

Decision maker:	Cabinet member health and adult wellbeing
Decision date:	Monday, 9 September 2019
Title of report:	NHS Health Checks Contract Extension
Report by:	Senior Commissioner Public Health

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

This report seeks the approval of a 1 year extension to the current contractual arrangement for the delivery of NHS Healthchecks to 31 March 2021.

It is recommended that the council directly award a contract extension to Taurus Healthcare to continue to provide NHS Health Checks, including identification and invitations to the eligible population (residents aged 40-74 and not on existing disease registers). This is based on Taurus Healthcare, as the GP Federation, being the only body currently capable of accessing GP practice lists and able to utilise the day-to-day contact and interaction GPs already have with the patient base.

A contract extension is also recommended to allow time for the establishment of the new Primary Care Networks. The intention will be to work with Taurus Healthcare as a key strategic partner and as part of a multi-disciplinary steering group to ensure relationships are developed with primary care network directors to support the improvement of the health check service delivery and targeting.

The existing contract is due to expire on 31/03/2020. The recommendations being made take account of the evidence base, lessons learnt following review of the current service provision and acknowledgement of the development work taking place to establish Primary Care networks throughout the county.

Recommendation(s)

That:

- (a) a 1 year contract extension be awarded to Taurus Healthcare at a value of up to a maximum of £200,000 to provide NHS Health Checks in the period 1 April 2020 to 31 March 2021.**

Alternative options

1. Allow the existing contract for NHS Health Checks to expire on 31 March 2020 and the service to cease. This option is not recommended as this service is key to improving the health of the local population and is a mandated function of upper tier councils.
2. There is potential for the service to be provided using a delivery model of any qualified provider (AQP). This option is not currently recommended, as a previously commissioned model of this type did not meet expected targets as most of the approved providers were unable to market and deliver services in the county. This is because GP practice lists are the only available data source for inviting the eligible population to a health check. To date it has not been possible to secure a suitable process for accessing this information through data sharing agreements. Whilst this could be challenged, the current timing of this award during a period of change for primary care and the development of primary care networks creates a challenging environment for the renegotiation of this. As a consequence, GP organisations are the only practical option for delivery of the service, all GP practices in Herefordshire use Taurus Healthcare as their federation and vehicle for contractual arrangements and

many smaller practices will continue to do so throughout the development of Primary care Networks.

3. To invite competitive tender to contract with a single external provider. This option is not recommended because evidence from the previous AQP model has shown that securing a suitable process for data sharing of the eligible population lists from GP practices has been ineffective, following evaluation of available provision and discussion with neighbouring counties it is clear that there is a very limited market for competitive tender. The majority of areas contract directly with GP practices or via federations, those with the highest performance contract directly with practices.

Key considerations

4. NHS Health Checks are a public health service for early identification, treatment and interventions to prevent the onset of avoidable disease and development of long term conditions, which would otherwise take up a high level of health and social care resources. NHS Health Checks (NHS HC) programme is more than the face-to-face appointment with the patient, but rather is the whole pathway, from identification of those eligible for an NHS HC to treatment and behaviour change support for those with identified risks. It is a mandated services, funded from the ring-fenced public health grant, for which responsibility transferred from the NHS to councils in 2013.
5. Councils are required to ensure that all residents between the ages of 40 and 74 years, other than those already on certain disease registers, are invited to attend an NHS health check every five years which can be achieved by inviting 20% of the eligible cohort for an NHS HC each year. The NHS health check appointment is delivered by a health care assistant and comprises a lifestyle questionnaire including for example family history, smoking status, alcohol risk assessment, physical activity complemented by measurement of height, weight, BMI, blood pressure, pulse rhythm, cholesterol levels and if above key thresholds, diabetes risk assessment including blood glucose tests. Outputs of the NHS HC include referral (and urgent referral) to GP for identified risks e.g. high blood pressure, referral to other services for behaviour change support e.g. Healthy Lifestyle Trainer Service for smoking cessation or weight loss, alcohol services etc, and provision of advice based on the health risks identified through this process.
6. As part of the ongoing development of the service provision a service improvement plan is in place with Taurus healthcare, to address the variable and often poor performance in terms of uptake for health checks throughout the county. At financial year end 18/19 uptake was 32.8% against a target of 55%. The service improvement plan includes the development of a communication strategy for the promotion of health checks in order to improve awareness as well as uptake. It also seeks to improve training opportunities for health care assistants the use of technology by practices for example, text messaging and social media. Performance to date during financial year 19/20 has shown improvements in uptake performance increasing to 37% at 31 July 2019.
In addition, consultation is taking place with primary care staff and patients, both those who have attended a health check recently (within the last 2 years) and those who chose not to attend. The data collected through this consultation will be used to shape future service delivery.
In addition analysis of data from Thrive Tribe, the council's Health Check data collection tool is taking place evaluating the 25,000 health checks delivered over the

last 5 years, this will support the development of the service delivery model through the identification of trends and patterns in test results and patient demographics.

Community impact

7. The NHS Healthcheck service utilises the Joint Strategic Needs Assessment, best evidence and guidance to achieve desired outcomes for healthier communities. The service will be equitable and accessible across the county for those who are eligible at their own GP practice. The service has the potential to reduce demand on acute and intensive services within the health and social care system. The services will help meet the corporate objectives of enabling residents to live safe, healthy, independent lives and securing better services, quality of life and value for money.
8. The service falls within the implementation of the council's adults and communities blueprint for developing self-care and building community resilience within healthier communities under a strategic preventative approach. The proposal has no negative impact on looked after children or the council's parenting role and indeed will have a positive impact in developing norms of behaviour in adults that act as good role models. If this service was not provided, there would be a considerable impact on the health and wellbeing of the community and higher system costs, with loss of quality of life due to the development of long term conditions.

Equality duty

9. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
10. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

11. The funding envelope for 2020/21 is a reduction in budgets against 2019/20 but it does allow for some flexibility in the event of an increase in provision due to increased take up. The proposal has set realistic expectations of performance, which if met, could influence future commissioning intentions due to their importance at preventing ill health.
12. 1 year contract for the delivery of NHS health checks through Taurus Healthcare - £200,000
13. The service operates on a payment by results basis and payment is only approved once a Healthcheck is completed and entered onto the Thrive Tribe database.

Legal implications

14. There are conflicting provisions within the Contract as to its duration. The Service Specification at Appendix A of the Contract indicates that the period of service and the period of delivery is to continue until 31 March 2021 but Clause A3.2 of the Contract states the expiry date as 31st March 2020. The parties have been treating the contract as coming to an end on 31st March 2020, therefore this later date is deemed to be the contract expiry date.
15. Apart from the above references to the service being delivered up until 2021, the contract does not expressly provide for an extension, therefore if the Council intends to extend the contract, in accordance with regulation 4.6.8 (c) of the Councils CPR and regulation 4.6.6(c), it must seek permission to do so.
16. The report outlines that the service needs to continue to work with the existing provider to support the improvement of health check service delivery while it establishes new Primary Care Networks, considers its options and gain a better understanding of how future commissioning arrangements may develop. Consequently, the service is seeking approval to extend the contract for an additional 12 month period.
17. The aggregated value over both the original contract period and extension period will be a maximum of about £501,800. As the total amount is below the light touch regime threshold of £615,278, the contract will not be subject to the Public Contracts Regulation and as it is an extension rather than a fresh award, the CPR's do not require a fresh advertisement
18. Even if the contract was advertised, it is unlikely to generate any response because according to the last sentence at the first paragraph on page 2 of this report, the supplier is currently the only provider that can access GP records required for the delivery of this particular service. Therefore the Council can only procure the required services from them at this time.
19. The fact that the supplier is the only provider that can access GP records required for the service also means the contract is unlikely to be of cross border interest.
20. For the reasons set out above, together with the fact that the extension period is relatively short, the risk of a challenge to this award is assessed as very low.

Risk management

21. Legal services have advised that not addressing the data sharing barriers experienced with GP practices could be an area of challenge by interested providers as some other areas of the country have been able to overcome these. This is deemed as low risk and will be mitigated by using the extended contract time to revisit the data sharing agreements in discussion with Taurus and Primary Care Networks as relationships develop.
22. Financial risks associated with take up being higher than planned are low, previous years have shown the allocated budget to be unused by up to £100,000. Any risk in relation to activity levels will be mitigated through close monitoring of service delivery. Reducing activity levels in line with budget and targeting of service delivery will be implemented if the trajectory of activity significant increases compared with previous years. The contract is delivered on a payment by results basis.
23. There is a risk that the service continues to underperform against targets and the number of completed Healthchecks delivered are below expectations. The current service improvement plan will remain in place throughout the duration of the contract including regular monitoring meetings. Performance in the current financial year has improved and uptake rates already exceed those achieved for the financial year 2018/19. Further poor performance or lack of improvement will be reported through the Health and Wellbeing Board and risks identified will be placed on the directorate risk register for monitoring.
24. The government have recently announced a review of Healthcheck delivery to explore how analytics and data driven technologies could improve personalised advice to individuals. The review also aims to assess how health checks could be delivered on a targeted population basis according to age and where people live. Work has already begun locally to explore targeting routine and manual workers and health check delivery by locality based on Index of Multiple Deprivation scale. Further exploration of this will take place during the contract extension through the multi-disciplinary steering group inclusive of key strategic partner agencies.

Consultees

25. Political groups have been consulted. No views or objections were received.
26. A public consultation has been carried out via electronic survey the closing date was 4 August 2019. 32 responses were received, results are currently being collated. The results of this consultation will be used to inform the revision of the service specification for the extended contract period. Specifically in relation to duration of healthcheck appointments and evening and weekend availability.
27. A consultation via electronic survey has been carried out with staff at GP practices, aimed at practice managers and healthcare assistants as those most directly involved in service delivery. This has been issued via GP team net and the closing date was 4 August 2019

Appendices

None

Background papers

None