other PSR direct award processes.

Other PSR processes have been considered and deemed unsuitable for use for the NHS Health Check re-procurement. These are Direct Awards Process A, Process B and Process C, and a competitive process.

- In the case of Direct Award A, this is because that option applies only where there is only one service provider, which is not the case for NHS Health Checks.
- In the case of Direct Award B, this is because that option applies only where the number of providers is not restricted by the authority, which is not the case for NHS Health Checks.
- In the case of Direct Award C, this is because whilst the existing providers are satisfying the terms of the current contract, the proposed new contract would constitute 'considerable' change under the PSR legislation, which would render Direct Award C process unavailable.

The reasons for not selecting the competitive tender route include:

- Taking into account likely providers and based on all relevant information currently available, the Council is of the view that it is likely to be able to identify the most suitable provider; GP practice providers are considered the most suitable to deliver the NHS Health Checks Service to their patient populations because they have the premises, qualifications, staff and access to patient records that are required to effectively deliver the service.
- This is supported by the benchmarking carried out, which demonstrates that 100% of those councils surveyed use GP practices as their primary delivery providers.
- There is no other known provider or group of providers who could deliver the service across the entire county of Lincolnshire from the required start date.
- If the MSP procurement route does result in any gaps in service to elements of the Lincolnshire population, then these can be filled by identifying a suitable community provider, following a competitive process (e.g. the future ILS re-procurement). This approach is also supported by the benchmarking exercise (where half of the councils surveyed supplement the GP practice as prime provider by using one or more community providers).

- As set out in the report, the Council is legally bound to offer the NHS Health Check service as a statutory service to eligible residents, and use of the MSP process will support the efficient continuity of the service after 30 September 2024.

2.1.3. Key Criteria considerations

As referred to above, use of any PSR award procedure (other than mandatory direct award) must be made with reference to the Key Criteria set out under the PSR regulations.

In recommending the MSP as a suitable route to procure NHS Health Check services and in therefore reaching the conclusion that the Council is likely to be able to identify the most suitable provider, taking into account all relevant information available , it is necessary to consider each of the Key Criteria.

There are 5 key criteria which are mandated to be used to determine the Most Suitable Provider under the PSR legislation. These can be weighted proportionately according to their importance in best reaching the desired service outcome. The Key Criteria and their proposed determined weightings are set out below together with the rationale as to how GP Practices can be considered the Most Suitable Provider pending the formal detailed assessment of the key Criteria later on in the MSP Process:

1. **Quality and innovation (25%):**
   NHS registered GP Practices are required to have a specialist medical qualification or training in General Practice and be registered with the General Medical Council on the GP Register. GPs are expected to adhere to the professional standards for doctors and apply these standards in their day-to-day practice. GPs are registered with and assessed by the Care Quality Commission (CQC). They are bound by legislation relating to the services they provide and how they are delivered. They have access to the latest guidance and best practice. GP providers have the premises, qualifications, trained staff, and access to patient records that are required to effectively deliver the NHS Health Checks service. On the information currently available, these aspects make them the most suitable provider as they can offer the full service in one setting, which is often familiar to patients. NHS patient records can be easily accessed by GP practices to ensure a holistic approach to patient care. GP practices can also more readily arrange onward appointments (where required as a result of the NHS Health Checks service) in more specialist medical settings or with different clinical staff (often within the practice itself). In addition, the recent service review on the current model (utilising GP practices as the service providers) has found the system to be working well.

2. **Value (25%):**
   GPs are seen to offer good value for money in delivering the NHS Health Checks. In the benchmarking exercise there was some evidence that community

providers were more expensive options for delivering the NHS Health Check service. This is due to GPs having all equipment, premises, and access to patient records available at no extra cost. GP providers can benefit from the healthcare infrastructure that already exists. This includes services like blood transport to the testing location. In addition, early identification via the NHS Health Check service of cardiovascular risk and lifestyle choice-related health conditions will reduce spend for expensive and invasive intervention in the future.

3. **Integration, collaboration, and service sustainability (15%):**
   The recommended use of NHS GP practices as the most suitable provider supports integrated working between councils and the NHS. NHS GPs are backed by government finance to provide their medical services; therefore, the risk of financial failure is considerably reduced. They are not reliant on an income stream directly from service users to maintain their viability. GPs are integrated within the National Health Service and the infrastructure that surrounds it. GP practices are used to working closely and collaboratively with other clinical and healthcare services and the NHS, and so are well placed to deliver or arrange for additional care which may be diagnosed from an individual's NHS Health Check. The NHS Health Check assesses risk of future cardiovascular disease, but also lifestyle choices such as drinking, smoking and weight. It is proposed the NHS Health Check service will in future link more closely with the Integrated Lifestyle Support Service (ILS) who will provide the lifestyle support follow-up. With an eligible individual's NHS Health Check due every 5 years, the service is sustainable, whilst the use of GP practices as the most suitable provider continues the current service model in Lincolnshire. As such, on the information currently available and pending the formal assessment of the Key Criteria within the MSP Process, awarding the proposed new NHS Health Checks contract to GP practices as the most suitable providers best supports sustainability by delivering continuity of service for residents.

4. **Improving access, reducing health inequalities and facilitating choice (25%):**
   The NHS Health Check is offered to every eligible patient registered with a GP in Lincolnshire. Residents are not bound to register with their nearest GP practice and can change provider if they wish to do so. Health inequalities are reduced through the NHS Health Check being offered to all eligible GP registered Lincolnshire residents. Whilst it is highly unlikely that all those eligible for the NHS Health Check will attend to undergo this, the use of GP practices to deliver the service ensures that appropriate patients can be contacted as part of wider healthcare communication and practices, which would not be the case with other providers. The wide selection of GP practices with whom the Council currently contracts results in broad coverage of the county area, whilst GP practices operate accessibility policies which ensures their premises are suitable for patients with varied needs to easily access when attending appointments. The NHS Health Check runs alongside an NHS Health Check Support Service delivered by TCR Nottingham Ltd. Through contract management with providers of the health check and the support service, the Council can be assured that the NHS Health Check is offered to all eligible individuals.

5. **Social value (10%):**
   The NHS Health Checks service, whilst a legal requirement for the Council to provide, does deliver social value, through the use of local services for delivery. Using NHS GP providers will ensure that local services are utilised and remain relevant to community they serve. In addition, the economic wellbeing of the eligible population may be increased, and patients from rural areas will not have to travel to urban areas to receive the service. Its primary aim of early identification of cardiovascular disease and its broader aim of improving residents' overall health will also help to deliver wider social value to Lincolnshire residents.

   If the MSP process is approved as the re-procurement route, basic selection criteria will also be established as part of the contract with potential providers. These will include essential aspects such as the ability to provide suitable staff, equipment and premises to operate the NHS Health Checks service effectively and in line with the Council's requirements.

2.1.4. *MSP Process*

Subject to the recommendations of this report being approved, the Council would follow the required steps contained in the PSR Regulations and related statutory guidance to further the MSP process. This would include the following steps:-

i) publication of a Notice of Intention to inform the market of the proposed use of the Most Suitable Provider process to re-procure the service;
ii) the identification of, and gathering of information from, potential providers who respond to the Notice of Intention (who may be GP Practices or other interested providers);
iii) no less than 14 days after publication of the Notice of Intention, the assessment of such providers (including GP Practices and others) as may respond as to their suitability to deliver the service, utilising the Key Criteria and the basic selection criteria;
iv) a delegated decision prior to publication of the Notice to Award, by the Executive Director for Adult Care and Community Wellbeing in consultation as per the recommendation in this report, based on the assessment of suitability in consideration of the key criteria and basic selection criteria of providers who respond;
v) publication of the Notice to Award, followed by an 8-day standstill period for any representations from providers, prior to entering into any contract with the successful providers;
vi) publication of the Contract Award notice and entry into the contracts with the successful providers.

2.2. Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, 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.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.

The Equality Act duty has been considered in preparing this report. An Equality Impact Analysis has been carried out and can be found in Appendix D. The analysis was a desktop review informed by the commissioning activity which included engagement with the public and service providers. The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that there will be no negative impact on people with

protected characteristics. Positive impact has been identified as a result of improvements made to increase invites and uptake.

2.3. Joint Strategic Needs Assessment (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) in coming to a decision.

Lincolnshire's JSNA identifies the ageing population of Lincolnshire and healthy behaviours (in particular, people being overweight and inactive) as a significant challenge facing the County as a whole and the demand for health and care services. It identifies interventions which should be implemented to both prevent poor health and slow the loss of health and independence people experience as they age.

Lincolnshire JHWS aims to inform and influence decisions about health and social care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect the population's health and wellbeing. The priorities include healthy weight and physical activity.

The themes of the Strategy are:

- Embed prevention across all health and care services;
- Develop joined up intelligence and research opportunities to improve health and wellbeing;
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- Harness digital technology to provide people with tools that will support prevention and self-care;
- Ensure safeguarding is embedded throughout the JHWS.

NHS Health Checks are a core contributor to the addressing of the needs identified within the 'Age Well' and 'Live Well' area of the JSNA and contributes significantly to the embedding of prevention, technology-based prevention and care development and safeguarding into the Lincolnshire system.

2.4. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

The service does not directly contribute to section 17 duties.

3. Conclusion

The NHS Health Check programme provides a key preventative function to identify those at risk of premature death and disability from cardiovascular disease, diabetes, and abnormal cholesterol whilst addressing health inequalities. The Council has a statutory duty to make arrangements for eligible people within Lincolnshire to be offered an NHS Health Check every 5 years and 'continually improve the percentage of eligible individuals having an NHS Health Check'.

A recommissioning project has examined the current arrangements with GPs across Lincolnshire to fulfil this duty. The current contracts and mechanisms in place with GPs are in the main, working well, albeit in recent years the COVID-19 pandemic and the recovery from it, has had a significant impact on the NHS Health Check programme. Data published by OHID suggests that Lincolnshire compares well to England for uptake; there is scope for improving the invite levels. The project has also explored system drivers and relevant literature and undertaken benchmarking and engagement to inform future provision beyond these arrangement from October 2024.

Taking the findings into account, this report outlines recommendations for a new like for like service provision with some specification and work programme improvements focused on impact of the health check, the quality/user experience of the NHS Health Check, and uptake of the health check.

The future procurement of the NHS Health Check Programme services falls within the scope of the new Provider Selection Regime (PSR) procurement Regulations, and the particular circumstances of the programme requirements in Lincolnshire will enable the Council to benefit from the new flexibilities in the selection of a proportionate contract award procedure available under PSR for the reasons set out in the report

4. Legal Comments:

The proposal to procure the NHS Health Checks Service as detailed in this report is within the Council's powers and by virtue of The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) and is an executive function and therefore within the remit of the Executive to consider and determine.

5. Resource Comments:

The budget for health checks is £0.590m per annum. Should the planned activity to increase the volumes of health checks be successful, the Public Health Grant will be used to cover the financial impact articulated in section 1.6 of this report.

6. Consultation

a) Has Local Member Been Consulted?

Not applicable

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 24 April 2024. The comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report and Appendix C Equality Impact Assessment

6. Appendices

These are listed below and attached at the end of the report:	
Appendix A	Lincolnshire NHS Health Check Published Data Summary
Appendix B	Demand Modelling Information
Appendix C	Equality Impact Assessment

7. Background Papers

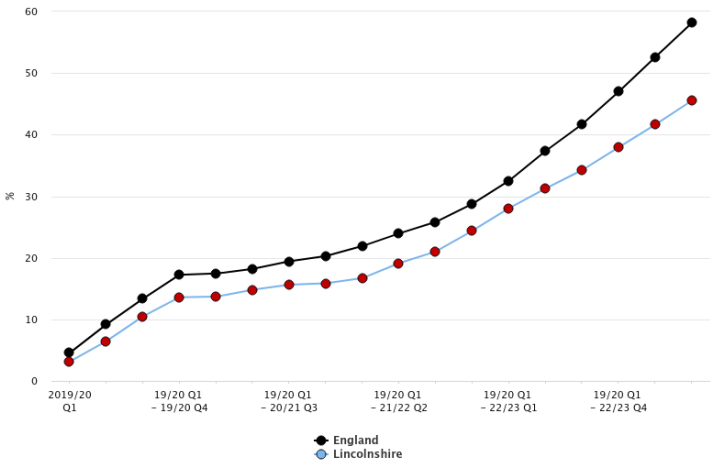
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Andy Fox and Carl Miller, who can be contacted on andy.fox@lincolnshire.gov.uk or carl.miller@lincolnshire.gov.uk

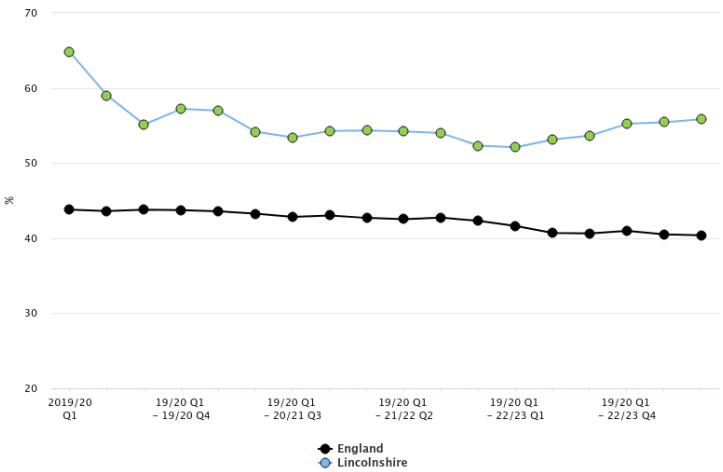
Appendix A: Lincolnshire NHS Health Check Published Data Summary (Source: Public Health Outcomes Framework - OHID (phe.org.uk))

	2019/20 Q1 – 2023/24 Q2		
	Lincolnshire	East Midlands	England
Invited for an NHS Health Check % (of eligible population)	45.5%	46.5%	58.2%
Uptake % (of those offered)	55.8%	48.8%	40.4%

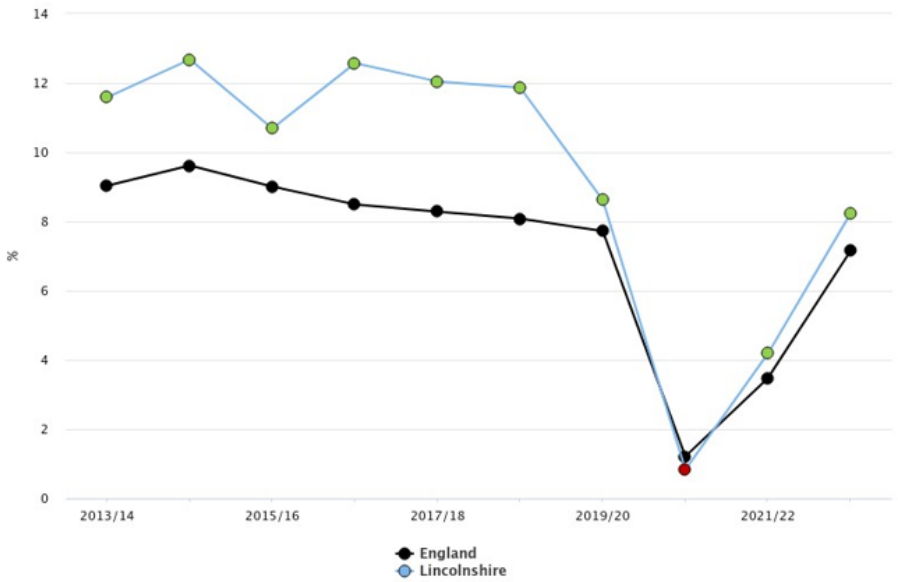
People invited for an NHS Health Check for Lincolnshire



People taking up an NHS Health Check invite for Lincolnshire



People receiving an NHS Health Check per year for Lincolnshire



Appendix B: Demand Modeling Information

Current programme delivery data from 2023/24 has been used as a baseline to support demand modelling calculations. At the time of writing, 2023/24 Q4 data was not available so an estimate has been made using an average of Q1, 2 and 3 data. Nomis population projections have been applied to OHIDs formular for calculating the eligible population to estimate the eligible population for future contract years.
These can be seen in column 3 on Table 2 below.

	2023/24 OHID Estimated Eligible Pop	***Number Invited (of 1/5 of eligible population)***	***55% Uptake CBP Target***	***60% Uptake (1st bonus Payment)***	***65% Uptake (2nd bonus Payment)***	***70% Uptake (3rd bonus Payment)***	***75% Uptake- National Aspiration***	***100% Uptake***
100% Invited *(1/5 of eligible population). Statutory responsibility*	*227,449*	*45,490*	*25,019*	*27,294*	*29,568*	*31,843*	*34,117*	*45,490*
Only 75% Invited *(of 1/5 of eligible population)*		*34,117*	*18,764*	*20,470*	*22,176*	*23,881*	*25,587*	*34,117*
Only 80% Invited *(of 1/5 of eligible population)*		*36,392*	*20,016*	*21,835*	*23,655*	*25,474*	*27,294*	*36,392*
Only 90% Invited *(of 1/5 of eligible population)*		*40,941*	*22,2517*	*24,564*	*26,611*	*28,658*	*30,705*	*40,941*

Table 1: Projections for invitations and uptake volumes following proposed programme changes

The figures highlighted:

- In yellow are the current volumes to the nearest 5% (actuals are slightly lower)
- In orange are what we could aim to achieve by the end of year 2 of the new contract (realised in year 3)
- in blue outline what we could aim to achieve by the end of year 3 (realised in year 4).

Table 2 shows how both the population forecasts and estimates of how the proposed model/programme changes could affect demand for each year of the future contract. An even increase in invites and uptake has been applied between the baseline year and year 3 (in orange) of the contract.

Year	***Year***	***Estimated eligible population***	***Estimated number of Invites sent based on population increases***	***Estimated Health checks completed based on population increases***
0	*2023-24 - BASELINE*	***227,449***	*34,045*	*20,504*
1	*2024-25*	***227,092***	*34,771*	*21,519*
2	*2025-26*	***227,986***	*35,744*	*22,689*
3	*2026-27*	***229,106***	*36,570*	*23,770*
4	*2027-28*	***230,552***	*41,198*	*28,838*
5	*2028-29*	***232,090***	*41,469*	*29,028*

Table 2: Projections for eligible populations for the next 5 years

Appendix C: Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority 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 relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act
Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility
This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings
You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” "Which protected characteristics might be affected?" and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Title of the policy / project / service being considered	Re-commissioning of NHS Health Check programme	**Person / people completing analysis**	Kate Cooper
Service Area	Public Health	**Lead Officer**	Andy Fox
Who is the decision maker?	Cllr Bowkett	**How was the Equality Impact Analysis undertaken?**	This analysis has been a desktop review. It has been informed by the work that has been carried out to inform the next stages of the NHS Health Check Programme and has involved engagement with the public and service providers.
Date of meeting when decision will be made	08/05/2024	**Version control**	0.4
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Re-commissioned
Describe the proposed change	The NHS Health Check is a prevention programme which aims to reduce the chance of a heart attack, stroke or developing some form of dementia in people aged 40-74 years. In 2022/23, approximately 31,000 people were invited for an NHS Health Check in Lincolnshire and nearly 19,000 people received one. Lincolnshire County Council (LCC) commissions Lincolnshire General practices to deliver NHS Health Checks to their patient population. The current service ends on the 30/06/2024 and Commercial Services are currently working with the GPs to extend their individual contracts until 30/09/24. This EIA is about the re-commissioning of the services, with a service start date of the 01/10/2024. Public Health England: NHS Health Checks Best practice guidance for commissioners and providers (Updated March 2020) outlines legislative delivery requirements that provide an important framework for what must be included as a core part of the		

	NHS Health Check. This framework ensures that there is uniformity and scale of provision across England while also providing the flexibility to enable some local decisions on aspects including: • Extension of the programme- for example a wider age range. • How the service is promoted locally. • How individuals will be invited- for example via text message. • How practitioners will communicate CVD risk to Service Users. As part of the recommissioning work these local decisions will be considered in the proposed way, moving forward. **Proposed Changes** • It is recognised there are current gaps in provision, addressing these gaps will be explored via a range of opportunities, for example, possible collaboration amongst General Practices/Primary Care Networks and using the LCC commissioned Integrated Lifestyle Service. • To maximise the benefits of the NHS Health Check programme, and to support LCC to deliver its statutory responsibilities of 'continually improving the percentage of eligible individuals having an NHS Health Check', both Public Health and Commercial Services will use the learning from this recommissioning exercise to work with GP providers to increase invitations sent, health checks completed, and impact. This will include: • Supporting practices to adopt invite methods that are suitable for their population and, whichever method is used, include patient information about the NHS Health Check. • Ensuring that everyone who has an NHS Health Check is supported to understand what their CVD risk means for them and to consider how and what changes might help them reduce their risk. • Ensuring that the NHS Health Check programme is effectively linked with other public health commissioned services, for example, the Integrated Lifestyle Service, to ensure people are supported with for example, stopping smoking and weight management interventions. • Strengthening performance management at PCN level to have a stronger emphasis on targets for inviting their eligible population.

Background Information

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. The proposed changes to the NHS Health Check programme in Lincolnshire will continue to ensure eligible people aged 40-74 years are offered an NHS Healthy Check. It will aim to maximise delivery and increase uptake of Health Checks across Lincolnshire for all, ensuring that engagement is high and improving for all age groups offers the best outcomes for all. This increases the opportunity to detect otherwise undiagnosed underlying disease and help patients to reduce their cardiovascular (CVD) risk and improve lifestyles. OHID released a report (A summary of analyses and evidence on the current NHS Health Check programme report (2021)) in 2021 that highlighted the likelihood of attending an NHS Health Check increases with age. As outlined above, we will work with providers to ensure that invite methods are suitable for the population and therefore result in an increase in younger people having health checks. For example, adopting communication platforms whilst still maintaining traditional methods (which we have some evidence our aging population still prefer).
Disability	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. There are a number of other health checks that target specific population groups, including people with a Severe Mental Illness (SMI) and Learning Disability (LD). These checks differ from the NHS Health Check both in scope, target audience and frequency. Patients who are eligible for those checks are also eligible for the NHS Health Check (provided they are not excluded, based on the usual NHS Health Check exclusion criteria).
Gender reassignment	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Heath Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

Marriage and civil partnership	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.
Pregnancy and maternity	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.
Race	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible. The NHS Health Check best practice guidance outlines that the diabetes risk threshold that is measured during an NHS Health Check should be tailored to ethnicity. People from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories should have a blood glucose test for diabetes when their Body Mass Index (BMI) is equal to or greater than 27.5. This is triggered at a higher BMI for other ethnicities. The risk of developing diabetes for people from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity groups is greater at a lower BMI. The software support service, TCR, record ethnicity and this will be something that LCC will continue to monitor. These are statutory delivery requirements so we will not be changing this differentiation as part of the commissioning exercise.
Religion or belief	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

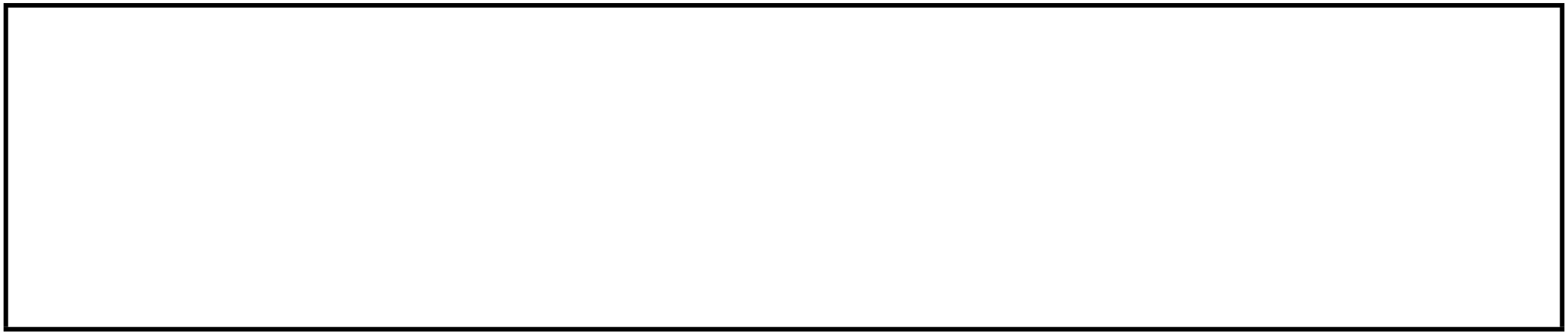
Sex	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible. OHID released a report (A summary of analyses and evidence on the current NHS Health Check programme report (2021)) in 2021 that highlighted that women are more likely to attend their NHS Health Check than men. As outlined above, we will work with providers to ensure that invite methods are suitable for the population and therefore result in an increase in men having health checks.
Sexual orientation	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Health Inequalities

Uptake is lowest for both men and women in the more deprived quintiles (quintile 1) and increases in the more affluent quintiles. Source, TCR 2023-24.

The Expert Scientific and Clinical Advisory Panel (ESCAP) report also highlights some evidence that shows people from more affluent communities being more likely to take up and NHS Health Check. Considering the report accompanied by our own data within Lincolnshire, it is essential that we continue to prioritise health inequalities by addressing the current gaps that will support those people with the greatest health need to accept their invitation. Addressing these gaps will be explored via a range of opportunities, for example, possible collaboration amongst General Practices/Primary Care Networks and using the LCC commissioned Integrated Lifestyle Service. Other proposed changes will include information about the NHS Health Check attached to invites that people can understand.



Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Disability	No perceived adverse impact.
Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	No perceived adverse impact.
Race	No perceived adverse impact.
Religion or belief	No perceived adverse impact.

Sex	No perceived adverse impact.
Sexual orientation	No perceived adverse impact.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Stakeholders

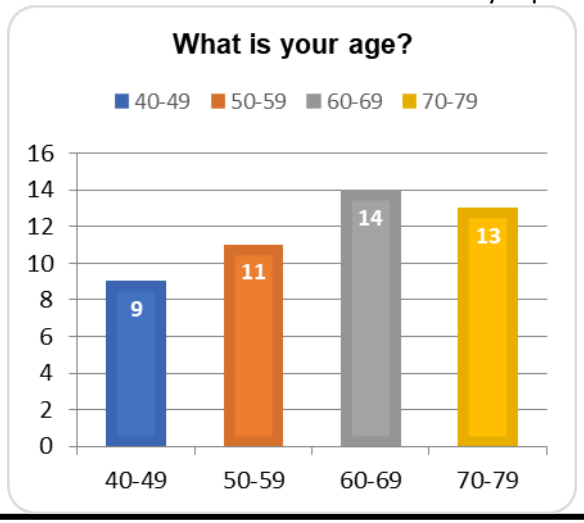
Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

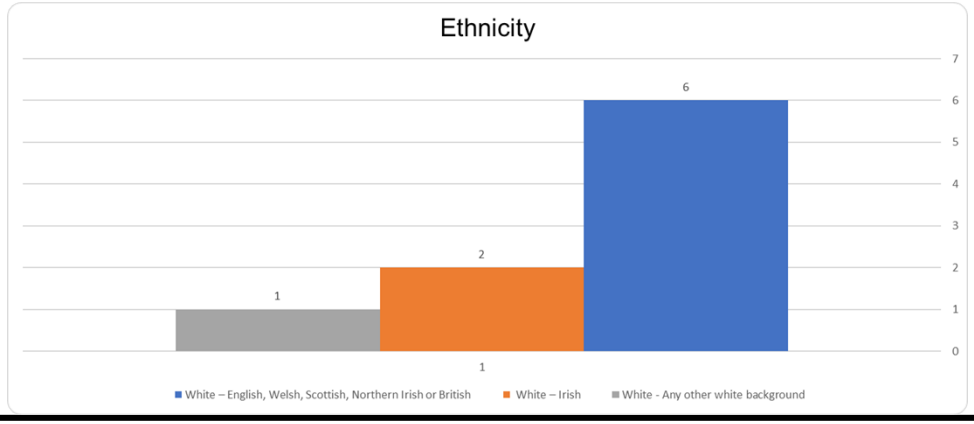
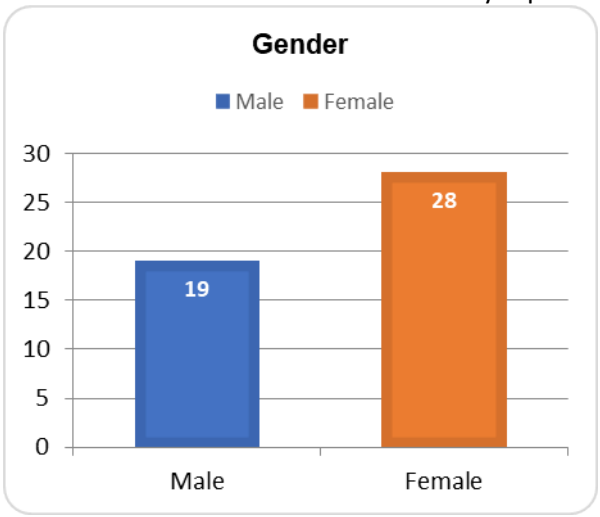
You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity
Engagement has taken place with service users, non-service users and service providers to: • Assess the quality of the NHS Health Check Programme. • Understand how aware local people are of the Programme. • Understand the potential barriers for people attending their NHS Health Check. • Understand the potential barriers for providers delivering the NHS Health Check Programme. • Identify key recommendations on how to improve the programme. • Inform the development of future service specifications.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	Information from the Service User survey report. 
Disability	Not asked.
Gender reassignment	Not asked.
Marriage and civil partnership	Not asked.
Pregnancy and maternity	Not asked.

Race	Information from the Service User survey report. Not all respondents provided information on their ethnicity. 
Religion or belief	Not asked.
Sex	Information from the Service User survey report. 

Sexual orientation	Not asked.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that the information received from our engagement activity is sufficient.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	No change to implement at this time.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	No action required	Andy Fox	

Version	**Description**	**Created/amended by**	**Date created/amended**	**Approved by**	**Date approved**
	Version issued as part of procurement documentation.	Kate Cooper	22/03/2024		

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