

REPORT OF THE DIRECTOR OF PUBLIC HEALTH NHS HEALTH CHECK PROGRAMME

Purpose of the Report

1. This report seeks approval for the following for which the rationale is given in the report :
 - 1.1. the procurement of NHS Health Checks provision for GPs to deliver a **core service**, via direct award, from April 2016
 - 1.2. the procurement of an **outreach service** to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, from April 2016
 - 1.3. the procurement of an associated **information technology system** to support delivery and enable the required data flow in fulfilment of the LA mandate, from April 2016
 - 1.4. the above contracts to be for a 3-year period from 1 April 2016 with an option to extend on an annual basis for a further 3 years (i.e. 3+1+1+1), to a maximum of 6 years in total
 - 1.5. the outreach and IT procurement to be conducted jointly with Nottingham City Council
 - 1.6. funding of a **social marketing** campaign this year (2014-15) to increase uptake in fulfilment of the LA mandate.

Information and Advice

2. The provision of NHS Health Checks is a mandatory requirement for Local Authorities (LAs) following the transfer of responsibilities for the programme from Primary Care Trusts to LAs on 1 April 2013.
3. The NHS Health Check programme is a cardiovascular risk assessment programme in England which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74. The risk assessment element of the check provides a key route into existing lifestyle interventions through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink within recommended limits as appropriate.
4. Local Authority contracts for existing services were issued to GP practices on 1 April 2014 to continue provision of the service for another year until 31st March 2015.
5. Performance last year was below the 20% offer target, but achieved the aim of a year-on-year increase in uptake. Performance in 2013-14, benchmarked against the regional and national average, was:

- | | | |
|-------------------|--------------|---------------------------------|
| • Nottinghamshire | offers 14.8% | uptake 61.6% (51.3% in 2012-13) |
| • East Midlands | offers 20.1% | uptake 59.5% |
| • England | offers 18.5% | uptake 49.0% |

Performance in Q1 this year was:

- Nottinghamshire offers 3.6% uptake 44%

Activity has historically shown considerable variation quarter by quarter.

Other Options Considered

- Other options considered for the delivery model of the NHS Health Check programme included:
 - Core GP service only (no change): this option was rejected as it risks increasing health inequalities and not providing sufficient capacity. The outreach service is required to improve access among patients who are least likely to respond to their invitation and/or most likely to be at high risk of cardiovascular disease.
 - Alternative provision only (decommission core GP service): this option was rejected as access to GP patient records is required in order to ensure that all eligible citizens are offered a Health Check every five years. Alternative providers may be able to form information-sharing agreements with practices but when surveyed, practices in a neighbouring LA indicated that they would not agree to this. The issue is being looked into at national level, so until the legal position has been clarified, this option presents a significant risk to the LA mandate.

Reasons for Recommendations

- Recommendation 1.1 (Direct GP award)

Benchmarking locally and nationally indicates that the current LCPHS contract represents good value for money.

There is currently no assured alternative way to systematically identify the eligible population and therefore ensure coverage to achieve the LA's mandate, due to the need to access the patient's medical record.

Market research with the public reveals that GP practices are residents' preferred provider. Consultation with GP practices indicates that

 - the majority of practices are keen to deliver
 - there is variation in how practices administer and deliver the programme
 - some practices have capacity issues due to the additional workload created by delivery of the NHS Health Check Programme .

Inter-practice agreements and sharing best practice provide the appropriate means of reducing variation and driving up performance, within this contractual framework.
- Recommendation 1.2 (Outreach tender)
 - Consultation with GP practices indicates that some practices have low uptake despite following up the initial invitation with reminders including telephone and SMS. Some groups of the eligible population remain hard for them to engage.
 - Market research with the public reveals that perceived inflexibility about GP appointment times, especially outside working hours, was a barrier to uptake, and that

- patients would accept the check from a competent trained healthcare professional in another organisation, provided that quality, confidentiality and governance standards were maintained
 - On the advice of Procurement, the most appropriate procurement process would be through open tender.
9. Recommendation 1.3 (IT tender)
- Consultation with GP practices indicates a need to improve systematic feedback of Health Check data to GP practices from other providers.
 - There is a need for assurance that the IT system provision offers value for money and provides optimum ease of use for end user.
 - On the advice of Procurement, the most appropriate procurement process would be through open tender.
10. Recommendation 1.4 (Contract length)
- A contract period of three years for all elements of the programme with an option to extend on an annual basis for a further 3 years is recommended in order to provide continuity for patients and providers if the existing system is working well, and to reduce associated procurement costs.
 - Market testing indicates that a shorter contract would lead to providers mitigating any financial risks within the first year(s) and therefore a higher cost. A short contract also prevents the commissioner from including incremental efficiency savings over the lifetime of the contract through good supplier relationship management.
11. Recommendation 1.5 (Joint tender)
- Joint procurement with Nottingham City Council is recommended as the service provision requirements are the same, and market assessment indicates that costs are inversely associated with the volume of activity, particularly at the volume that each LA requires. A joint process will also free up commissioning capacity, reduce procurement costs and ensure we commission the best value for money service available for Nottinghamshire County residents.
12. Recommendation 1.6 (Social marketing)
- Market research with the public reveals uncertainty about the purpose and content of the NHS Health Check, and that this is a barrier to uptake, particularly among groups that are already less motivated to respond to an invitation from their GP practice (Appendix 1).

Statutory and Policy Implications

13. The NHS Health Check programme is a mandatory service; failure to offer an NHS Health Check to all eligible 40-74 year olds, to deliver the required standard of risk assessment and to seek continuous improvement in the uptake of the NHS Health Checks would leave Nottinghamshire County Council in breach of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351.
14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults,

service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. The budget available will be confirmed prior to formal procurement. The proposed programme model allows for adjustments to be made in order to remain within our financial constraints.

Public Sector Equality Duty implications

16. An Equality Impact Assessment is available as a Background Paper.

Implications for Service Users

17. The NHS Health Check programme addresses priorities which disproportionately affect socially disadvantaged communities within Nottinghamshire County. These include prevention of cardiovascular disease and supporting residents to make healthy lifestyle choices, such as stopping smoking, being more active, achieving a healthy weight and drinking within recommended limits. The programme also raises awareness of dementia and cancer, as many of the risk factors are the same.
18. Through the prevention of cardiovascular disease in the longer-term, the NHS Health Check programme is designed to improve the economic and social well-being of Nottinghamshire County by keeping residents healthier for longer, thereby reducing illness-related absence from the workplace and decreasing demand on social care provision.

RECOMMENDATIONS

Public Health Committee is asked to approve:

- 1.1 The procurement of NHS Health Checks provision for GPs to deliver a core service, via direct award, from April 2016.
- 1.2 The procurement of an outreach service to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, from April 2016.
- 1.3 The procurement of an associated information technology system to support delivery and enable the required data flow in fulfilment of the LA mandate, from April 2016.
- 1.4 The above contracts to be for a 3-year period from 1 April 2016 with an option to extend on an annual basis for a further 3 years (i.e. 3+1+1+1), to a maximum of 6 years in total.
- 1.5 The outreach and IT procurement to be conducted jointly with Nottingham City Council.

- 1.6. The funding of a social marketing campaign this year (2014-15) to increase uptake in fulfilment of the LA mandate.
- 1.7. The receipt of an update on the NHS Health Check Commissioning Plan following the outcomes of the Council Budget Consultation

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Constitutional Comments [SLB 18/08/14]

19. Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments [KS 22/08/14]

20. The financial implications are contained within paragraph 15 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

- All

