Report to:	Cabinet	**Date of Meeting:**	Thursday 5 November 2015
Subject:	NHS Health Checks and Integrated 0 – 19 years' Service	**Wards Affected:**	All Wards
Report of:	Interim Head of Health and Wellbeing		
Is this a Key Decision?	Yes	**Is it included in the Forward Plan?**	Yes
Exempt/Confidential	No		

Purpose/Summary

To seek approval for the proposed commissioning arrangements for NHS Health Checks 2016 – 2018 based on a review of the existing local programme, national guidance and the requirements included in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Cabinet is also asked to note and approve the proposed change of approach for the commissioning and procurement of an integrated 0 – 19 years' service.

Recommendation(s)

That Cabinet:

1. Agree Option 4 as outlined in section 4 of the report for NHS Health Checks for the contractual period 2016 – 2018 and authorise the Director of Public Health to award the relevant contracts, within the identified budget

2. If the recommended option is not approved Cabinet is asked to extend the current contract to enable procurement alternatives.

3. Agrees the proposed changes in respect of the commissioning and procurement of an integrated 0 -19 years' service to commence 1st April 2017 and to authorise the Director of Public Health to award the relevant contracts, within the identified budget..

How does the decision contribute to the Council's Corporate Objectives?

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		X	
2	Jobs and Prosperity		x	
3	Environmental Sustainability		x	
4	Health and Well-Being	x		

5	Children and Young People		x	
6	Creating Safe Communities		x	
7	Creating Inclusive Communities		x	
8	Improving the Quality of Council Services and Strengthening Local Democracy	**x**		

Reasons for the Recommendation:

Cabinet agreed to extend the current contract arrangements for this Service in July 2015 and it was agreed that the future commissioning arrangements for the NHS Health Checks programme be subject to a further report to Cabinet to confirm the process, timescale and any other pertinent information.

The current contractual arrangements will expire on 31st March 2016.

NHS Health Checks are a national, mandatory service included within the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013and the Health and Social Care Act 2012. NHS Health Checks make an important contribution to improving public health outcomes particularly in relation to cardiovascular disease and cancer.

Alternative Options Considered and Rejected:

This report includes consideration of the following procurement options for consideration and decision:

- Tender exercise via the Chest.
- Co-commissioner to CCG Quality Contract.
- Section 75 Agreement.
- Re-contract directly with GP's which requires waiver to Contract Procedure Rules.

What will it cost and how will it be financed?

(A) Revenue Costs

The cost of the NHS Health Check Programme will be met from within the annual Health Intervention budget allocated for this purpose. The funding for this provision is included within the Annual Revenue Budget.

In recognition of the uncertainty regarding future funding the contract value will be subject to the ongoing availability of sufficient funding. In the event that during the contract period the Local Authority does not have sufficient funds to cover the price of the contract, the Contractor will develop and agree a contract variation with the Commissioner such that the contract price remains within the funding available.

(B) Capital Costs

There are no additional costs.

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial The annual cost of the existing contract is approximately £340,000 as costs may vary slightly dependent on referrals / take up of service. Cessation and or break in this service may result in failure to meet the public Health Grant conditions.	
Legal NHS Health Checks are defined as a mandatory service in the Health and Social Care Act 2012. Discharge of the duty is outlined in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013,	
Human Resources	
Equality	
1. No Equality Implication	x
2. Equality Implications identified and mitigated	
3. Equality Implication identified and risk remains	

Impact of the Proposals on Service Delivery:
Endorsement of the proposed commissioning arrangements will ensure sufficient time is available to enable timely procurement of services and consequently continued delivery of services for local people.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and any comments have been incorporated into the report (FD 3832/15)

Head of Regulation and Compliance has been consulted and any comments have been incorporated into the report. (LD 3115/15)

Implementation Date for the Decision

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting.

Contact Officer: Margaret Jones
Tel: 0151 934 3308
Email: margaret.jones@sefton.gov.uk

Background Papers:

There are no background papers available for inspection

1. Background

1.1 At the July 2015 Cabinet meeting it was agreed that the future commissioning arrangements for NHS Health Checks, following the expiration of the current contract on 31st March 2016, would be subject to a further report to Cabinet outlining the process, timeline and any other pertinent information.

1.2 The NHS Health Check programme is a national mandatory public health service for adults in England which aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early identification and management of associated risk factors. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a Check to assess their risk and provide support and advice to help them to reduce or manage that risk.

1.3 The components of the specification are nationally determined, based on the recommendations of the NHS Health Check Expert Scientific and Clinical Advisory Panel (ESCAP), and include a number of requirements for the call and recall of individuals for screening and clinical tests however there is recognition that the programme should be delivered in a way that best suits the needs of local populations. Since NHS Health Checks were implemented in England in 2009 Sefton has commissioned GP's to provide the service to ensure optimum coverage and equitable provision whilst enabling continuity of patient management, access to patient data and opportunity for opportunistic screening.

2. Responsibilities

2.1 Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years as set out in regulations 4 and 5 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013,. The NHS Health Check is specified in secondary legislation, and its implementation is the legal responsibility of local authorities. Regulations also set out who should receive an NHS Health Check, the assessments that should be undertaken and how the check should be conducted.

2.2 The NHS Health Check is one of the components of the single data list which is a list of all the datasets that local government must submit to central government. As a result, local authorities have a legal duty to provide data relating to the number of NHS Health Checks offered and the number of NHS Health Checks received at the end of each quarter.

2.3 Local authorities have a legal duty to seek continuous improvement in the percentage of eligible individuals taking up their offer of an NHS Health Check. Ensuring a high percentage of those offered an NHS Health Check actually receive one is key to optimising the clinical and cost effectiveness of the programme. This is especially important for populations with the greatest health needs and will impact on the programme's and local area's ability to narrow health inequalities.

3. Existing Delivery Model

3.1 Since NHS bodies were instructed to offer NHS Health Checks in 2009, Sefton has commissioned and worked in partnership with all Sefton GP practices to deliver the service ensuring optimum coverage and uptake. This service provision model is replicated predominantly across England however adjuncts to this model include none primary care based providers. It is important to recognise that in all cases, the GP remains as data controller, a legally defined role with significant responsibilities unless explicit consent has been gained from patients, only anonymised information may be shared. Sefton Pharmacies were commissioned to enhance this local offer but were subsequently decommissioned during 2014/2015 following a service review.

3.2 The total service value is approximately £300,000 however this is invested across all GP's in individual contracts of variable value based on the eligible population cohort. The individual contract value is based on a per check cost with additional payments for activities related to the Check.

3.3 A review of the existing programme was recently undertaken to inform future commissioning arrangements from April 2016 onwards which identified a number of key issues as follows:

- Since 2011/12 66,269 people have been invited to attend for an NHS Health Check in Sefton which represents 82.8% of the eligible population. Of those invited 31,201 had a NHS Health Check equating to 39% of the eligible population and 47% of those invited. Coverage is currently below the 50% uptake target; however this varies between practices with some exceeding the 50% target.
- All GP practices provide the NHS Health Check service ensuring optimum coverage and equitable provision. The programme is demand led and performance data suggests that invite and offer are highest in the first half of the financial year (e.g. between April and September) after which time invite and uptake decrease substantially. However this may reflect the changing demands of general practice and patient management during the winter months.
- The current national evidence base is incomplete and due to the relative infancy of the programme the impact is based on modelling. The existing evidence suggests that NHS Health Checks may have a positive effect on risk factors but the effect on outcomes remains uncertain. Evaluation of the programme is undertaken nationally. More information is required locally to assess the extent to which the programme is meeting, and is targeting, local health needs.
- Sefton has historically offered practices enhanced payments to undertake a review of patients at high risk of cardiovascular disease (CVD). This non statutory component of the local specification is outside the scope of the national NHS Health Checks specification. This is designed to target those most vulnerable to acute CVD episodes. NICE guidance however recommends such reviews are standard practice for CVD prevention and management. This costs an additional £40,000 per year.
- Remuneration costs for the Checks have remained static. However a 2013 Cheshire and Merseyside review of NHS Health Checks demonstrated that per

head costs for Sefton are the highest across the Cheshire and Merseyside area and in excess of the Department of Health's cost per check recommendation. Costs associated with the programme locally should therefore be reviewed and negotiated with local providers.

4. Commissioning and Procurement Arrangements 2016 - 2018

4.1 The table below includes a number of potential procurement options based on the review of the existing arrangements for NHS Health Checks; based on advice from Commissioning Support and following discussion with colleagues from South Sefton and Southport and Formby Clinical Commissioning Groups.

Procurement mechanism option	Advantages	Disadvantages
Option 1 **Tender exercise via the Chest**	• Open to the market. • Meets all procurement requirements.	• Restricted to particular providers due to legal requirements for data collection and insurances e.g. information sharing and access to clinical records. • All eligible providers may choose not to participate in the tender process therefore resulting in a gap in provision of services across the borough leading to inequalities for eligible residents in parts of the borough. • Any deficiencies in service delivery would necessitate additional investment for supplementary services which would also require the assistance of current eligible providers to share patient information. • If as a result of the above the procurement exercise fails to meet the requirements for the service alternative arrangements would need to be put into place as this is a mandatory service. • Potential TUPE implications where staff have been employed specifically to deliver this service.
Option 2 **Section 75 agreement**	• Strengthens clinical governance arrangements via the CCG structures. • Payments would be made to providers via the CCG. • Joint commissioning ensuring seamless provision under one contract e.g. outcomes.	• Requires negotiation with the CCG regarding the finance and management arrangements. • Restricts ability to revise the costings associated within the agreement.

Option 3 **Co-commissioner to CCG Quality Contract**	• Strengthens clinical governance arrangements via the CCG structures. • Payments would be made to providers via the CCG. • Joint commissioning ensuring seamless provision under on contract e.g. outcomes.	• Includes a 'bundle' of additional services which require prolonged negotiation and approval through relevant governance structures. • Restricts ability to revise the costings associated with the contract.
Option 4 **Re-contract directly with GP's**	• Ability to restrict to particular provider which negates concerns regarding legal requirements for data collection and insurances e.g. information sharing and access to clinical records. • Providers would be approached rather than expected to bid for services therefore reducing the risk of inequality of provision to eligible residents throughout the borough. • Ensures continuity to service for both patients and staff delivering the service. No TUPE implications as consequence. • No additional investment required for supplementary services. • Opportunities to negotiate efficiency savings with current providers.	• Low risk of challenge from the market who feel they would be a position to bid for this service if out to open tender.

4.2 In reviewing these options, Option 1 is the least favourable owing to the significant disadvantages of this approach. Options 2 and 3 both have advantages however in order to enable full negotiations to take place to embed services within CCG operations more time would be required. In terms of Option 3 the CCG contract content has already been agreed for 2016 - 2017 therefore this option is not available at present for 2016 - 2017. Options 1, 2 and 3 also all have potential disadvantages either in terms of potential gaps in service delivery and or limited ability to negotiate costs. Option 4 is therefore the recommended approach.

4.3 It is recommended that the Council seeks to re-procure the NHS Health Checks service for 2016-18 by contracting directly with all General Practices in Sefton, as it currently does, and that the Director of Public Health is authorised to award the relevant contracts, within the identified budget.

5. **Integrated 0-19 Years' Service**

5.1 On 3rd September 2015 Cabinet approved a review of existing 0-5 services and the initiation of a tendering exercise to establish an integrated 0-19 Healthy Child Programme Contract (including Health Visiting and Family Nurse Partnership) to commence on 1st April 2016.

5.2 Following further consideration at the newly formed 0-19 Services Reference Group; discussions with providers of the existing contract; and taking into account the Trust Development Agency's now published approach and timeframe for the re-procurement of community NHS Services in South Sefton (published after the above mentioned Cabinet meeting) it is now considered appropriate to commission and procure the Integrated 0-19 Service over a longer time-frame, In light of these further considerations and discussions, to continue within the previously agreed timeframe would prevent local providers (and organisations that will replace the current local provider) from bidding for the service and cause further significant contractual and TUPE complications and uncertainty.

5.3 It is therefore recommended that the Council continues with its intended procurement of an Integrated 0-19 Service but with a commencement date for the new service of 1st April 2017. This would also necessitate the extension of the existing Health Visiting and Family Nurse Partnership contracts for a further 12 months from 1st April 2016.