SHEFFIELD CITY COUNCIL

INDIVIDUAL CABINET MEMBER DECISION RECORD

The following decision was taken on 06 December 2016 by the Cabinet Member for Health and Social Care.

Date notified to all members: Wednesday 7 December 2016

The end of the call-in period is 4:00 pm on Tuesday 13 December 2016

Unless called-in, the decision can be implemented from Wednesday 14 December 2016

1. TITLE

Request to Re-Commission NHS Health Checks Programme

2. **DECISION TAKEN**

- (i) That approval is given to carry out a procurement exercise for the Health Check Service for the period of 2 years, with an optional one year extension period;
- (ii) that authority be delegated to the Director of Public Health in consultation with the Interim Director of Financeand Commercial Services to develop and approve the procurement strategy for the tender for Health Checks for eligible individuals;
- (iii) that authority be delegated to the Interim Director of Finance and Commercial Services to agree Contract terms and approve a contract award following the tender process;
- (iv) that approval is given to the annual spending of approximately £185k for the 1st year of the contract 2017/18 and for the 2nd year, subject to further reduction in line with this report, in the region of £148k; and
- (v) delegate to the Director of Public Health in consultation with the Interim Director of Finance and Commercial Services to take such other steps as he may deem appropriate to achieve the proposed changes to the service specification to target resources to those at higher risk of developing CVD.

3. Reasons For Decision

The preferred option to commission a single, or multiple service provider(s) to deliver the NHS Health Check programme either for the whole city or for a particular locality for local people that may itself sub-contract with another provider(s) opens the tender up to a market including voluntary, community and faith sector and leisure and fitness sector providers who may be able to reach those that are not currently taking up the opportunity of the NHS Health Check.

The intended outcomes will be that this option will secure a universal offer for those at lower risk of CVD and target most resource at those from priority groups, thus contributing to a reduction in health inequalities. It will ensure that the programme remains within budget.

4. Alternatives Considered And Rejected

Do nothing option – Continue to procure solely from GPs. This contract transferred as a Locally Enhanced Service (LES) from the Primary Care Trust in 2013 to the Local Authority. As this contract has already been extended under a sole tender waiver, it must now be offered to open competitive tender.

Any qualified provider on a tariff based system – any provider that was qualified i.e. could meet information and clinical governance standards, would be placed on a framework of providers. Patients could receive their health check from any of the qualified providers. Providers would be paid a set rate "tariff" per patient. No minimum activity would be guaranteed but a cap would be placed on overall activity to ensure no financial risk to SCC.

A small retainer would be made to providers to retain their services and ensure initial operating costs would be covered. Bonus payments would be made subject to the city as a whole achieving take up rates from priority groups. This bonus would be paid pro-rata according to the contribution made to the target from the providers. This option was rejected because of the staff capacity in terms of being able to quality audit a wide range of providers and further, because of the need to determine eligibility and target those at highest risk – this would require information sharing with a number of providers and therefore presents a risk to information governance.

5. Any Interest Declared or Dispensation Granted

None

6. Respective Director Responsible for Implementation

Director of Public Health

7. Relevant Scrutiny Committee If Decision Called In

Healthier Communities and Adult Social Care Scrutiny Committee