

# Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	24th September 2018
Officer	Acting Director of Public Health
<b>Subject of Report</b>	<b>NHS Health Checks Service Model</b>
Executive Summary	<p>This paper provides an update on the development of a new model for delivery of the NHS health check programme, and presents a proposed procurement approach. A new model is needed because the previous procurement process resulted in many fewer people being invited to take part in the programme, which has adversely affected performance.</p> <p>The paper covers:</p> <ul style="list-style-type: none"> <li>• Background and rationale for change.</li> <li>• An update on the mode of delivery and the recommended procurement model</li> <li>• A recommendation to procure and award.</li> </ul>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>An equalities impact assessment screening tool has been completed and does not include a full equalities impact assessment</p>
	<p>Use of Evidence:</p> <p>The commissioning update uses</p> <ul style="list-style-type: none"> <li>• Internal performance and data monitoring information</li> <li>• Evidence base for best practice guidance</li> </ul>

	<ul style="list-style-type: none"> <li>• Financial and service review recommendations</li> <li>• Risk assessment tools</li> </ul> <p>Budget:</p> <p>The annual budget for the NHS Health checks programme is £600,000.</p> <p>Risk Assessment:</p> <p>The financial risk is low. The main risks include building effective engagement with primary care and ensuring an effective invitations process and delivery across Dorset. Current performance in Dorset, Bournemouth and Poole is below national expectations for the programme. There is a reputational risk from continued poor performance in providing a mandated public health service.</p> <p>Current Risk MEDIUM Residual Risk LOW</p> <p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>The Joint Public Health Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery across areas;</li> <li>• Consider the work done to date to re-engage primary care with the programme;</li> <li>• Approve the proposed health checks delivery model of directly awarding a contract for invitations to GPs, and to use a flexible framework for the delivery of health checks allowing different providers to join;</li> <li>• Agree the proposed budget for 2019/20 of £600,000;</li> <li>• Approve the procurement and award of a new framework agreement for delivery of Health Checks.</li> </ul>
<p>Reason for Recommendation</p>	<p>To enable service continuation and transformation through procurement.</p>
<p>Appendices</p>	<p>Tables showing current local performance on checks delivered, compared with national expected performance.</p>
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Sophia Callaghan, Assistant Director of Public Health Public Health Dorset</p>

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## 1. Background

- 1.1. Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act. One of the consequences of local authority commissioning of the programme is that the way in which NHS Health Checks are procured is subject to Public Contract Regulations 2015.
- 1.2. In line with these regulations, Public Health Dorset ran a competitive tender across 13 geographical areas (localities) in 2015. The tender asked primary care organisations, pharmacies and other interested providers to submit bids showing how they would offer a health check programme at scale for the locality population. The outcome of the tender resulted in a mixed delivery model between pharmacy and GPs, with GP federations successful in seven localities, and the pharmacy successful in six.
- 1.3. Since this time there have been long standing difficulties in some areas inviting eligible people to the programme particularly in areas served by the Pharmacy because they cannot access person-level data on the registered population held within primary care. This in turn has led to much poorer delivery than expected, due to difficulty inviting people to the programme.
- 1.4. In an attempt to increase provision, a tender exercise was undertaken last year to develop a more targeted community approach to health checks. The provider also found it an ongoing challenge to access the eligible groups outlined in the specification and failed to deliver health checks at scale. The contract has since ended.

## 2. Current Activity

- 2.1. Current performance for delivery of NHS Health Checks remains variable across Dorset. As part of the programme mandate, Public Health England (PHE) requires Local Authorities to report the percentage of the eligible population invited and checked each quarter. Dorset, Bournemouth and Poole are currently ranked among the lowest of all local authorities (141, 148 and 133<sup>th</sup> respectively of 152 LAs).
- 2.2. This ranking is based on two measures – the proportion of people invited, and the proportion taking up a check. PHE are now showing increasing interest in Local Authorities that are ranked with lower performance with expectations of seeing plans on how those local Authorities are addressing the issues which are affecting performance.
- 2.3. In 2016/7 the programme across Dorset recorded 7,898 checks delivered overall and in 2017/8 there were 7,407 checks delivered. The PHE expectation for the financial year 2016/17 was to invite 46,456 people and deliver 23,228 checks, and for 2017/8 it was to invite 47,325 and deliver 23,663 checks. A breakdown of activity by GPs and by pharmacy is outlined in Appendix one.

### **3. Developing a new model for NHS Health Checks**

- 3.1. Earlier this year Public Health Dorset and Dorset CCG agreed to explore how best to develop a new model for the provision of health checks. Refocusing the programme will be a real opportunity to put an outcome focus into the checks, and to improve clinical engagement with the broader ambitions of preventing premature cardiovascular disease in Dorset, Bournemouth and Poole.
- 3.2. Under the Prevention at Scale plans it is also an opportunity to include onward support within the health check offer and increase the proportion of people offered a check who have been supported successfully by the LiveWell Dorset (LWD) service. Current information suggests that fewer than 5% of people assessed after a health check are referred to the service. Having a better connection between the check and lifestyle services is an important delivery target within the Prevention at Scale plans, which aims to double the number of people supported following a health check.
- 3.3. A task and finish group was set up to explore a way forward and agreed the following principles:
  - The NHS Health Check programme in Dorset needs to have the GP clinical record put back at the heart of the invitation and outcomes recording process;
  - The NHS health check is not the end but rather an opportunity for lifestyle changes;
  - There should be plurality of providers to ensure patient choice.
- 3.4. The group explored various options for the delivery and procurement models, taking into account the need to comply with Public Contract Regulations 2015. Based on the principles agreed above, the following procurement method is proposed as the best option:
  - The contract for health check invitations to be directly awarded to individual General practices willing to participate, based upon one negotiated fee with Local Medical Committee input and support. The value of these contracts are below the EU procurement threshold and an exemption from Contract Procedure Rules will be sought prior to award.
  - PHD to develop an engagement plan to seek GP support to help deliver this programme; this would include recognising that developing a better quality programme in localities could be an easy prevention at scale 'win' in locality transformation plans.
  - The health check invitation letter can highlight their practice as a delivering site; advise patients of alternative providers, and provide information and access to lifestyle support via LWD.
  - The award of contracts for delivery of the health checks to be carried out using a flexible framework agreement, where multiple providers can be added to the framework using an any qualified provider (AQP) approach.
- 3.5. The benefit of this approach is that procuring invitation letters from GPs directly will improve the invitation and recording process, and improve the current uptake of checks. It will also provide greater clinical input as part of a broader cardiovascular disease prevention approach.

### **4. Timescale and Budget**

- 4.1. The engagement plan will need to start this autumn with the framework in place for selection ready for delivery on 1 April 2019. The current contracts will end 31 March 2019. The total value of the health check budget for 2019/20 has been set at £600,000. This would enable up to 15,000 checks to be delivered each year, allowing for additional costs of invitations. While not meeting the national expectation of 23,000 checks delivered each year, achieving this number would be a significant improvement on the current position.

## **5. Next Steps**

- 5.1. A consultation process needs to take place at strategic and locality level with LMC support to engage GPs across Dorset.
- 5.2. Public Health Dorset to develop and procure a Flexible Framework Agreement, set out the terms and conditions, develop a clear pricing schedule for delivery of the checks, and agree the criteria to be used for the Any Qualified Provider approach.

## **6. Recommendations**

- 6.1. The Joint Public Health Board is asked to:
  - Note the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery;
  - Consider the work done to date to re-engage primary care with the programme;
  - Approve the proposed health checks delivery model of directly procuring invites with GPs and to use a flexible framework for the delivery of health checks;
  - Approve financial allocation for 2019/20;
  - Approve the procurement and award of a new Framework Agreement for delivery of Health Checks and a specific paper about the flexible framework for Community Providers will follow in November.

**Sam Crowe**  
**Acting Director of Public Health**  
24 September 2018

**Appendix: NHS Health Checks delivery 2016-17**

<b>2016/17</b>	Dorset	Poole	Bournemouth
GP	5792	1179	377
Pharmacy	339	204	112
<b>Total</b>	<b>6,131</b>	<b>1,383</b>	<b>489</b>
Expected checks per year*	12,712	5,659	5,288

<b>2017/18</b>	Dorset	Poole	Bournemouth
GP	4561	1041	125
Pharmacy	570	448	448
<b>Total</b>	<b>5,131</b>	<b>1,489</b>	<b>573</b>
Expected checks per year*	12,712	5,659	5,288

\* based on 50% uptake among eligible population