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Adults and Health Committee

Date of Meeting: 27 September 2021

Report Title: Recommissioning of NHS Health Checks

Report of: Nichola Thompson, Director of Commissioning

Report Reference No: AH/11/21-22

Ward(s) Affected: All

1. Executive Summary

- 1.1. NHS Health Checks are a mid-life screening for individuals aged 40-74 (not on relevant disease registers) aiming to reduce the risk of ill-health linked to cardiovascular disease such as stroke, heart disease and kidney disease plus dementia. A Health Check incorporates blood pressure, BMI and cholesterol tests into an appointment which typically lasts 20-30 minutes, as well as a set of lifestyle questions covering smoking, exercise and alcohol. Content is set by Public Health England.
- **1.2.** The report recommends that delivery of NHS Health Checks continues to take place via General Practices. This is because they are best placed to support needs identified via the Health Check programme. Moreover, they have sole access to the data required to establish patient eligibility.
- **1.3.** Commissioning of the programme aligns with the priority within the Corporate Plan to "Reduce Health Inequality across the Borough". There is also a statutory requirement for Councils to deliver this programme under Local Authorities Regulations from 2013.

2. Recommendations

- **2.1.** To recommission the NHS Health Checks service.
- **2.2.** To delegate authority to the Director of Commissioning to award the contracts.

3. Reasons for Recommendations

- 3.1. Commissioning of NHS Health Checks is a statutory requirement of Councils resulting from The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- **3.2.** Health Checks are an important means by which the health of the population can be improved, by identifying individuals who would benefit both from clinical support and lifestyle interventions.

4. Other Options Considered

4.1. Not applicable.

5. Background

- **5.1.** The NHS Health Check programme is a Public Health risk assessment and management programme which aims to prevent or delay the onset of Cardiovascular disease including diabetes, heart disease, kidney disease and stroke. Cardiovascular disease is responsible for around one in four premature deaths in the UK and also accounts for the largest gap in healthy life expectancy¹.
- **5.2.** The programme can help individuals reduce their risk by offering help and advice across a range of risk factors and lifestyle behaviours such as smoking, alcohol use, weight management, diet and physical activity. It also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia. The programme is eligible to those aged 40-74 who are not on a relevant disease register.
- **5.3.** Assessment of risk is aided by three measurements: for blood pressure, cholesterol and BMI. These are fed into an accredited clinical assessment tool which calculates the individual's risk of developing Cardiovascular disease within the next 10 years.
- 5.4. NHS Health Checks are an important instrument to address health inequalities within the Borough. This is by systematically identifying and supporting patients who are likely to experience worse health outcomes. Notably, those in the most deprived 10% of the UK population are almost twice as likely to die as a result of Cardiovascular disease than those in the least deprived 10% of the population¹.
- 5.5. As such, the programme links to the Council's commissioned integrated lifestyle service 'One You Cheshire East' which provides a referral pathway for patients who would benefit from sustained lifestyle change. This relates to physical activity, weight management and smoking cessation programmes.

¹ NHS England, Cardiovascular Disease, https://www.england.nhs.uk/ourwork/clinical-policy/cvd/

- **5.6.** Commissioning of the programme aligns with the priority within the Corporate Plan to "Reduce Health Inequality across the Borough". An action to "Promote regular screening and take up of preventative health opportunities supporting residents to make healthier choices" is identified in the plan as one means to deliver this.
- **5.7.** Following an open tender process in 2016, contracts were awarded to local GP Practices for a 5 year period (including 2 x 1 year extensions). These contracts were then extended for a further year during the pandemic until 31 March 2022 (using an exemption for COVID-19). Following Procurement advice, the intention is to carry out a direct award to practices for Health Check delivery for a further 3 years (with the option of two further one year extensions). This will mean new contracts commence from 1 April 2022.
- **5.8.** Key reasons for continuing the present model are that practices have sole access to patient data which is required to establish if an individual is eligible for an NHS Health Check. Moreover, analysis from Public Health England has concluded that this model is the most effective approach to achieve positive outcomes for patients².
- **5.9.** Practices are paid on an activity basis. This includes for the invitations they make to patients (either by letter or text) as well as for the Health Check itself. Each practice is also given a target to deliver against. Targets are higher for practices in areas of deprivation.
- **5.10.** The overall budget for Health Checks for 2022/23 is £280K. However, this is likely to vary each year dependent on financial pressures on the Local Authority and Public Health priorities for that year.
- 5.11. There are two practices who have currently opted to send invites to patients but not to deliver NHS Health Checks themselves. In order to ensure their patients receive support, One You Cheshire East (delivered by Reed Wellbeing) has previously agreed to deliver this for them. Data is then fed back to practices to enable clinical support to be provided where necessary. This arrangement will be extended unless these practices revise their position.
- 5.12. Performance on NHS Health Checks in 2020/21 was severely inhibited by the pandemic. This was firstly due to the difficulty in holding physical meetings with patients and secondly due to the need for practices to prioritise treatment of patients with COVID-19. However, the next few years provide an opportunity to catch-up on delivery.

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² Findings from the 2019/20 NHS Health Check Delivery Survey, Public Health England

5.13. Performance over time is shown below:

- 2020/21 919 Health Checks delivered
- 2019/20 9,298 Health Checks delivered
- 2018/19 10,384 Health Checks delivered

6. Consultation and Engagement

6.1. Engagement with Practices is planned in September via a special workshop which is being run in partnership with the Local Medical Council. This will include discussion around: price for delivery, targeting of patients in areas of deprivation and training needs.

7. Implications

7.1. Legal

- 7.1.1. Contracts for the provision of health services (such as these) which are listed under Schedule 3 of the Public Contracts Regulations 2015 (PCR 2015) and valued at or above £663,540.00 throughout their entire term, (excluding VAT) are subject to the Light Touch Regime which is a less rigorous application of the PCRs.
- **7.1.2.** Despite its less rigid approach, mandatory procedural rules still apply. As a result, the Council must advertise above threshold services using either a contract notice or a Prior Information Notice (PIN) which must be published on the Find a Tender Service (FTS) website.
- 7.1.3. In addition, the Council should make procurement documents available on the internet at the same time that the contract notice is published and if the Council is using a contract notice (as opposed to a PIN) it must also publish the details of the proposed contract on the Contracts Finder website.
- **7.1.4.** The Light Touch Regime does not prescribe any specific procurement procedure and the Council may design award procedures that are tailored to their specific service, provided that the procedure is transparent and treats suppliers equally.
- **7.1.5.** The Council should also ensure that the procurement is conducted in accordance with the information set out in the contract notice or PIN and submit a contract award notice to FTS if the contract value is at or above £663,540.

7.2. Finance

- **7.2.1.** This service is affordable and budgeted for within the Public Health ringfenced budget and Team Plan.
- **7.2.2.** The budget allocated is £280k per year, however as noted in the body of the report this is an activity based contract and the actual spend my vary. If activity increased, taking the cost above the £280k budget, any

possible additional cost could still be met within the Public Health budget.

- 7.3. Policy
- **7.3.1.** None.
- 7.4. Equality
- **7.4.1.** An Equality Impact Assessment is available in Appendix 1.
- 7.5. Human Resources
- **7.5.1.** None.
- 7.6. Risk Management
- **7.6.1.** Recommissioning of the service follows a project management approach which includes the capture of risks. Any significant risk identified will be controlled for and escalated for action where appropriate.
- 7.7. Rural Communities
- **7.7.1.** NHS Health Checks are available to local residents in all parts of the Borough including in rural locations.
- 7.8. Children and Young People/Cared for Children
- **7.8.1.** None.
- 7.9. Public Health
- **7.9.1.** Delivery of NHS Health Checks is a statutory Public Health function for Local Authorities.
- 7.10. Climate Change
- **7.10.1.** The new service specification will include a specific section on managing the environmental impact of service provision.

Access to Information	
Contact Officer:	Nik Darwin, Senior Commissioning Manager Nik.Darwin@cheshireeast.gov.uk 01606 275897
Appendices:	Appendix 1 – Equality Impact Assessment
Background Papers:	Cheshire East Corporate Plan 2021-2025