

Meeting:	Executive
Meeting date:	2 December 2025
Report of:	Peter Roderick, Director of Public Health
Portfolio of:	Councillor Steels-Walshaw, Executive Member for Health, Wellbeing and Adult Social Care

Decision Report: Re-commissioning of NHS Health Checks

Subject of Report

1. The report will outline the statutory requirements of the Council to provide NHS Health Checks, the intended scope of the NHS Health Checks programme over the next five years and seek delegated approval to procure a supplier to undertake NHS Health Checks on behalf of the Council.
2. The paper details how the NHS Health Check programme is currently delivered, the reach of the current programme and how the programme is intended to benefit residents of York.

Benefits and Challenges

3. The NHS Health Check program is underpinned by the Health and Social Care Act 2012, which transferred responsibility for commissioning and monitoring the program to local authorities in England. The programme's specific requirements are set out in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. In summary, the local authorities need to provide or procure access to a NHS Health Check for eligible residents aged 40-74.
4. To be eligible for an NHS Health Check, residents must live within the City of York Council area, be aged 40-74. Those with an existing cardiovascular or metabolic condition (e.g. diabetes or high blood pressure) are excluded, as the aim of the programs is

to find undiagnosed and treatable conditions. Residents with existing long-term health conditions should be receiving on-going care and condition management from their healthcare professional.

5. In York, the Department of Health and Social Care [DHSC] estimate that there are 54,238 eligible residents. A further 26,253 are of the correct age, but not eligible due to their pre-existing health conditions or having long-term custodial prison sentences. To meet the full eligible population, 10,850 health checks would have to be offered each year.

Policy Basis for Decision

6. Reducing the burden of cardiovascular disease in York will contribute to the aspirations in the council plan to reduce health inequalities, given that those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD than those in the least deprived 10% of the population.
7. It aligns to Goal 8 of the Joint Health and Wellbeing Strategy 2022-32 to 'Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage'.
8. This work will also support York's Economic Strategy objective "York will be among the top 25% most productive local economies as measured by Gross Value Added (GVA) per hour worked, requiring a 3.8% increase in productivity." An effective NHS Health Check programme will enable earlier diagnosis and treatment of cardiovascular and metabolic conditions that can cause people to work less hours than they want to, retire early or not be able to work at all.

Financial Strategy Implications

9. The current NHS Health Checks contract runs from October 2021 until 31 March 2026, with the provider Nimbuscare Ltd., at a value of £50,000 per year. This is funded from the Public Health Grant.
10. This currently enables the council to commission 2,000 checks a year, representing fewer than 20% of our target population invited every year. In Q1 of 2025/6, this meant that out of 152 local authorities, York offered the 19th lowest number of checks per

head of eligible population in the country, representing a missed opportunity for prevention and early intervention for thousands of residents in the city.

11. Provider costs for delivering the NHS Health Check will also have risen over the duration of the current contract meaning that if commissioned today for the same value, fewer checks would be affordable.
12. The Director of Public Health, working with finance colleagues has identified that the small uplift in the public health grant in 2025/6 enables the budget for the NHS Health Check programme can be uplifted to £100,000 per year. Therefore, the total contract value over five years will be £500,000.
13. Additionally, within the wider Health system, there are occasionally funding streams that become available to the local authority on a non-recurrent basis, (e.g. Humber and North Yorkshire ICB Health Inequalities fund, Office for Health Improvement and Disparities [OHID] NHS Health Check pilot fund, York and North Yorkshire Combined Authority Inactivity Trailblazer). As such, the contract will include a provision to vary the value by up to an additional 50% each year, subject to funding being available and notice being provided to the supplier. If there was to be additional funding available every year of the contract, then the total value over five years will be £750,000.

Recommendation and Reasons

14. Executive is asked to:
 - Approve a procurement process to enable a suitable provider to be sought to deliver the NHS Health Check programme for the next five years, with a total contract value of up to £750,000.
 - Delegate authority the Director of Public Health, in consultation with Chief Finance Officer, to commence an open, fair and transparent competitive procurement process in compliance with the Council's Contract Procedure Rules under Appendix 11 of the Council's Constitution (the "**Council's CPRs**") and (where applicable) the Procurement Act 2023.

- Delegate authority to the Director of Public Health, in conjunction with the Director of Governance, to determine and enter into a contract with a supplier who is successful following the completion of the procurement process, and authority to negotiate and enter into any subsequent extensions and/or modifications to the final contract in accordance with the contract's terms and conditions, the Council's CPRs, and (where applicable) the Procurement Act 2023.

Reason: To ensure that the Council are meeting their statutory duty to provide NHS Health Checks to the resident population. To enable the timely awarding of the NHS Health Checks contract in compliance with the Council's CPRs and (where applicable) the Procurement Act 2023, that are value for money and responsive to local need.

Background

15. The NHS Health Check is a simple check of heart and metabolic health. It includes a calculation of the risk of developing preventable illnesses. It is free at the point of access, including any follow up tests or appointments.
16. Across England, around 1.3 million health checks are delivered each year, identifying 315,000 people living with obesity and 33,000 cases of hypertension, and preventing over 400 heart attacks and strokes. Additionally, a high level of modifiable risk factors (more than three-quarters of attendees had at least one elevated risk factor) are identified, prompting teachable moments and opportunities to refer to prevention services.
17. To take blood pressure as one component of an NHS Health Check, data from 2023 suggests 32,035 people (all ages) have a diagnosis of high blood pressure (hypertension) in York, whilst another 14,154 are estimated to have hypertension which is undiagnosed, a diagnosis rate of 69.36% (vs 70.13% nationally). (Source data: OHID)
18. Undiagnosed hypertension is a missed opportunity for both lifestyle modification (e.g. salt reduction, smoking cessation, increased physical activity) and prescribing of cost-effective anti-hypertensives which can lower blood pressure to within a healthy range. In detecting hypertension, NHS Health Checks are likely to

result in 1 stroke avoided for every 67 persons treated with anti-hypertensives for five years, 1 death for every 125 treated persons, and 1 heart attack for every 100 treated persons.¹

19. Similar preventive impacts can be quantified for high cholesterol and blood glucose levels. As well as keeping people healthy and alive, these checks will therefore contribute to reductions in health and social care demand in the city through ill health, as well as lost economic productivity.
20. The NHS Health Check comprises a standardised set of risk assessments. At a health check, the clinician will:
 - measure height, weight and waist
 - do a blood pressure
 - take a blood sample, in order to check cholesterol level (and blood sugar if indicated)
 - ask questions about health including:
 - history of CVD
 - smoking status
 - alcohol screening (AUDIT-C)
 - physical activity screening (GPPAQ)
 - give advice/information about Dementia
 - refer the citizen to prevention services (e.g. Health Trainers) or clinical services (e.g. GP) if indicated
21. The national programme intends to invite every eligible person between 40 and 74 to attend a health check every five years, which for York is 54,238 residents.
22. Nimbuscare are currently commissioned to deliver 2000 health checks per year, from at least six different locations across the city to enable easier access. As such, in a five-year period, only 18.4% of the eligible population will receive a health check.
23. The national programme ambition is to *offer* a health check to all eligible 40–74-year-olds (no programme like this would see 100% take-up i.e. all those offered going to accept and receive a health check). It is recognised that with this number of health checks

¹ Source: [Anti-Hypertensives to Prevent Death, Heart Attacks, and Strokes – TheNNT](#). It should be emphasised that pharmacological treatment for hypertension is not indicated in everyone with high blood pressure, with NICE setting out clear prescribing guidance based on underlying cardiovascular risks such as age and family history. Pharmacological treatments balance both benefits but also know harms e.g. side effects.

available, we currently do not offer the number of checks which would match the national ambition. This is due to the limited finances available for these checks available within the priorities funded by the Public Health grant in York.

24. However, to focus delivery of the health check programme in York (and deliver the best value for limited resource), in line with evidence that shows that the programme is most cost effective when it has higher 'yield' (i.e. it finds more disease which can be treated) we have locally commissioned a bespoke programme, with targeted invitation criteria above and beyond the national requirements. This is in line with the findings of the Deanfield Review into NHS Health Checks in 2021, and increasingly common across local authorities.
25. Nimbuscare send proactive invites to residents (through text message or letter), aimed at patients with risk factors, so the following targeting criteria are included:
 - Those living in the 50% most deprived areas of York
 - Those with a BMI of 30+ (27.5+ for some ethnicities)
 - Current smokers
 - Those with a past Alcohol AUDIT score 5+
 - Those with a diagnosis of anxiety or depression
26. The current contract stipulates that at least 75% of health checks meet these additional targeting criteria encouraging targeting of health checks, while allowing for those who are outside of the criteria to still receive their check. Residents who are eligible for a health check can request one by contacting Nimbuscare, with information on both the Council and Nimbuscare website.
27. Since October 2021 (Q3 2021/2022) to end of September 2025 (Q3 2025/2026), Nimbuscare have delivered 8,544 health checks. At the contract end date (31 March 2026), the contract will have run for 4.5 years, it was expected that Nimbuscare will have completed 9,000 health checks. Based upon the current trajectory they will achieve this expectation.
28. In the last full year (2023/2024), 1,996 health checks were delivered in York, representing 3.7% of the eligible population. Looking regionally and nationally in the same year, across Yorkshire and Humber 7.0% and across England 9.0% of the eligible population were reached. If the full national ambition were

to be reached, 20.0% of the population would need to be reached each year.

29. For the future contract, the value is planned to be £100,000 per year. There is a potential uplift of up to £50,000 (to a total value of £150,000 per year), if suitable funding is available across the wider health system, see paragraph 13. It is very likely that the cost per health check will have risen due to inflationary pressures, since the contract was let in 2021, where the cost was £25 per check.
30. The Public Health grant in York has other demands and priorities, so it cannot fund NHS Health Checks to a level where 20% of the eligible population will receive a check each year. As such, the future contract will continue with a form of local targeting criteria above the national requirements.
31. The initial targeting criteria will be based upon the current contract, focussing on those living in the most deprived areas of the city, those with specific medical conditions. Additionally, the new contract include provision to reach those with a diagnosis of Autism and/or ADHD, which aligns with work happening as part of the recently approve All-Age Autism and ADHD Strategy. The contract will include the option to vary the targeting criteria throughout the life of the contract, should the need to focus on specific population cohorts arise.

Consultation Analysis

32. Consultation has been undertaken with GP colleagues across York, who are supportive of the current model of delivery via Nimbuscare who provide coverage at city wide level. Individual GP practices have indicated that this is the preferred method of contracting, rather than with each of the 10 practice groups across the city.
33. As part of best practice sharing, discussions have been held with other Yorkshire and Humber local authority health check commissioners, who have indicated that a locally targeted offer is usual practice.

Options Analysis and Evidential Basis

34. **Option A (recommended)** – increase the contract value to £100,000 per year (+up to 50% value, if additional system budget is available) to enable more residents of York access the NHS Health check and account for inflation to the existing contract value. The exact number of health checks attained through this route is unknown, as it will be requested from suitable bidders as part of the procurement process. Indicative costs and numbers of checks are shown in the table above.
35. **Option B** – retain the current contract value. This option is not recommended as the absolute number of health checks offered per year will likely go down. The cost per health check remains static for the lifetime of the contract, with the current contract being let in 2021. Since then, inflationary pressures such salary increases, national insurance contributions and an increase in costs of medical equipment make it highly unlikely that a supplier would offer the current cost per health check.
36. **Option C** – do not seek a supplier for NHS Health Checks, therefore having no mechanism to deliver the checks to residents of York. This option is not recommended. As a Council, we would be in breach of our requirements under the Health and Social Care Act 2012. This could lead to legal and reputational repercussions for the Council.

Organisational Impact and Implications

37. The implications of this report are summarised below
38. **Financial**
- The additional £50k cost is affordable and has been factored into Public Health's Five-Year Plan.
 - The current assumption within the plan is that the Public Health Grant will increase by 2.6% for the next three years. However, the conditions and value of future year allocations have not yet been announced so a review of all contracts will be needed should this increase not materialise to ensure Public Health continues to operate within the value of the grant.

- Increasing the contract by £50k for the next five years will also reduce the flexibility to use the Public Health Grant to support other priorities (e.g to help reduce the demand and prevent individuals needing social care, a major pressure within the Council).

39. ***Human Resources (HR)***

- There are no known HR implications to this report.

40. ***Legal***

- Any new contract for the NHS Health Checks will need to be commissioned via a compliant procurement route under (where applicable) the Council's CPRs and (where applicable) the Procurement Act 2023, with advice from the Commercial Procurement team (see **Procurement Implications** below).
- An appropriate form of contract will need to be drafted and completed with support from Legal Services.

41. ***Procurement***

- The NHS Health Checks service is a current contract that was awarded to the provider Nimbuscare Ltd through an advertised quotations exercise and the contract commenced from 1st October 2021 and will expire on 31st March 2026. The estimated total contract value for this current contract was £210,000.
- The NHS Health Checks service is a healthcare service and from the 1st January 2024 the Provider Selection Regime (PSR) came into force as part of regulations made under the Health and Care Act 2022 and it applies to the procurement of NHS healthcare services by contracting authorities including Local Authorities. The Provider Selection Regime (PSR) applies instead of the Procurement Act 2023 for procuring certain healthcare services and would be the applicable legislation for the NHS Health Checks the Public Health team need to commission.

- The Provider Selection Regime (PSR) includes a number of process options which contracting authorities determine they will follow when commissioning, procuring healthcare services. The Public Health Team working with Commercial Procurement and Legal colleagues have commenced the work on consideration of the PSR options to commission NHS Health Checks on behalf of the council.
- The Public Health team are seeking to award a new contract for the NHS Health Checks service for up to five years and within this report there is confirmation that the funding for this service can be uplifted to £100,000 per year and therefore the total contract value over five years would be £500,000. There is also confirmation that if there was to be additional funding made available to the council for this service every year of the contract, then the estimated total contract value over five years would be increased to potentially be £750,000.
- The Provider Selection Regime (PSR) process of the council follows an appropriate assessment, due diligence and governance approvals process to record the details of the NHS Health Checks through PSR reporting templates which were previously developed in partnership with North Yorkshire Council Procurement colleagues. A final report will be submitted to the Director of Public Health that considers value for money and high-quality outcomes for residents, before awarding the contract.

42. ***Environment and Climate action***

- As part of the procurement process, potential providers should be asked to consider the environmental impact of the services that will be providing, including both the embodied and operational emissions, and to consider opportunities for minimising these impacts. Consideration should be given to the main sources of emissions, covering transport, material usage and disposal, and energy use.

43. ***Affordability***

- The report will have a positive impact for those who are living in deprived areas of York given that initial targeting criteria will be based upon the current contract, focussing on those living in the most deprived areas of the city as it is

known from the Health & Wellbeing Strategy that people living in deprived areas have a shorter healthy life expectancy compared to those in less deprived areas. These checks are an essential early intervention and prevention tool, enhanced by the involvement of health trainers in the process and in the future supported by the York Neighbourhood Model integrated teams and focussed resources in areas of need.

44. ***Equalities and Human Rights***

- The Council recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority's functions).
- An Equalities Impact Assessment ("**EIA**") has been carried out and is annexed to this report at **Annex A**.

45. ***Data Protection and Privacy***

- The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.

46. ***Communications***

- Communications will be essential in ensuring public awareness and understanding of the NHS Health Check programme, particularly around eligibility, access points, and the benefits of early detection. A targeted communications strategy will be required to support uptake among priority groups identified in the targeting criteria, including those in deprived areas and with

specific health risk factors. Messaging should also reinforce the council's commitment to reducing health inequalities and improving population health outcomes. Coordination with successful provider communications channels will be necessary to ensure consistency and reach.

47. ***Economy***, contact: *Head of City Development*.

- The programme to improve the early detection of and increase preventative action around identified health conditions is welcomed, and will contribute to and support a more productive workforce and economy within the city. Targeting the programme to factors including deprivation will help to ensure its benefits are felt in our most economically marginalised communities.

Risks and Mitigations

48. The recommended option requires some form of targeting of the Health Check offer, so not all residents will receive an invite for the NHS Health Check programme. However, the current and future models are based upon targeting the offer to population groups who are likely to receive the greatest benefit from the check. That is, those who are least likely to take up the offer proactively due to systemic barriers in accessing healthcare resources or those who have a risk factor making an undiagnosed cardiovascular or metabolic condition more likely. As with the current contract, there will be provision for residents to proactively seek a health check, via contacting the Council or the provider directly.

Wards Impacted

49. All wards will be impacted by this decision.

Contact details

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Annexes

Annex A: Equalities Impact Assessment (EIA)

List of Abbreviations Used in this Report

NHS – National Health Service

ICB – Integrated Care Board

CVD – Cardiovascular Disease

DHSC – Department of Health and Social Care

GVA – Gross Value Added

OHID – Office for Health Improvement and Disparities

AUDIT-C – Alcohol Use Disorders Identification Test – Consumption

GPPAQ – General Practice Physical Activity Questionnaire