



Author/Lead Officer of Report: Karen Harrison,
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Report of: *Greg Fell, Director Public Health*

Report to: *Individual Cabinet Member*

Date of Decision: *2nd December 2016*

Subject: *Request to Re-commission NHS Health Checks Programme*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>1038</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report:

The NHS Health Check programme in England is for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases (CVD) including diabetes, heart disease, kidney disease and stroke.

From April 2013 legislation changes imposed on local authorities a duty to provide health check service. In order to discharge this duty the Sheffield City Council seek to commission a single, or multiple service providers to deliver the NHS Health Check programme for Sheffield.

Recommendations:

Individual Cabinet Member is recommended:

- 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;
- That authority be delegated to the Director of Public Health in consultation with the Director of Commercial Services to develop and approve the procurement strategy for the tender for Health Checks for eligible individuals;
- That authority be delegated to the Director of Commercial Services to agree Contract terms and approve a contract award following the tender process;
- 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;
- Delegate to the Director of Public Health in consultation with the Director of 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;

Background Papers:

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Pauline Wood
		Legal: Janusz Siodmiak/Henry Watmough-Cownie
		Equalities: Adele Robinson
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission:	<i>Greg Fell</i>
3	Cabinet Member consulted:	<i>Cate McDonald</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Karen Harrison</i>	Job Title: <i>Health Improvement Principal</i>
	Date: 24/11/2016	

1. PROPOSAL

1.1 Eligibility and background information

The NHS Health Check programme in England is for people aged 40-74. It is a risk assessment and management programme which aims to prevent or delay the onset of cardiovascular diseases (CVD) including diabetes, heart disease, kidney disease and stroke.

In April 2013 the NHS Health Check became a mandated responsibility of local authorities in England as a result of the Health and Social Care Act 2012. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

Approximately 221,000 individuals in Sheffield are included in the eligible age range of whom around 67,000 have established disease and are therefore not eligible. This means that around 150,000 people are eligible for an NHS Health Check.

Although the NHS Health Check is a national programme, it should be delivered locally in a way that best suits the needs of the local population.

Evidence suggests that the NHS health check programme would be more effective if resources are targeted towards those at highest risk of developing CVD. A targeted approach would also mitigate against widening health inequalities in Sheffield.

It is proposed that a proportionate universalism approach will be used in Sheffield which will offer universal provision for those at lower risk of developing CVD, and targeted provision for those who:

- Live in the most deprived areas of Sheffield; or
- Are of an ethnicity that is at higher risk of developing CVD; or
- Have a serious mental illness or learning disability; or
- Have already been identified in primary care as having a raised CVD risk as advocated by National Institute of Clinical Excellence.

1.2 Current arrangement

Since 2012 the programme in Sheffield has been procured from GP practices on a sole tender waiver as a Locally Enhanced Service; the basis of the waiver was the access of GPs to information to identify eligible patients and the clinical skills and environment necessary to carry out the checks and provide relevant feedback to patients and follow-up. Due to changes in procurement rules, budget reductions, and to ensure

value for money we need to revisit how this programme is commissioned.

There is no national standard tariff, and areas pay across a wide financial range. We have benchmarked the “unit cost” per health check and this has revealed that Sheffield pays one of the lowest ‘unit costs’ out of Yorkshire and Humber, but we have a comparatively high uptake.

1.3 The new service

Sheffield City Council is now seeking 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). The NHS Health Check does not need to be delivered by a medical provider and this 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. They would however need to identify eligible residents and report back to GPs as mandated in the Health and Social Care Act 2012.

The provider will need access to data, and comply with clinical and information governance. The payment is a block & volume contract, where a percentage of the total contract value is paid as a block payment to cover operational costs, but further payments are “by results” based on the volume of patients seen, evidenced by quarterly monitoring return and clinical audit. This manages the financial risk to SCC without placing undue pressure on the provider. Activity will be capped to a figure each year to manage financial risk. Bonus payments will be made to incentivise performance in priority groups.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Alignment with local priorities

The Health Check programme will contribute to the Sheffield City Council – Our Plan 2015 – 2018 in addressing the Health and Wellbeing objective in order to promote good health, prevent and tackle ill-health by providing early help, earlier in life; particularly for those at risk of illness or dying early. In addition by targeting those at highest risk of developing CVD the programme will contribute to reducing inequalities by targeting those who:

- Live in the most deprived areas of Sheffield; or
- Are of an ethnicity that is at higher risk of developing CVD; or
- Have a serious mental illness or learning disability; or
- Have already been identified in primary care as having a raised CVD risk.

Sheffield Joint Wellbeing Strategy sets out the following five priority outcomes:

- Sheffield is a healthy and successful city

- Health and wellbeing is improving
- Health inequalities are reducing
- People get the help and support they need and feel is right for them
- The Health and wellbeing system is innovative, affordable and provides good value for money

Delivering the NHS Health Check programme will address the first, second and fourth priority outcomes of making Sheffield a place where people have good health through the prevention or early detection of a number of conditions, allowing individuals to be better informed to manage and improve their quality of life, and/or to be given treatment for CVD and be placed on a specific register to ensure appropriate care can be given.

Delivering the NHS Health check will meet the third priority outcome by using a proportionate universalism approach to target those at higher risk of developing CVD and who may belong to one of the most disadvantaged groups in Sheffield.

The fifth outcome will be addressed by awarding the contract within the allocated budget to a provider or providers who will be able to meet all the requirements.

The NHS health check programme addresses the outcomes of the Public health Outcomes Framework.

- 2.2 The NHS health check programme is inclusive for all eligible residents aged 40-74 and will have a positive economic impact as resources will be targeted to where there is highest need. It is estimated that nationally this programme could prevent around 1,600 heart attacks and strokes and save at least 650 lives a year plus prevent over 4,000 people from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier.

This modelling also suggests that the NHS Health Check programme is cost effective with a cost per quality adjusted life year (QALY) of around £3000.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 It is a nationally mandated service so it must be delivered in a standard format. However, provider stimulation events will be held to encourage interest in delivering the programme. Patient feedback on what is valued from the programme will be sought so that where possible this can enhance the specification e.g. being provided with relevant literature or referral to local services when being given results of the health check.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 A Equality Impact assessment has been carried out- Ref 1038

4.2 Financial and Commercial Implications

4.2.1 The Health Check service will be commissioned for 2 Years with an option to extend for a further 12 months. Provision will be provided in the contract should there be a future requirement to reduce budgets as part of on-going requirements.

4.2.2 The budget for 2016/17 is £231,000. It is anticipated that there will be a cut to this budget of approximately 20% for 2017/18 giving a contract value of around £185,000 for year 1. This has not yet been through the full budget process or confirmed and we would inform the Individual Cabinet Member of any proposed changes to this amount and ask to consider and approve any changes should they arise. If the budget is cut up to a further 20% in year 2; the contract value for year 2 will be in the region of £148,000

4.3 Legal Implications

4.3.1 The provision of Health and Social Care Act 2012 requires local authorities to exercise certain public health functions determined by the Secretary of State. From April 2013, local authorities became responsible for commissioning the risk assessment component of the NHS Health Check. Local Authorities are able to commission the risk assessment from any provider of their choice but must work closely with their CCGs to ensure that there is a joined-up approach to the risk assessment and clinical follow-up and management when securing the provision of health checks to eligible persons in their local area.

4.3.2 Such services fall under the “light touch” regime as set out in the Public Contracts Regulations 2015. The value of each of the proposed contracts is below the threshold set out in those Regulations, although the Council does have a duty to act in accordance with its general European Treaty principles.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 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.

5.1.1 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.

- 5.1.2 Decommission the service and re-invest – this would place the Local Authority in breach of statutory requirement and was therefore rejected. However, this will be reviewed in 2 years at the point of “break clause” in the contract as in the event of further austerity it may be unavoidable.

6. REASONS FOR RECOMMENDATIONS

- 6.1 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.