

**PURPOSE:** Key decision**MEETING:** Cabinet**DATE:** 01 October 2019

TITLE	Public Health Commissioning Intentions 2020 to 2025 – NHS Health Checks		
Ward(s)	All		
Author: Viv Harrison	Job title: Consultant in Public Health		
Cabinet lead: Cllr Asher Craig	Executive Director lead: Jacqui Jensen		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>			
Purpose of Report: This report sets out recommendations relating to the redesign and re-commissioning of Public Health Services to provide mandated NHS Health Checks.			
Evidence Base: The NHS Health Check Programme is a public health service which the local authority is required to provide for its population. It is a national programme aiming to improve health and wellbeing by identifying individuals at risk of heart disease and related preventable conditions, and supporting them to reduce their risk. Individuals between 40 and 74 years, who do not have relevant pre-existing conditions such as diabetes or heart disease, are eligible for a Health Check every 5 years. NHS Health Checks must be delivered to national specifications and quality standards, and activity reported to Public Health England. As part of our public health commissioning intentions post 2019, we consulted on proposals to decommission the additional Health Checks services provided by some community providers and to instead focus on making sure that at-risk groups access the service provided by GP practices, and to reduce overall costs of the programme. A majority of respondents were supportive of this commissioning approach. We also consulted on proposals to directly award primary care rather than commission through competitive tender, which was supported by a majority of respondents. Following the consultation we wish to ensure that, in any new arrangement, GPs and community providers can continue to work in partnership to deliver Health Checks to maximise effectiveness and address inequalities in health. GP practices will continue to be central to any new commissioned Health Checks service as they hold the relevant individual clinical data to systematically identify and invite eligible people for their Health Check, and they provide any clinical follow up needed. Eligibility for a Health Check is not based on age alone but also on some clinical data, such as diagnosis of diabetes or heart conditions, which is only held on GP practice data systems. GP practices can also use their clinical data to identify those individuals to target as likely to be at higher risk. GP practices provide the clinical follow up and care for individuals where risks such as possible diabetes, high cholesterol and high blood pressure are found at the Health Check; such clinical follow up is an essential component of ensuring Health Checks impact. The commissioning proposal is to award a Local Area Contract (c. total investment of £285k p.a.) for five years to Primary Care providers across Bristol.			

This will provide local access to Health Checks for eligible people across the city, whilst also supporting an approach that targets people likely to be at higher health risk from preventable conditions. Such people likely to be at higher risk can be identified through clinical data held in GP practice systems, and prioritised for invitation to a Health Check.

Commissioning through a Local Area Contract will also allow GP practices to work with any qualified providers within the area, including community organisations, that are able to meet the Health Check specification and standards. This approach will support engagement and out-reach with more deprived communities, helping the programme reach the people most likely to be at risk and support its contribution towards reducing health inequalities.

GP practices are the only provider able to identify both the eligible population for Health Checks and the more targeted sub-group within it, because of the clinical data they hold. Public perception of the source of the invite has an impact on uptake – our local experience shows that where invites for a Health Check with a community provider are sent out from the GP practice, the response in terms of Health Checks booked is more positive. This type of provision will continue to be possible under a Local Area Contract commissioning model.

Individuals identified to have a particular risk factor, such as high blood pressure, need timely follow up for further investigation and management, which can be done seamlessly if the Health Check is embedded in and delivered in primary care. Any qualified community provider wishing to work with practices to deliver Health Checks will need to agree access to lists of eligible people, and to ensure timely transfer of data and referrals back to the practice, where appropriate, so that action is taken to address clinical risks.

GP practices have successfully worked in close partnership with the community and voluntary sector to deliver NHS Health Check programmes for patients registered with the practice and we wish to encourage this partnership approach. The practice would need to agree arrangements for providing patient lists for invites and targeting, based on risk factors from patient's clinical data. Other qualified providers would need to demonstrate the ability to meet the same specification and governance requirements and standards for Health Checks delivery.

This Local Area Contract arrangement will provide BCC with a programme covering its eligible population with targeting of those most at risk, that aims to help address health inequalities, maintains the existing quality of NHS Health Checks and utilises third sector skills and experience where GP resources require strengthening. A five year contract is proposed as we do not envisage the programme changing substantially within that timeframe and anything less than five years may not provide sufficient commitment or incentive to primary care providers.

There may be reaction to this decision and a risk of challenge from some of the established larger private healthcare providers.

However we believe that a Local Area Contract is the best commissioning approach for this programme:

- i) Primary Care is central to a Health Checks programme, through providing identification of eligible people, and clinical follow up across the city.
- ii) A partnership approach with other qualified providers will provide the best combination for some GP practices.
- iii) We lack an effective system of targeting populations without using patient data, which can only be accessed and interrogated in sufficient detail by GP Practices.
- iv) The contract will be incentivised through changing to one set tariff payment for delivery of the NHS Health Checks, replacing the previous system that used a tiered approach. This will be easier to administer.

We are proposing a Local Area Contract awarded to primary care and any other qualified local providers who can demonstrate they meet the service specification, including:

- Access to the data required for identifying eligibility and for effective targeting of the service;
- The skills and governance systems to undertake NHS Health Check to the most up to date national specification and standards;
- Effective and safe processes for timely transfer of individual clinical data to GP practices after a Health Check

for incorporation into patient files and action as appropriate.

Cabinet Member / Officer Recommendations:

That Cabinet: -

1. Give delegated authority to the Director of Public Health to commission services for NHS Health Checks for a period of 5 years from 1st April 2020, at a value of up to £285,000 per annum.

Corporate Strategy alignment:

This proposal is aligned with the following corporate priorities:

1. Public Health Bristol: Vision and Priorities 2017 to 2019 - the Public Health vision is to improve and protect the health and wellbeing of people in Bristol, and to reduce health inequalities within the population.
2. BCC Corporate Strategy 2018 – 23:
 - Empowering and Caring: Work with partners to empower communities and individuals, give children the best start in life
 - Fair and Inclusive: Improve economic and social equity
 - Well Connected: Take bold and innovative steps to make Bristol a joined up city, linking up people with jobs and with each other.
 - Wellbeing: Create healthier and more resilient communities where life expectancy is not determined by wealth or background

City Benefits:

This proposal ensures the continued provision of high quality public health NHS Health Checks which the Council has a statutory responsibility to provide, utilising an approach which will provide best value for the tax-payer and the best service for the population. The proposal focusses on improving health and reducing health inequalities within the population of Bristol.

Consultation Details:

An open public consultation was held between 21st March 2019 to 2nd May 2019 which received 303 on line responses and a number of additional responses by email/ letter. A summary of the consultation and our response can be found in Appendix B.

Background:

This paper sets out proposals to identify savings of £31,645 per annum from 2020/21 in provision of a service mandated under the terms of the Public Health Grant.

The Public Health Grant for Bristol for 2019/20 will be £31.628 million. This is a reduction of 2.7% from 2018-19. A further reduction in the grant is expected in 2020 – 2021.

To address this deficit during 2018/19 public health staffing levels were reduced producing a saving of £1.1 million.

Although these final recommendations for commissioning and savings (to value of £31,645) are less than we had initially proposed in the consultation, we are confident that the shortfall can be addressed by exploring other efficiencies including freezing staff posts, further reducing central running costs and looking closely at purchasing costs for prescribed drugs.

Following assessment of need, review of the evidence, and consideration of consultation feedback this proposal for the re-commissioning of NHS Health Checks by Public Health is presented to Cabinet for approval.

Revenue Cost	£285,000	Source of Revenue Funding	<i>Public Health Grant</i>
Capital Cost	£0	Source of Capital Funding	<i>N/A</i>

One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/>	Income generation proposal <input type="checkbox"/>
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Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: This report sets out the revised commissioning intentions for Health Checks to deliver a more focussed set of services within a reduced funding envelope. The reduced funding available contributes to the savings target for Public Health to keep within the overall funding available. The overall savings target will be met by range of activities to recommission services within a reduced funding envelope.

Finance Business Partner: Neil Sinclair, 3rd September 2019

2. Legal Advice:
 The proposal in this paper is that the contracts for this service be awarded to all interested primary care providers. Other authorities have experimented with alternatives and the metrics have demonstrated that opening this up to market, as well as increasing costs, results in less targeted invitations (the wider market do not have access to the information held by the primary care providers and instead work with more limited data from NHS Digital), which has resulted in lower uptake. Given the data available from other authorities that have opened this service up to the wider market, it is clear that, were we to adopt this approach we would risk compromising our statutory duty to achieve continuous improvement in the uptake of the health checks by the eligible population (Reg 4(6) The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013). This provides justification within the Public Contracts Regulations 2015 to Regulation 32(2)(b)(ii) and/or (iii) to award the contract using the negotiated procedure without prior publication. Further consideration will be given to the issuance of a VEAT notice in order to protect the Council’s position.

Consultation has taken place in relation to the decision to be taken. The responses to the consultation must be taken into account by Cabinet when taking the decision. Cabinet should also be satisfied that proper consultation has taken place in that (i) proposals were consulted on are at a formative stage (ii) sufficient reasons have been given for the proposals and (iii) adequate time has been allowed for consideration and response. Appendix B of this report clearly sets out the process that was undertaken and how responses have been taken in to consideration by officers when developing their proposals for final decision.

The Public Sector Equality duty requires the decision maker to consider the need to promote equality for persons with “protected characteristics” and to have due regard to the need to i) eliminate discrimination, harassment, and victimisation; ii) advance equality of opportunity; and iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.

The Equalities Impact Check/Assessment is designed to assess whether there are any barriers in place that may prevent people with a protected characteristic using a service or benefiting from a policy. There are known issues with the ethnicity category of the data available from NHS Digital, which provides further justification for narrowing this procurement to primary care. Cabinet must take into consideration the information in the assessment before taking the decision.

Legal Team Leader: Nick Mimmack, Lawyer, 2nd August 2019

3. Implications on IT:
 No impact on IT Services anticipated

IT Team Leader: Simon Oliver, Director Digital Transformation, 1st August 2019

4. HR Advice: This report is requesting delegated authority for the Director of Public Health to commission services for NHS Health Checks via a Local Area Contract to any qualified provider who meets the service specification criteria, for a period of 5 years from 1st April 2020, at a value of up to £285,000 per annum. This does not have any specific HR implications.

HR Partner: Lorna Laing, People HR Business Partner, 20 Sep 2019

EDM Sign-off	Jacqui Jensen	7th August 2019
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Cabinet Member sign-off	Cllr Asher Craig	5th August 2019
For Key Decisions - Mayor's Office sign-off	Mayor's Office	3rd September 2019

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external <ul style="list-style-type: none"> • Consultation report attached 	YES
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment <ul style="list-style-type: none"> • There are no significant environmental impacts related to this report and a full Eco IA is not required. 	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO