

<b>Report to:</b>	<b>SINGLE COMMISSIONING BOARD</b>
<b>Date:</b>	14 February 2017
<b>Reporting Officer of Professional Reference Group</b>	Angela Hardman, Director of Public Health and Performance
<b>Subject:</b>	<b>COMMUNITY HEALTH CHECKS CONTRACT EXTENSION</b>
<b>Report Summary:</b>	<p>Approval is sought to extend an existing contract for the extension of an existing contract where there is no remaining extension provision available within the contract.</p> <p>The current contract for the provision of community based NHS Health Checks expires on 30 June 2017. The funding is within the Single Commission Pooled budgets. The report requests authority to extend the contract for 9 months to 31 March 2018 to allow retendering aligned to the commissioning intentions of the Greater Manchester Partnership.</p> <p>The Community NHS Health Checks contract was let under a 24 months, plus 12 months basis and was extended for the allowable 12 months following a report to the Single Commissioning board in June 2016. The contract has been successful in achieving its aims and objectives and the extension would allow Tameside residents to continue to benefit from current and future delivery whilst waiting for the strategic direction for Greater Manchester to be confirmed.</p> <p>The Community Health Checks programme forms a key part of the emerging Wellbeing Service as part of the Healthy Lives model of care within the Care Together programme.</p> <p>The Community Health Checks programme contributed to the overall good Tameside performance for NHS Health Checks in 2014/15 that attracted a Public Health Premium payment from Public Health England.</p> <p>An increase NHS Health Checks has been included in the Tameside and Glossop Health Premium target for 2016/17.</p> <p>The Community Health Checks Programme is a priority as outlined in the GM Devolution Public Health Programme and is a mandated service within the Public Health Grant.</p> <p>In order to minimise the disruption to ongoing activity and continue delivery of the local NHS Health Check programme until the outcome of the GM Devolution 'Find and Treat Programme' review can inform the implementation of the local Health Lives model of care and the Community NHS Health Checks contract review, an extension to the contract is required.</p> <p>The value for the extension period is £71,925</p>
<b>Recommendations:</b>	That the Single Commissioning Board approves the extension of the contract for 9 months from 1 July 2017 to 31 March 2018 following an efficiency review.
<b>Financial Implications: (Authorised by the statutory</b>	The budget for this funding falls within the Section 75 of the Single Commissioning Board. The Finance Group recognise the importance of this work to the Public Health national

**Section 151 Officer & Chief Finance Officer)**

agenda and the Care Together strategy. It is also acknowledged that this is a contributory factor to the achievement of Quality Premium funding. The Finance Group are supportive of this proposal but would recommend that this is treated consistently with the timelines for review of all contracts across the Single Commission. Furthermore, it is anticipated that this has the potential to be provided by the ICFT in the future.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

In the circumstances it would not be cost effective to retender the contract at this time given the intention to allow retendering aligned to the commissioning intentions of the Greater Manchester Partnership. There are no issues with the performance of the contract which is reported to be operating well and delivering against agreed objectives.

**How do proposals align with Health & Wellbeing Strategy?**

The service supports the Health and Wellbeing Strategy vision supporting the domains of working well and living well and addresses health inequalities by contributing to achieving the Health and Wellbeing Board 'Turning the Curve on Blood Pressure' aspiration to increase the percentage of people with hypertension known to their GP.

**How do proposals align with Locality Plan?**

The Service will sustain the continuing increase in life expectancy and reduction in premature mortality that is under threat from the rise in obesity and sedentary living, and reduce the gap between Tameside and England.

**How do proposals align with the Commissioning Strategy?**

The overall aim of this service is to provide the community element of an integrated NHS Health Checks Programme to people in various community settings across Tameside that will improve health outcomes and the quality of life of the Tameside eligible population. This will ensure that people have a better chance of putting in place positive ways to substantially reduce their risk thus reducing the population's risk of cardiovascular morbidity, premature death or disability. This service continues to fulfil this aim and is targeting those most at risk.

**Recommendations / views of the Professional Reference Group:**

PRG noted the report and agreed the recommendations with the addition of a commitment to carry out an efficiency review of the contract.

**Public and Patient Implications:**

In November 2015 the current provider team was successful in winning the 'Best Impact on Patient Experience' Award at the National Heart UK Health Check Awards.

**Quality Implications:**

The Community Health Check service has been subject to routine quarterly performance management and monitoring. All the performance data is available if required.

**How do the proposals help to reduce health inequalities?**

The service contributes towards achieving the following local outcomes:

- Reduce CVD mortality in Tameside at a rate faster than the national average;
- Make a significant contribution towards reducing health inequalities within the Borough (including socio-economic, ethnic and gender inequalities) by improving the identification and management of people in

disadvantaged communities;

- Contribute to achieving an increase in the percentage of people with hypertension known to their GP;
- Improve health and quality of life by enabling more people to be identified at an earlier stage of vascular change, with a better chance of putting in place positive ways to substantially reduce the risk of premature death or disability;
- Sustain the continuing increase in life expectancy and reduction in premature mortality that is under threat from current lifestyles and associated risk factors;
- Prevent diabetes in many of those at increased risk of this disease;
- Empower Tameside people to understand their individual risk / risk factors and the choices they can make to reduce that risk;
- Facilitate and improve access and uptake to health improvement lifestyle/preventive services to those with greatest need;
- Support the improvement to long term health outcomes and the quality of life for patients and their carers.

**What are the Equality and Diversity implications?**

The Community Health Check service targets vulnerable and hard to reach populations to increase the overall take-up of NHS Health Checks in the Borough in order to improve health outcomes and the quality of life of the Tameside eligible population.

**What are the safeguarding implications?**

None.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

The current contract includes requirements for information governance and handling of personal data.

**Risk Management:**

It is essential to maintain momentum to systematically identify and implement preventative approaches to tackle risk of heart disease, stroke, diabetes, kidney disease and hypertension as they represent one of the most significant challenges to the local health and social care system.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Gideon Smith, Consultant in Public Health Medicine



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## 1. BACKGROUND

1.1 The NHS Health Check is a national programme of systematic prevention that assesses an individual's risk of heart disease, stroke, diabetes and kidney disease. It is aimed at people aged 40-74 who have not been previously diagnosed with one of these conditions (including hypertension) and consists of a face to face individual risk assessment followed by risk management advice and interventions.

1.2 An evaluation of the national programme published in 2016 provides evidence of the impact of the programme:

***“The NHS Health Check in England: an evaluation of the first 4 years.”*** (Robson J, et al. <http://bmjopen.bmj.com/content/6/1/e008840> )

▪ *This is the first national study describing implementation of the new National Health Service (NHS) Health Check programme 2009–2012.*

▪ *It is based on a large representative sample of 655 general practices in England with 1.68 million people aged 40–74 years eligible for an NHS Health Check of whom 214 295 attended.*

### Results:

*Attendance by population groups at higher cardiovascular disease (CVD) risk, such as the more socially disadvantaged 14.9%, was higher than that of the more affluent 12.3%.*

*Among attendees 7844 new cases of:*

- *hypertension (38/1000 Checks),*
- *1934 new cases of type 2 diabetes (9/1000 Checks) and*
- *807 new cases of chronic kidney disease (4/1000 Checks) were identified.*

*Of the 27 624 people found to be at high CVD risk (20% or more 10-year risk) when attending an NHS Health Check,*

- *19.3% (5325) were newly prescribed statins and*
- *8.8% (2438) were newly prescribed antihypertensive therapy.*

### Conclusions:

*Newly identified comorbidities were an important feature of the NHS Health Checks. Statin treatment at national scale for 1 in 5 attendees at highest CVD risk is likely to have contributed to important reductions in their CVD events.*

1.3 For those at low risk, the risk management might be no more than general advice on healthy lifestyle. Others may be assisted to join a lifestyle programme such as weight management programme or a smoking cessation service. Those at the highest risk might also require preventive medication with statins or blood pressure treatment.

1.4 Local NHS Health Checks have been delivered through a General Practice (GP) Local Enhanced Service (LES) since the start of the programme in 2010. This involves GPs sending invites to eligible patients on their practice list inviting them to attend.

1.5 From 1 April 2013, local authorities took over responsibility for the national NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities 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, S.I. 2013/351

- 1.6 Prior to April 2013 a Community Health Check service had been commissioned by the PCT to complement the provision within General Practice, however, this service concluded before the transfer of Public Health responsibilities to the Council. A review of service provision by Public Health highlighted the need to recommence the provision of this service. A review of NHS Health Checks by TMBC Health and Care Scrutiny Committee also recommended reintroducing a Community NHS Health Checks programme.
- 1.7 The Community Health Check service targets vulnerable and hard to reach populations to increase the overall take-up of NHS Health Checks in the Borough in order to improve health outcomes and the quality of life of the Tameside eligible population. The programme will ensure that people have a better chance of putting in place positive ways to substantially reduce their risk thus reducing the population's risk of cardiovascular morbidity, premature death or disability.
- 1.8 In June 2014, following a competitive tender, a two year contract to provide NHS Community Health Checks was awarded to Pennine Care Foundation Trust. The contract included the option, subject to agreement between the parties, to extend for up to a further one year. The contract includes a three month no fault termination clause. The contract commenced on 1 July 2014 and has an annual value of £95,900.
- 1.9 Following a report to the Single Commissioning Board in June 2016 the option to extend the contract for 12 months was exercised and the contract was extended until 30 June 2017.
- 1.10 The contract to provide community health checks expires on 30 June 2017 and Public Health Commissioners would like to extend the contract for a further 9 months (from July 1 2017 to March 31 2018).
- 1.11 The Community Health Checks Programme is a priority as outlined in the GM Devolution Public Health Programme and is a mandated service within the Public Health Grant. Each Council within GM currently commissions a local programme, and local leads meet together regularly with Public Health England (PHE) North West to review practice and performance, implementation of new guidance and strategic direction. The group has recently undertaken a PHE Standard Assessment and Review involving all GM programmes on behalf of GM Directors of Public Health to inform current discussion of the strategic direction in GM.
- 1.12 The current strategic location of NHS Health Checks in GM is within the proposed 'Find and Treat' programme, which itself is likely to be located within the GM Primary Care Standards. In addition there is potential for NHS Health Checks to be included amongst options of services to be commissioned collaboratively across GM. This approach is very closely in line with the current Tameside and Glossop model which has aligned the primary care element of the service with the Primary Care Quality Scheme, and commissioned a targeted community service.
- 1.13 This proposed contract extension will enable there to be time for the GM strategic direction on the 'Find and Treat' programme to inform the implementation of the local Neighbourhood model of care, and any revisions of the Community NHS Health Checks programme specification for subsequent retendering.

## **2. VALUE OF CONTRACT**

- 2.1 The value of the contract for the 9 month extension is £71,925. This is at the same pro rata value the contract was awarded at in 2014.

### 3. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

- 3.1 To allow retendering aligned to the commissioning intentions of the Greater Manchester Partnership.
- 3.2 In order to minimise the disruption to ongoing activity and continue delivery of the local NHS Health Check programme until the outcome of the GM Devolution 'Find and Treat Programme' review can inform the implementation of the local Health Lives model of care and the Community NHS Health Checks contract review.
- 3.3 The contract is working effectively with Pennine Care NHS Foundation Trust achieving objectives set out in the agreed service specification.
- 3.4 The Community Health Check service has been subject to routine quarterly performance management and monitoring. All the performance data is available if required.
- 3.5 The service has proved to be very successful in reaching the target demographic and increasing the take-up of health checks. The service is on target to deliver 2000 health checks and mini MOT's as required in the Specification

July – June 2014/15:

#### Full Health Checks

Service Specification Activity and KPI's

Description of KPI	Annual Threshold	Forecast	YTD target	YTD	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Graph	Comments
Provide a minimum of 2000 full health checks per annum	2000		1500	896	(Pilot)	313	224	359		Out of the 596 health checks that were delivered during this quarter, 359 were full health checks. We have targeted clients that are eligible for full health checks but in community venues this remains challenging.
Number of male clients				303		97	85	121		Out of the 359 full health check clients (121) 34% of the clients were male, we hope this figure will increase as we target more sports venues and clubs and workplaces with a high male workforce.
Number of female clients				593		216	139	238		Out of the 359 full health check clients (238) 66% of the clients were female
Number of clients with high cholesterol >6				135		39	44	52		Out of the 359 full health check clients (52)14% had a total cholesterol of >6
Number of clients with a CVD risk of >20%				22		8	9	5		Out of the 359 health checks (5) 1% clients had a CVD risk >20%

## July – June 2015/16:

KPI Provide a minimum of 2000 checks per annum	Annual Target	YTD Target	YTD	Q2	Q3	Q4	Q1 (April-)	Comments
Number of full Health Checks	2000		1297(Combined)	306	339	357	295	Full year figure is 1297 for full health checks. 2039 combined total for full/mini checks
Males				96 (37%)	109 (30%)	92(26%)	98(33%)	
Females				210 (69%)	230 (64%)	265(74%)	197(66%)	
Cholesterol >6				38 (12%)	41 (11%)	55(15%)	51(17%)	
CVD risk >20%				2	6	4	12	
Quintile 1 (20% most deprived)				29%	21%	22%	23%	
Ethnicity ( % BME Clients)				11%	6%	18 (5%)	8 (2.7%)	
% Clients who smoke				16%	10%	54 (15%)	59(19%)	
% Clients with a BMI >30				35%	28%	77(21%)	74(25%)	
Number of clients with irregular pulse				4	2	2	3	
Number of clients with high BP (either figure > 80/100 (fast Track)				27 (9%)	20 (6%)	21	22(7%)	

KPI Provide mini checks to residents who do not meet the full criteria for an NHS health Check	Annual Target	YTD Target	YTD	Q2	Q3	Q4	Q1	Comments
Number of mini Health Checks	No target			155	136	221	230	Full Year figure is 742

## July –Dec 2016

KPI	Annual Target	Quarterly Target	YTD	Q2 (July-Sept 16)	Q3	Q4	Q1 (April - June 17)
Total number of Health Checks delivered in community and workplaces (full & minis)	2000	500	945	489	456		
Number of full Health Checks				248	220		
Number of male clients				81 (33%)	47 (21%)		
Number of female clients				167 (67%)	173 (79%)		
Number of clients with high cholesterol >6				52 (20%)	30 (9%)		
Number of clients with a CVD risk of >20%				4	9		
Quintile 1 20% most deprived				23%	26%		
Ethnicity (% of BME clients)				19 (7.6%)	8 (3.5%)		
Number of clients who smoke				42 (16%)	32 (14.5%)		
Number of clients with a BMI > 30				66 (26%)	58 (26%)		
Number of clients with Irregular pulse				3	1		
Number of clients with high BP (either figure above 80/100: fast track to GP)				20 (8%)	9 (4%)		

3.6 The proposal for the continued delivery of the Service will complement the delivery of health checks within primary care and ensure that targets are met.

## 4. STRATEGIC FIT

4.1 The service supports the Health and Wellbeing strategy vision supporting the domains of working well and living well and addresses health inequalities by contributing to achieving the Health and Wellbeing Board 'Turning the Curve on Blood Pressure' aspiration to increase the percentage of people with hypertension known to their GP.

- 4.2 The Community Health Checks programme contributed to the overall good Tameside performance for NHS Health Checks in 2014/15 that attracted a Public Health Premium payment from Public Health England.
- 4.3 An increase NHS Health Checks have been included in the Tameside and Glossop Health Premium target for 2016/17.
- 4.4 The Community Health Checks Programme is a priority as outlined in the GM Devolution Public Health Programme and Tameside makes an active contribution the GM Health Check Network.
- 4.5 Specific commitment is given to a review and re-design of current arrangements for NHS Health Checks in **“COMMISSIONING FOR REFORM - The Greater Manchester Commissioning Strategy”**, timetabled for Q4 2016/17:

*6. Find and Treat Programme: GM commissioning of NHS Health Checks programme to address variation in price and outcomes and drive up standards; Commissioning a bespoke integrated intervention for the 10% most deprived communities with the poorest health to provide an enhanced service with broader support packages including social support and access to work.*

- 4.6 Following the review of services to develop a comprehensive local Wellness offer to support lifestyle change, including access by hard to reach groups, the Community Health Checks programme forms a key part of the emerging Wellbeing Service as part of the Neighbourhood model of care within the Care Together programme.
- 4.7 The outcome of the GM Devolution ‘Find and Treat Programme’ review will inform the implementation of the local Neighbourhood model of care, and any revisions of the Community NHS Health Checks programme will be included in a contract review during 2017.
- 4.8 The overall aim of this service is to provide the community element of an integrated NHS Health Checks Programme to people in various community settings across Tameside that will improve health outcomes and the quality of life of the Tameside eligible population. This will ensure that people have a better chance of putting in place positive ways to substantially reduce their risk thus reducing the population’s risk of cardiovascular morbidity, premature death or disability. This service continues to fulfil this aim and is targeting those most at risk.
- 4.9 The Service will sustain the continuing increase in life expectancy and reduction in premature mortality that is under threat from the rise in obesity and sedentary living, and reduce the gap between Tameside and England.
- 4.10 The Service offers a real opportunity to make significant inroads into reducing health inequalities, including socio-economic, ethnic, and gender inequalities. The current provider has been flexible and innovative in their approach:
- In November 2015 the team were successful in winning the ‘Best Impact on Patient Experience’ Award at the National Heart UK Health Check Awards.
  - Piloted provision of NHS Health Checks within local pharmacies.
  - Adopted direct access to individuals receiving invitations to the programme from General Practice.
  - Providing NHS Health Checks in GP surgeries.



4.11 The service contributes towards achieving the following local **outcomes**:

- Reduce CVD mortality in Tameside at a rate faster than the national average;
- Make a significant contribution towards reducing health inequalities within the Borough (including socio-economic, ethnic and gender inequalities) by improving the identification and management of people in disadvantaged communities;
- Contribute to achieving an increase in the percentage of people with hypertension known to their GP;
- Improve health and quality of life by enabling more people to be identified at an earlier stage of vascular change, with a better chance of putting in place positive ways to substantially reduce the risk of premature death or disability;
- Sustain the continuing increase in life expectancy and reduction in premature mortality that is under threat from current lifestyles and associated risk factors;
- Prevent diabetes in many of those at increased risk of this disease;
- Empower Tameside people to understand their individual risk / risk factors and the choices they can make to reduce that risk;
- Facilitate and improve access and uptake to health improvement lifestyle/preventive services to those with greatest need;
- Support the improvement to long term health outcomes and the quality of life for patients and their carers.

## **5. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED**

5.1 To allow retendering aligned to the commissioning intentions of the Greater Manchester Partnership.

5.2 The contract is operating well and delivering against agreed objectives.

5.3 It is essential to maintain momentum to systematically identify and implement preventative approaches to tackle risk of heart disease, stroke, diabetes, kidney disease and hypertension as they represent one of the most significant challenges to the local health and social care system.

## **5. RECOMMENDATIONS**

6.1 As set out on the front of the report.