

Report to Cabinet

11 September 2024

Subject:	Recommissioning of NHS Health Checks
Cabinet Member:	Cabinet Member for Adult Services, Health and
	Wellbeing,
	Councillor Jackie Taylor
Director:	Interim Director of Public Health,
	Liann Brookes-Smith
Key Decision:	Yes
Contact Officer:	Consultant in Public Health
	Rosanna Fforde
	Rosanna_Fforde@sandwell.gov.uk

1 Recommendations

- 1.1 That Cabinet consider and approve the proposal to recommission NHS Health Check services;
- 1.2 That the Interim Director of Public Health be authorised to undertake a procurement exercise for the provision of NHS Health Check services to commence on 1 April 2025 for a period of 3 years, with an option to extend for up to a further 2 years, with a budget of up to £320,000 per year. This would mean a maximum total of £1,600,000 funded from the Council's annual Public Health Grant over the entire permissible contract term;
- 1.3 That further to recommendation 1.2, that the Interim Director of Public Health be authorised to award and enter into a contract(s) with the successful bidder(s), on terms to be agreed by the Interim Director of Public Health, for the provision of NHS Health Check services, to commence on 1 April 2025;

- 1.4 That approval be given to make an exemption to rule 8.8 of the Council's contract procedure rules, which requires that three tenders are obtained for contracts over £100,000;
- 1.5 That approval be given to make variations to the contract(s) up to a maximum of 10% of the contract value, should they be necessitated, and that authority to approve such variations be delegated to the appropriate Director of Public Health in consultation with the Cabinet Member for Adult Services, Health and Wellbeing;
- 1.6 That the Assistant Director Legal and Assurance enter into and execute, under seal as may be required, any contracts or ancillary documentation necessary to give effect to the proposals in these recommendations for the provision of NHS Health Check services.

2 Reasons for Recommendations

- 2.1 A paper was taken to Cabinet in July 2022 for approval to procure a contract for 2 years. Although the wish had been to contract with GP practices, it was not permissible at that time to restrict the tender to GP practices. The paper therefore recommended a procurement for the service for 2 years, which would also allow for changes in the local health economy to take place, as the Integrated Care Partnership was established, and further recovery from the COVID-19 pandemic.
- 2.2 With the introduction of the Provider Selection Regime on 1 January 2024, there is now more flexibility to contract with GP practices and the initial 2-year term of the current contract is due to come to an end on 13 February 2025.
- 2.3 We propose procuring this service to GP practices for the following reasons:
 - GP practices are a key partner in NHS Health Checks as the programme ideally requires access to GP records to assess which patients are eligible and to invite them, data needs to flow back to GP records following the NHS Health Check, and some patients will be referred to their GP for follow-up. While data sharing agreements and IT solutions enable third parties to deliver NHS Health Checks, a GP practice-led model would provide a more straightforward patient experience and an incentive for GP practices to engage with the

- programme (no payments are currently made to GP practices by the local authority for their support with the elements listed above).
- This is the most common model nationally; a survey on models in 2019/20 indicated that 93% of local authorities who responded used GP practices as a provider (with or without additional providers)
- GP practices tend to be local to the patient, supporting access to this service
- This should contribute to partnership working between primary care and Public Health.
- 2.4 Preliminary engagement with the Primary Care Collaborative, a group comprising of Clinical Directors of Primary Care Networks (groups of GP practices) has indicated that there is general support among GP practices for this service to be delivered from primary care.

3 How does this deliver objectives of the Council Plan?

Growing Up in Sandwell	The Best Start in Life for Children and Young People
	NHS Health Checks are delivered to people aged 40–74 so there is no direct benefit to children and young people.
	However, individuals who receive an NHS Health Check may be parents, carers or grandparents and supporting the early identification of health conditions/risk factors may enable them to play a fuller part in children and young people's lives and, where lifestyles changes have been made as a result, to role model healthy behaviours to them.
Living in Sandwell	NHS Health Checks enable the identification of risk factors and long-term conditions which supports residents to make changes to reduce their risk and/or receive treatment and self-care. This should prevent people developing conditions or prevent the worsening of these, enabling them to live and age well.
	This programme would support people to participate in their local community by preventing or reducing the impact of ill health that might have otherwise been a barrier to this.

Thriving	Many people who are eligible for an NHS Health Check
Economy in	(people aged 40-74 with no pre-existing conditions) are
Sandwell	likely to be in employment. Keeping the workforce well
	will support the local economy.

4 Context and Key Issues

- 4.1 NHS Health Checks is a programme for people aged 40–74 without preexisting conditions. It aims to support the early identification of conditions such as diabetes and high blood pressure to reduce the risk of ill health and early death. It also provides an opportunity for individuals to receive lifestyle advice and onward referral for support, such as to smoking cessation services.
- 4.2 Local authorities have a statutory responsibility to arrange for eligible individuals to be offered an NHS Health Check once every 5 years. The service is funded from the ring-fenced Public Health Grant that Sandwell Council receives from central government; NHS Health Checks is a 'prescribed function' of the grant.
- 4.3 A related element of the service is software that enables the invitation and completion of the NHS Health Check. It also enables referrals and the transfer of data to GP records, payments, and performance data. This will be procured separately and is not included in the total above.
- 4.4 The proposed timescale is for the recommissioned service to come into effect on 1 April 2025. There will be a period of around 6 weeks in which there will not be a provider; however, a plan to ensure the impact of this is mitigated will include considering timing of the last invitations that are sent, setting up new appointments in advance, and redirecting patients to the new service appointments when they become available. The Healthy Sandwell team within Public Health are likely to be well placed to do this, as they act as a central referral hub into Public Health commissioned services.
- 4.5 The current contract is targeted towards high-risk patients, who receive an invitation to attend (although any Sandwell resident or person registered with a Sandwell GP practice who meets the national eligibility criteria can book an appointment). The proposed service would revert to a universal approach, with the aim of enabling more people to access an NHS Health Check.

5 Alternative Options

5.1 Extend the current service for up to 12 months and recommission a new service to begin after this date. The current contract allows for an extension of up to 12 months (until February 2026).

This option is not recommended. Due to the introduction of the Provider Selection Regime on 1 January 2024, Sandwell Public Health team can now work more closely with GP practices in Sandwell. This would mean that there is improved integration between NHS Health Checks and GP practices, supporting overall health outcomes. This is not stating that this is the only option; however, procurement processes have changed nationally and this is now an option available.

5.2 Cease provision of the service at the end of the current contract. This is not a viable alternative as this is a statutory function of the Public Health Funding as stipulated in the grant requirements. This decision would be subject to national scrutiny. It may also lead to challenge on the Council's use of the Public Health Grant. It would also miss the opportunity for the early identification of health risks and provision of personalised lifestyle advice to Sandwell residents.

6 Implications

Resources:	The proposed budget for this service is up to £320,000 per year for 3 years, with a possible extension of up to 2 years, for a total cost of up to £1.6 million.
	This will be funded from the ring-fenced Public Health Grant. NHS Health Checks are a 'prescribed function' of the grant.
	Payment is proposed to be based on performance (per NHS Health Check delivered) and hence this is a maximum allocation.
Legal and Governance:	Legal implications including regulations/law under which proposals are required/permitted and constitutional provisions:

Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, local authorities have a statutory requirement to provide, or make arrangements to secure the provision of, NHS Health Checks to eligible persons in their area.

The procurement of NHS Health Check services falls within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023.

The proposed provider selection process is direct award process B, which applies where there is limited or no reason to seek to change from the existing provider, or to assess providers against one another, because patients have a choice of providers, and the number of providers is not restricted by the relevant authority.

There is no minimum financial threshold for compliance with the Provider Selection Regime and the contract will be awarded in accordance with both the Provider Selection Regime and the Council's Procurement and Contract Procedure Rules.

Regulation 8 of the Provider Selection Regime, where the relevant authority follows Direct Award Process B, requires the authority awards any contract without a competition, and submits for publication on the UK enotification service a notice of the award within 30 days of the contract being awarded.

Risk:

The corporate risk management strategy has been complied with to identify and assess the risks associated with the recommendations being sought.

This has concluded that there are no significant risks to be reported. The risks identified include:

The delay between the end of the current contract and the start of the new agreement. This will mean that for a small period of time, there will be no appointments;

	however, this will be mitigated by working to ensure appointments are made available as soon as providers sign up and the gap will be kept to an acceptable minimum.
	There is a possibility that some practices will not agree to deliver NHS Health Check and therefore we will explore mitigations for this: for example, if practices can 'cover' other practices in their area.
	That provider performance is low. We will consider approaches to improve uptake and support providers where needed.
	Uncertainty around the Public Health Grant. If this reduced significantly, we could consider contractual and non-contractual options to manage the impact of this.
	Measures have been identified to ensure that suitable mitigations are in place to reduce the risks to acceptable levels.
Equality:	An equality impact assessment has been completed.
	Arrangements for delivering NHS Health Checks to people who are not registered with a GP practice will need to be considered.
Health and	Early identification of risk factors and long-term
Wellbeing:	conditions will enable residents to receive support and take action to reduce their risk and/or manage any conditions. This will support people to have healthier lives.
Social Value:	Improving Sandwell residents' health would limit the risk that this acts as a barrier to participation in their local community, as well as work and caring responsibilities.
	Working with local partners may also provide benefits in terms of social value, such as local employment opportunities.

Climate Change:	The service is proposed to be procured with Sandwell GP practices, which are existing providers and tend to attract patients living locally, which may minimise emissions from travel.
Corporate Parenting:	There are no direct implications for Corporate Parenting

7. Appendices

Appendix 1: Equality impact assessment

8. Background Papers

Cabinet report, July 2022