Nottinghamshire County Council

Report to the Public Health Sub-Committee

18 July 2013

Agenda Item: 8

REPORT OF THE DEPUTY DIRECTOR OF PUBLIC HEALTH

NHS HEALTH CHECK COMMISSIONING AND IMPLEMENTATION PLAN

Purpose of the Report

1. This report builds on the Public Health Service Developments Report approved by PH Sub-Committee on 22nd April 2013. It details the proposed plan for commissioning and implementation of the NHS Health Check Programme for the period 2013-2015 and sets the direction for the ongoing rolling programme beyond 2015.

2. It includes the pre-committed funding for this year and the service development proposal requiring additional funding (see below - Financial Implications).

Information and Advice

3. The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing cardiovascular diseases (CVD) e.g. heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these conditions.

4. NHS Health Checks are aimed at everyone between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure or high cholesterol.

5. CVD is responsible for a third of deaths and a fifth of hospital admissions and accounts for the largest element of health inequalities. The NHS Health Check consists of a risk assessment and risk reduction actions, which can include a referral to lifestyle or clinical interventions. NICE guidance is the basis for both aspects of the programme. Risk assessment is the responsibility of the council, whilst risk reductions actions are a shared responsibility of councils (lifestyle interventions) and Clinical Commissioning Groups (clinical interventions).

6. It is estimated that the programme will save £57 million per year from the NHS budget, rising to £176 million per year after fifteen years. It is likely that there will be significant additional social care savings as a result of ill health prevention e.g. fewer people requiring social care with CVD-related disability.

7. The NHS Health Check is one of the three mandatory functions which are included in the Health and Social Care Act 2012, and is one of nine interventions featured in Living Well for

Longer, a call to action to improve cardiovascular outcomes launched by the Secretary of State for Health in Spring 2013. The Local Government Association and Public Health England state that Health and Wellbeing Boards should ensure that NHS Health Check is reflected in commissioning plans stemming from the Health and Wellbeing Strategy.

8. Local authorities have a legal duty to seek continuous improvement in the percentage of individuals taking up the offer of a Health Check, as part of their statutory duties. The number of offers made and the number of health checks received must be monitored by councils; both measures are indicators within the Public Health Outcomes Framework for England 2013-2014.

Other Options Considered

9. The following options for the commissioning and implementation of the NHS Health Check were considered:

    1) Recommission the current service delivered by GPs with increased funding to provide incentives for delivery to targets

    2) Recommission the current service without any increase to funding

    3) Commission services according to the proposed model without an increase to funding

    4) Commission services according to the proposed model with an increase to funding to ensure complete coverage of the eligible population, with adequate uptake to ensure the clinical and cost effectiveness of the programme

Reason/s for Recommendation/s

10. The higher the coverage and take up, the greater the impact of the programme and the more likely it is to tackle health inequalities. By logical extension, the higher the coverage and take up, the more likely it is also to achieve the long term cost savings suggested by the economic modelling. Extending delivery to target and promote take up within high risk groups is particularly important in this respect.

11. Option 4 is the recommended approach. Details of this option are in the background paper, but briefly it consists of four strands:
    1. Core service – continuation of delivery by GP practices
    2. Outreach service – additional suppliers to engage high risk and hard to engage groups
    3. Social marketing – to increase uptake
    4. IT infrastructure – to permit ongoing performance management and quality assurance.

    The intention is that all strands will be commissioned jointly with Nottingham City Public Health, except the core service if this is appropriate for Direct Award. Staff leading on NHS Health Checks for both organisations are accountable to Nottinghamshire County Public Health.

12. National economic modelling, undertaken prior to introduction of the NHS Health Check, showed the programme to be extremely cost effective. The parameters for the modelling assumed full coverage, high take up rates, and programme funding commensurate with this option.

13. Option 4 will enable sufficient capacity to be commissioned, with incentives for suppliers to achieve the coverage and uptake needed to match the cost-effectiveness of the national model, as well as realising the significant health benefits.

14. Option 4 will support the linkage of the NHS Health Check programme with workplace health i.e. delivery of NHS Health Checks in the workplace as part of the Nottinghamshire Wellbeing at Work Scheme.

15. Option 1 is based on the pre-existing Local Enhanced Services (NHS GP contract) agreement. The Local Government Association and Public Health England state, "it is not suitable to simply continue contracts on the basis of pre-existing Locally Enhanced Services agreements."

16. Options 1 and 2: Councils are required to plan to invite all their eligible population over a five year rolling cycle. The initial cycle finishes on 31st March 2015 and these options – delivery by primary care alone - are unlikely to meet this requirement due to capacity constraints and barriers to reaching hard to engage population groups. In 2012-2013 19% of the eligible Notts PCT population was offered a health check against a target of 25% coverage for the year, and 51% of these took up the offer (37,622 offers and 19,301 checks completed). In Nottingham City, coverage was 22% (20,212 offers) and uptake was 42% (8,445 checks completed). [Performance data for Bassetlaw are unavailable because the contract with Bassetlaw practices used a paper reporting system for invoicing purposes, without enabling benchmarking at PCT level; implementation of the IT toolkit will resolve this.]

17. Additionally, evidence from the local NHS Health Check Report Years 1 and 2 suggests that this delivery model for Options 1 and 2 has the potential to increase health inequalities, because people in less deprived quintiles and younger age groups were more likely to take up the core offer from their GP.

18. Options 2 and 3 are unlikely to achieve full coverage over the five year cycle, and likely to entail failure to fulfil the council's legal duty to seek continuous improvement in uptake. The Nottinghamshire programme was purposely slowed down in 2011-12 to contribute £0.5 million to the PCT Quality Innovation Productivity and Prevention initiative (QIPP) on the understanding that there would be a subsequent catch-up by April 2015, therefore the additional funding is required to accelerate the programme to meet our commitments. The risk of funding shortfall leading to failure to achieve full coverage with an effective level of uptake (75% is recommended by Public Health England) has been highlighted as Very High on the council's Public Health Risk Register.

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

20. The proposed plan will make the programme more accessible by extending delivery and access beyond health clinics and GP practices. It will also ensure that people with higher risk of developing cardiovascular diseases are identified and targeted.

Financial Implications

The proposed plan will require funding from the Public Health Grant, as follows:

Pre-committed	GP delivery	Recurrent	£859,221
	IT toolkit		£30,000
Additional	IT core engine	Recurrent	£31,525
	Outreach service delivery		£396,200
	Targeted social marketing		£32,000
	Social market research & campaign development	Non-recurrent	£50,000

21. Additional funding requirements are therefore:

Recurrent	£459,725	
Non-recurrent	£ 50,000	
Total	£509,725	(Total recurrent programme cost = £1,348,946)

Equalities Implications

22. As part of the process of making decisions and changing policy, public authorities are required by law to think about the need to
    a. Eliminate unlawful discrimination, harassment and victimisation.
    b. Advance equality of opportunity between people who share protected characteristics (as defined by equalities legislation) and those who don't.
    c. Foster good relations between people who share protected characteristics and those who don't.

    Equality Impact Assessments (EIAs) are a means by which a public authority can assess the potential impact that proposed decisions / changes to policy could have on the community and those with protected characteristics. They may also identify potential ways to reduce any impact that a decision / policy change could have. If it is not possible to reduce the impact, the EIA can explain why. Decision makers must understand the potential implications of their decisions on people with protected characteristics.

    An EIA has been undertaken and is available as a background paper. Decision makers must give due regard to the implications for protected groups when considering this report.

23. A full Health Equity Audit is being undertaken for completion by August 2014 and will inform ongoing programme development.

Implications for Sustainability and the Environment

24. The introduction of an outreach service should reduce travelling by private transport e.g. workplace and community health check clinics would negate the need for employees to make a separate trip to their GP practice.

RECOMMENDATION/S

It is recommended that Public Health Sub-Committee:

1) supports the proposed NHS Health Check Commissioning and Implementation Plan (Option 4)

2) receives an update on the NHS Health Check Commissioning and Implementation Plan following procurement.

JOHN TOMLINSON
DEPUTY DIRECTOR OF PUBLIC HEALTH

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Constitutional Comments (SG 09/07/2013)

25. The Sub-Committee is the appropriate body to decide the issues set out in this Report. By virtue of its Terms of Reference, the Sub-Committee has responsibility for Public Health with the exception of functions reserved to the Health and Wellbeing Board.

Financial Comments (ZKM 24/06/13)
26. The financial implications are outlined in paragraphs 20 and 21 of this report.

Background Papers

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.

- Public Health Service Developments (Report to Public Health Subcommittee 16th April 2013)
- NHS Health Check Commissioning and Implementation Plan 2013-2015
- Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made
- NHS Health Check Frequently Asked Questions, Local Govt Association and Public Health England, May 2013
- Living Well for Longer: A call to action to reduce avoidable premature mortality http://livinglonger.dh.gov.uk/2013/03/04/mortality-call-to-action/
- NHS Health Check Report Years 1 and 2 (Public Health Reports, NHS Nottinghamshire County, 2012)

Electoral Division(s) and Member(s) Affected

All