
REPORT FOR: CABINET

Date of Meeting:	13 September 2018
Subject:	Reprocurement of NHS Health Checks Programme in Harrow
Key Decision:	Yes
Responsible Officer:	Carole Furlong, Director of Public Health
Portfolio Holder:	Councillor Simon Brown, Portfolio Holder for Adults and Public Health Councillor Adam Swersky, Portfolio Holder for Finance and Resources
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	Equalities Impact Assessment

Section 1 – Summary and Recommendations

This report requests the approval of Cabinet to re-procure the statutory NHS Health Checks programme in Harrow. It is the intention to award a four-year contract to a single provider to manage the delivery of the programme by GP practices in Harrow.

Recommendations:

Cabinet is requested to:

- Delegate authority to the Director of Public Health to procure a new service to be responsible for the delivery of NHS Health Checks in Harrow to be implemented by 1 April 2019;
- Delegate authority to the Director of Public Health to award the new contract to the successful bidder, following consultation with Portfolio Holders for Adults and Public Health and Portfolio Holder for Finance and Resources, along with Corporate Director for People and Director of Finance.

Reason: (For recommendations)

It is a statutory responsibility to deliver the NHS Health Checks programme. The responsibility is set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 Statutory Instrument 2013/351.¹

The contract in question has a lifetime contract value in excess of £500,000 and therefore Cabinet approval is required to re-procure this service.

¹ <http://www.legislation.gov.uk/uksi/2013/351/contents/made>

Section 2 – Report

Introduction

The NHS Health Checks programme is a cardiovascular check for adults aged 40-74 without a pre-existing condition and who have not had an NHS Health Check in the last five years.

It is a statutory requirement on the local authority to deliver the programme.

The current contract with the Harrow GP Federation – Harrow Health Community Interest Company (CIC) comes to an end on 31 March 2019. They have co-ordinated the delivery of the programme by GP practices in Harrow since January 2017.

Options considered:

- 1) Delivery by provider(s) without access to GP patient lists:** Some boroughs deliver this programme through community providers but this is only in addition to delivery by GP practices. In 2016-17 after the removal of significant funding from the NHS Health Checks budget, delivery in Harrow was given entirely to Everyone Active, the Harrow Leisure provider. Without access to patient lists they were not able to deliver the programme as required and performance dropped significantly.
- 2) In-house co-ordination – delivery by Harrow GP practices:** When there was a Joint Public Health Team across Barnet and Harrow the NHS Health Check programme was delivered differently in each borough due to the specifics of local circumstances. In Barnet the programme was managed entirely by the public health team. High levels of performance were achieved in 2017-18 but this was only possible through significant staffing levels of at least two full-time equivalent staff. This is not possible in Harrow given the reductions in the public health team from April 2018.
- 3) Delivery by single provider with access to GP patient lists:** This is the preferred option as it combines two requirements: a) access to GP patient lists is required in order to deliver the programme effectively; b) the day-to-day running of the programme is devolved to an organisation without the same demands on resources required of in-house co-ordination. It is proposed to run this as an open procurement process.

What is the NHS Health Check programme

It is a national programme that began in 2009. It is a risk assessment, awareness and management programme for those aged 40 to 74 living in England who do not have an existing vascular condition, and who are not currently being treated for certain risk factors. It is aimed at preventing heart disease, stroke, diabetes and kidney disease. (For reference, Harrow had the

highest prevalence of diabetes in London and the second highest prevalence in England in 2016-17.²)

Local authorities were given responsibility for the delivery of the programme when public health functions transferred from the former PCTs in April 2013.

The potential benefits to Harrow Council are in increasing the number of disability-free years of life expectancy. According to ONS for 2012-2014 (the latest data) while the life expectancy in Harrow for men is 82.7 years, and women 86.1 years, the disability-free life years is 66.5 years and 66.9 years respectively.³

It has been estimated that the average cost (in 2015) to NHS and Personal Social Services (PSS) care in the first year after a severe stroke was £24,003 and £12,869 after a minor stroke.⁴ Health data is showing that in 2016/17 there were 3,483 people who had previously been diagnosed with a stroke in Harrow.⁵ There are currently 352 adult social care clients in Harrow receiving support who are recorded on the system as having suffered a stroke. Of those 75 are in nursing or residential care.

In terms of dementia, there are currently 575 adult social care clients in Harrow who are recorded as suffering from dementia. (Of these, 93 were also recorded as having suffered a stroke.) An internal piece of work in Harrow in 2016 found that the average annual costs to the local authority of treating patients with dementia was £17,775.

The national data shows that the estimated incremental cost-effectiveness ratio is £900 per QALY (Quality Adjusted Life Year).⁶ NICE guidelines are that anything below the upper end of NICE's standard threshold range of £20,000 per QALY is value for money⁷, so £900 per QALY is a very cost-effective intervention.

Background in Harrow

The programme was originally managed in-house – from 2009 by the PCT and then from 2013 after the transfer of responsibilities by the local authority – with delivery by GP practices. It was augmented by a community provider – Everyone Active who are Harrow Council's leisure provider – from 2015.

In Autumn 2015, the NHS Health Check budget was significantly reduced following the in-year cuts to the public health grant imposed by central

² <https://fingertips.phe.org.uk/profile/diabetes-ft/data#page/3/gid/1938133138/pat/46/par/E39000018/ati/152/are/E38000074/iid/241/age/187/sex/4>

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/disabilityfreelifeexpectancydflandlifeexpectancyleatbirthbyregionengland>

⁴ https://www.stroke.org.uk/sites/default/files/costs_of_stroke_in_the_uk_report_-_executive_summary_part_2.pdf

⁵ <https://fingertips.phe.org.uk/profile/cardiovascular/data#page/13>

⁶ <https://link.springer.com/article/10.1007/s10389-017-0801-8>

⁷ <https://www.nice.org.uk/process/pmg4/resources/methods-for-the-development-of-nice-public-health-guidance-third-edition-pdf-2007967445701#page=110>

government. The NHS Health Check budget reduced from £486k in 14/15 to £76k in 16/17. As a consequence programme delivery through GP practices was stopped and delivery only continued through Everyone Active.

Everyone Active struggled to deliver the programme without access to GP patient lists.

In order to deliver the programme on an equitable basis, and following guidance from Public Health England (PHE) that priority could be given to more disadvantaged communities, the decision was taken to offer NHS Health Checks through the Harrow GP Federation (as all GP practices had signed up as members of the Federation) to all eligible patients living in the lowest two deciles of deprivation according to their postcodes. As there was an urgency to improving performance a direct contract award was made and Harrow GP Federation started to deliver on 1 January 2017.

Harrow GP Federation found it difficult to obtain the agreement of GP practices for their patients to be invited to attend NHS Health Checks at other venues or GP practices and consequently the programme was only offered in a handful of GP practices. Performance remained low.

In July 2017 Public Health England expressed concern at the low level of NHS Health Checks in Harrow (and other Local Authorities in England). As a result, and following dialogue with PHE, Members agreed to increase the funding for health checks to support an improvement in performance and the budget was increased by £100k to £176k.

Performance of NHS Health Check programme in Harrow

	Health Checks Offered	Health Checks Received	Uptake rate i.e. % of invites that resulted in H/C
13/14	7,507	4,235	56.4%
14/15	8,321	4,718	56.7%
15/16	6,373	3,614	56.7%
16/17	1,425	395	27.7%
17/18	2,344	1,390	59.3%
Total 2013-2018	25,970	14,352	55.3%

Data source:

https://www.healthcheck.nhs.uk/commissioners_and_providers/data/previous_years_data/

As can be seen from the table above, Harrow has had high uptake levels of NHS Health Checks i.e. patients in Harrow seem keen to avail themselves of the opportunity to have an NHS Health Check if it is offered to them by their GP. The exception to this was 2016-17 when the programme was solely offered through Harrow Leisure Centre provider, Everyone Active, who did not have access to patient lists. (For reference the England average uptake rate in 2017-18 was 47.94%, and the London rate was 49.24%.)

There are currently 66,699 eligible patients in Harrow. In order to meet PHE targets, 20% of eligible patients need to be invited every year. This would equate to 13,340 each year. (Though it should be noted that this figure is subject to annual review by PHE who produce new figures based on revised patient list numbers.)

Current situation

It has taken some time for Harrow Health CIC to understand the complexity of the programme and cope with key staff changes. Performance has improved significantly in Q4 2017-18 with 32 out of 33 GP practices now participating.

In Q1 there were 55 completed Health Checks. In Q4 there were 975 completed Health Checks. Harrow Health CIC put more staffing resources into the programme to achieve the Q4 increase in performance.

Why a new procurement is necessary

The current contract (and waiver for direct award) runs out on 31 March 2019.

Implications of the Recommendation

Considerations

Resource implications

Running a procurement process requires resources to be allocated from public health (mainly the Public Health Commissioning Manager), as well as colleagues from procurement, legal and finance.

Performance Issues

It is hoped that this approach will deliver much improved performance both in terms of invites to NHS Health Checks as well as delivery of the health checks themselves. Ultimately this will be of benefit to the residents of Harrow and their families.

Failure to meet PHE targets on an ongoing basis could result in the public health grant being reduced if PHE determine that this statutory responsibility would be better commissioned outside of the Council.

We do not currently receive good data on the impact of the programme (nor as noted elsewhere in this report on the uptake levels from different equalities groups). This is in common with many local authorities. Impact and equalities data will begin to be received during 2018-19.

Environmental Implications

None.

Data Protection Implications

The GPs are the data owners/controllers of their patients' data. Public Health will require non-patient identifiable data in order to validate the performance and understand the effectiveness of the programme.

The Council's Contract with the provider will contain clauses relating to the General Data Protection Regulation (which came into effect in May 2018) wherein the provider is required to provide all reasonable assistance to us in the preparation of any Data Protection Impact Assessment prior to commencing any processing.

Risk Management Implications

Risk	Likelihood	Impact	Mitigation
1. The programme does not deliver the required target of invites to 20% of eligible population by a significant ratio. This would put at risk a) the level of the public health grant, as well as b) pose a reputational risk to the Council and c) jeopardise the Council's impact on e.g. rates of diagnosis of diabetes and pre-diabetes for its residents.	Low	High	There will be a thorough procurement process to choose bidders who can deliver, as well as close contract monitoring.
2. If the invite target of 20% was achieved, and if the same average uptake level of 55.3% this would translate into 7,377 NHS Health Checks. This would exceed the current budget for the programme (see section on finance for more detail).	Medium	High	There will need to be careful monitoring of the programme and decisions taken in good time re. any budget increases for this programme or alternative mitigating actions. The provider will be required to supply performance data on a monthly basis.
3. Fraud risk as the GP clinical system in Harrow	Medium	Medium	A separate contract will be

Risk	Likelihood	Impact	Mitigation
(unlike Barnet) does not have a central data extraction system for non-patient identifiable data.			necessary with a 3 rd party auditor. Efforts will also be pursued with Harrow CCG to introduce EMIS Enterprise Search to enable central extraction of non-patient identifiable data.
4. Clinical risks e.g. patients at risk not being correctly identified, or false positives which can be very stressful for patients.	Low	High	Clinical governance will be part of the contract and be monitored. Clinical responsibility will be retained by each patient's GP. Relevant indemnities will form part of the contract.
5. Provider failure and need to co-ordinate delivery in-house	Low	High	It would be a significant strain on the much smaller public health team to be able to run this programme fully in-house.
6. Not all GP practices take part in the programme	Medium	Medium	It will be inequitable if patients from some GP practices never receive an invite. It is not possible to force any GP practice to take part. However, the tender process will put emphasis on bids that encourage the widest possible participation on the part of GP

Risk	Likelihood	Impact	Mitigation
			practices, and e.g. delivery of health checks from non-participating practices in a central or convenient location.

Procurement Implications

It is intended that the Council will follow an OPEN Procedure, the contract term will be over a four year period (1 year + 1 year + 1 year + 1 year) so that the contract can be monitored closely on performance and the provider can invest the systems and processes necessary for delivering the contract. Four years will hopefully take this contract to the end of this five-year cycle of the NHS Health Check programme without the need for the Local Authority to invest resources in running a further procurement process.

The proposed top level evaluation criteria will be:

Price 20% (price per health check will be fixed; variable might be the bonus for achieving targets)

Quality 70%

Social Value 10%

Legal Implications

Contracts for services of this nature need to be competitively tendered under The Public Contracts Regulations 2015 (Light Touch Regime) if the total contract value exceeds £615,278.

The Contract Procedure Rules – Table 1 require the Council to tender for services where the total spend/aggregate contract value is over £500,000.

Legal note that the Council will follow an OPEN procedure and Legal will provide appropriate advice in relation to the preparation of tender documentation and the contract and any governance issues, as required.

Financial Implications

The 2018-19 budget (following the increase agreed by Members) for NHS Health Checks delivery in Harrow is £176k. This budget covers training, data verification as well as funding the delivery of completed health checks.

The current contract pays providers £25 for each fully completed health check, with payment capped at 6,000 completed checks, however an

incentive payment of £15k is available should the provider achieve 11,000 invites. This incentive payment seeks to balance the risk to the provider of delivering more than 6,000 checks whilst providing an incentive to improve performance. The annual budget also funds costs associated with data verification and training (estimated at £7,500 in 2018-19).

The budget of £176k, assuming data validation and training at £10k pa, would enable 6,640 completed checks at £25. The procurement will seek to ensure PHE target invites are achieved on an annual basis. On the basis of the current contractual commitment (and assuming this leads to 7,377 fully completed checks), and assuming training and data verification cost £10k pa, this would result in an increased funding requirement of approximately £30k. It is expected that in the short term, any additional funding required to meet target invites would be funded from the specific public health reserve.

The procurement will seek to maximise the 20% PHE invite target and delivery within the current annual budget.

The public health grant of £10.808m in 2018-19 is expected to reduce by £285k to £10.523m in 2019-20, however this grant reduction has been assumed in the current MTFs. The grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource, however these mandated (statutory) services will need to be provided.

The eventual award of contract for these services will result in contractual obligations with the provider for services which are funded by external grant which cannot be guaranteed in the longer term.

London Living Wage

The London Living Wage is currently £10.20. Most GP practices delegate the delivery of NHS Health Checks to Healthcare Assistants. They are usually on NHS Band 3 or 4. The lowest hourly rate for a Band 3 Healthcare assistant employed in Outer London at the bottom of the band would be £10.52: <http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/pay-scales/hourly>.

Equalities implications / Public Sector Equality Duty

The clinical conditions and related risk factors that NHS Health Checks aims to diagnose early are more prevalent in people living in more deprived areas and in some ethnic communities such as Asian and Black African communities. By providing NHS Health Checks through GP practices it is likely to enable GPs to identify and provide intervention early in these groups. Hence we expect a positive impact on equalities. The data from Barnet indicate that communities living in lower more deprived areas are more likely to take up the NHS Health Check offer from GPs.

As part of the contract performance will be monitored on offer and uptake by deprivation, ethnicity and gender.

Please see the attached full report for more detail.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The NHS Health Checks programme plays a part in all the administration's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Improving the health of the population and reducing the risks and impact of diabetes, stroke, heart disease and kidney disease which is known to affect poorer communities can have significant impact on the quality of life of Harrow residents, their families, workplaces and communities.

Section 3 - Statutory Officer Clearance

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 11 July 2018		
Name: Sarah Inverary	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 11 July 2018		

Section 3 - Procurement Officer Clearance

Name: Lisa Taylor	<input checked="" type="checkbox"/>	on behalf of the Head of Procurement
Date: 11 July 2018		

Ward Councillors notified:	NO, as it impacts on all Wards
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EqIA carried out:	YES
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EqIA cleared by:	Johanna Morgan, Divisional Director - People Services
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Section 4 - Contact Details and Background Papers

Contact: Jonathan Hill-Brown, Public Health Commissioning Manager, 020 8424 7613, jonathan.hill-brown@harrow.gov.uk

Background Papers: Equalities Impact Assessment (see enclosure)

Call-In Waived by the Chair of Overview and Scrutiny Committee	NOT APPLICABLE <i>[Call-in applies]</i>
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