

Report to:

STRATEGIC COMMISSIONING BOARD

Date:

12 December 2017

**Officer of Strategic
Commissioning Board**

Gideon Smith, Consultant in Public Health Medicine

Subject:

COMMUNITY HEALTH CHECKS CONTRACT EXTENSION

Report Summary:

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.

The overall aim of this Community Health Checks 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.

The Be Well Tameside Service contract forms part of the Tameside and Glossop CCG contract with Pennine Care which is due for review and renewal from April 2019. An extension to the current Community Health Checks Programme contract to March 2019 will enable an incorporation of this contract into the Wellbeing Service contract.

The NHS 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. A contract extension for 2017/18 was requested to enable there to be time for the GM strategic direction on the 'Find and Treat' programme, which includes NHS Health Checks. To date the GM strategic direction for NHS Health Checks has not been finalised, but options currently being discussed are consistent with the current local service model.

Recommendations:

That Strategic Commissioning Board approve the extension of the Community Health Checks Programme contract for 12 months until 31 March 2019 to enable the alignment to the commissioning intentions of the Greater Manchester Partnership.

Financial Implications:

**(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

Budget Allocation (if Investment Decision)	£95,900
CCG or TMBC Budget Allocation	TMBC – Population Health
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Future health service demand avoidance.
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<p>Additional Comments</p> <p>The proposed further one year extension to the existing contract will allow additional time to assess the future neighbourhood model that is planned to be in place from 1 April 2019 in line with Greater Manchester proposals and the new locality Wellbeing Service contract.</p> <p>Section 3.1 of the report states that the existing contract is on target to deliver the outcomes within the contract specification. Performance is not therefore deemed to be an issue.</p> <p>Members should note that this contract has been extended on two previous occasions as explained in section 1.3. It would no longer be cost effective to retender the contract due to the service provision intentions from April 2019.</p> <p>However this may now have been an option to consider at the time of the initial extension request in June 2016 as it may have realised potential savings on the annual contract value.</p>	
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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 apparently 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:

This paper has not been received by the Health and Care Advisory Group.

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.

The service aims to enable and support self-care.

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 to achieving local outcomes to:

- 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.

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?

There are no Information Governance implications associated with this report.

Risk Management:

There are no risk management issues associated with this report.

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 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.
- 1.3 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. 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, and further extension to 31 March 2018 was agreed in February 2017. 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.
- 1.4 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.

2. GM CONTEXT

- 2.1 The NHS 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 NW to review practice and performance, implementation of new guidance and strategic direction.
- 2.2 The contract extension for 2017/18 was requested to enable there to be time for the GM strategic direction on the 'Find and Treat' programme, which includes NHS Health Checks, to inform the implementation of the local Neighbourhood model of care, so that any revisions of the Community NHS Health Checks programme could be included in the specification for subsequent retendering.
- 2.3 To date the GM strategic direction for NHS Health Checks has not been finalised, but options currently being discussed are consistent with the current local service model.

3. LOCAL CONTEXT

- 3.1 The contract is working effectively with Pennine Care NHS Foundation Trust achieving objectives set out in the agreed service specification. The Community Health Check service has been subject to routine quarterly performance management and monitoring. 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 2261 health checks and mini MOT's as required for 2017/18. 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.

- 3.2 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 Be Well Tameside Service as part of the Neighbourhood model of care within the Care Together programme.
- 3.3 The Community Health Checks service made an important contribution to the achievement of the CCG Quality Premium target in 2016/17, delivering 19% of the total activity in the year. The service was able develop direct support to practices who could send invitations but had limited capacity to provide the checks.
- 3.4 The Be Well Tameside Service contract forms part of the CCG contract with Pennine Care which is due for review and renewal from April 2019. An extension to the current Community Health Checks Programme contract to March 2019 will enable an incorporation of this contract into the Wellbeing Service contract.

4. PROPOSAL

- 4.1 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.
- 4.2 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.
- 4.3 Tameside and Glossop face a very significant challenge to reduce premature deaths from cardiovascular disease. NHS Health Checks identify early vascular disease, particularly cardiovascular disease, and provide a cost-effective approach to enabling behaviour change and access to follow up and treatment that reduces risk of future illness.
- 4.4 The contact is subject to regular efficiency review, and required activity has been increased from 2000 in 2016/17 to 2261 for 2017/18. A fuller review that takes into account the GM strategic direction for NHS Health Checks, national guidance and experience, as well as local learning from the Community Health Checks Service and Primary Care Quality Premium, will be undertaken in the context of the planned incorporation into the Wellbeing Service contract.

5 RECOMMENDATIONS

- 5.1 As detailed on the cover of this report.