

CABINET

DATE	6 th April 2022
REPORT OF	Councillor Margaret Cracknell Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Derek Ward – Director of Public Health
SUBJECT	Re-commissioning of the North East Lincolnshire NHS Health Check Programme
STATUS	Open
FORWARD PLAN REF NO.	CB04/22/01

CONTRIBUTION TO OUR AIMS

A review and re-commissioning of the North East Lincolnshire health check service is one of the priority interventions within the health and wellbeing outcome of the local authority's outcomes framework. It is a key element of the local authority's duty to improve the health of the local population and it consequently contributes towards achieving the Council's priorities of both a stronger community and stronger economy.

EXECUTIVE SUMMARY

The NHS health check programme is a statutory responsibility of all local authority public health departments. The programme aims to improve the health and wellbeing of adults in England aged 40-74, by identifying early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. As adults age, they are at greater risk of developing one or more of these conditions and the NHS health check helps to identify ways to lower this risk. Legal duties exist for LAs to make arrangements:

- for each eligible individual aged 40-74 to be offered an NHS Health Check once in every 5 years and for each individual to be recalled every 5 years if they remain eligible
- for the risk assessment to include specific tests and measurements
- to ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- for specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP

Currently the health check programme is delivered through the GP surgeries, which is due to end in September 2022. This report is seeking permission to re-procure the Health Check Service with GP's which will be for 3 years at a maximum annual cost of £50,000.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Approves the re-procurement of the NHS Health Check Programme.
2. Delegates responsibility to the Director of Public Health, in consultation with the Portfolio Holder for Health and Wellbeing to commence an appropriate procurement exercise and deal with all aspects arising, including award and implementation of a new contract for the NHS Health Check Programme.
3. Authorises the Assistant Director for Law, Governance and Assets to complete all legal documentation in connection with the above.

REASONS FOR DECISION

Following the transfer of Public Health from the NHS to Local Authority in April 2013, the NHS Health Check programme is a mandatory public health service that must be commissioned by the local authority.

The re-procured service plans to extend the availability of 'predict and prevent' checks to give people information about their health, support lifestyle changes and offer earlier interventions, where appropriate. There are also plans to reach into target communities to reach the most vulnerable people.

1. BACKGROUND AND ISSUES

- 1.1 Legal duties exist for local authorities to make the following arrangements:
 - 1.1.1 100% of eligible people aged 40-74 to be offered an NHS Health Check once every five years and for each individual to be recalled every five years if they remain eligible
 - 1.1.2 The risk assessment to include specific tests and measurements
 - 1.1.3 Ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
 - 1.1.4 Specific information and data to be recorded and where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP
- 1.2 The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through risk assessment, awareness and management. The ultimate aim is to prevent Cardiovascular Disease (CVD), which includes heart disease, stroke, diabetes, kidney disease and some types of dementia.
- 1.3 There are three components to the NHS Health Check: risk assessment, risk awareness and risk management. The risk management component includes standardised tests to measure key risk factors and to establish the individual's risk to developing Cardiovascular Disease. The outcome of this assessment should then be used to raise awareness of cardiovascular risk factors, as well as to inform discussion on, and agreement of, the lifestyle (and medical) approaches best suited to managing the individual's health risk.
- 1.4 Ensuring that health outcomes are achieved depends upon the local authority working closely together with their key partners.
- 1.5 Delivering a successful NHS Health Check programme and lifestyle interventions which connect with primary health services will influence and

improve some of the Public Health Outcomes Framework (PHOF) Indicators covering a number of wider determinants of health. Health checks should also help to address health inequalities, as provides a means for identifying people at risk of poor health.

- 1.6 Local authorities are also required to continuously improve the percentage of eligible individuals having an NHS Health Check.

2. RISKS AND OPPORTUNITIES

- 2.1 Budget issues – There could be a potential overspend if we were to complete higher numbers of our local target. However in previous years we haven't reached these figures and although we intent to increase our rate we don't anticipate this being an issue.
- 2.2 The impact on the social, economic and environmental well-being of the Borough – The recommendation will have a positive impact on the health and well-being of residents within North East Lincolnshire. Although local authorities are required through the regulations to make an offer to all eligible persons, UKHSA (formally Public Health England) supports a proportionate universalism approach. This means that local authorities are free to target a greater extent of their resource towards higher risk and vulnerable communities, while keeping a universal offer to all eligible persons.

3. OTHER OPTIONS CONSIDERED

- 3.1. To date, we have considered alternative options for the delivery of the NHS Health check programmes to the current methodology, which has included investigating the options in terms of digital and community delivery. An options appraisal has been undertaken on future delivery models and an insight phase has been completed. Mapping of current health check uptake against coronary heart disease prevalence has also been undertaken to identify priority areas of need.
- 3.2. To do nothing – However, in this case if we did nothing the contract would be in breach of the Public Contract Regulations 2015 as it has come to the end of its contracted term and requires to be procured again.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1. Disruption to the service may affect the community if changes to service provision are not well publicised. Clear invite procedures, processes and communication plans will be put in place.
- 4.2. Communication directly with GP surgeries, service specification updated and shared with practice managers.

5. FINANCIAL CONSIDERATIONS

- 5.1. The proposals outlined within the report supports the Council's key financial objective to shift financial resource to support delivery of the Council's vision. The proposals will be financed through existing revenue budgets and require no capital expenditure. There will be no net effect on Council reserves over the life of the projects.
- 5.2. The yearly budget for the health check programme is £50,000 and payment is only made for completed checks.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

6.1. There are no implications on children and young people.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

7.1. There are no climate change and environmental implications

8. CONSULTATION WITH SCRUTINY

8.1. No consultation planned

9. FINANCIAL IMPLICATIONS

9.1. The budget for 2021-22 has a built-in revenue sum for Health Checks of £50,000. The same amount is also built in for 2022-23 on-going. The budget is funded through the ring-fenced Public Health Grant and as such there will no impact on the Councils budgetary position. If a greater than target numbers of checks were completed resulting in a greater annual cost than £50k then this would need to be met from the Public Health Grant allocation or reserves currently set aside.

10. LEGAL IMPLICATIONS

10.1 The procurement exercise will be conducted so as to comply with the Council's policy and legal obligations, specifically in compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 and supported by relevant officers. Legal Services will support the completion of the contractual documentation on award.

10.2 Officers should note that an award constitutes a further decision and will be subject to completion of an Officer Decision Record. Where key decision criteria are met such Officer Decision Record will be subject to call in. Award and implementation timelines should accommodate this.

11. HUMAN RESOURCES IMPLICATIONS

11.1. There are no direct HR implications contained within this report

12. WARD IMPLICATIONS

12.1. This will affect all wards across the borough

13. BACKGROUND PAPERS

NHS Health Checks: applying All Our Health -

<https://www.gov.uk/government/publications/nhs-health-checks-applying-all-our-health/nhs-health-checks-applying-all-our-health>

NHS Health Check Best practice guidance -

<file:///P:/My%20Documents/Downloads/20160226%20Best%20Practice%20Guidance%20FINAL.pdf>

Factsheet: Implementation of the NHS Health Check programme -

<https://www.england.nhs.uk/wp-content/uploads/2014/02/pm-fs-3-1.pdf>

The NHS Health Check in England: an evaluation of the first 4 years -
<https://bmjopen.bmj.com/content/6/1/e008840>

14. CONTACT OFFICER(S)

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