

WEST NORTHAMPTONSHIRE COUNCIL CABINET

14 November 2023

**Cabinet Member for Adult Care, Wellbeing and Health Integration-
Councillor Matt Golby**

Report Title	Commissioning of the National NHS Health Check Programme for West Northamptonshire.
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List of Approvers

Monitoring Officer	Catherine Whitehead	16.10.2023
Chief Finance Officer (S.151)	Martin Henry	13.10.2023
Other Director	Stuart Lackenby	26.10.2023
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Communications Lead/Head of Communications	Becky Hutson	30.10.2023

List of Appendices

None

1. Purpose of Report

- 1.1. The purpose of this report is to: inform Cabinet of the outcomes of West Northamptonshire NHS Health Check service evaluation, seek approval to adopt the recommended care pathway for the delivery of the NHS Health Check programme within West Northamptonshire, and agree commissioning of the recommended service provision.

2. Executive Summary

- 2.1 The NHS Health Check programme sets out to screen individuals aged 40-74 for signs of Cardiovascular Disease (CVD) to diagnose early and manage the condition, and to raise awareness around CVD and its complications to help prevent disease onset.
- 2.2 A service evaluation has been carried out on the NHS Health Check programme delivery in West Northamptonshire, to formally evaluate its service provision. The evaluation identified the need for the service delivery models to be appraised and to redesign the care pathway, finding a feasible model that addresses cost and clinical effectiveness as well as barriers in access to service provision.
- 2.3 Based on the recommendation, an option appraisal has been carried out by West Northamptonshire Public Health Team appraising three care models:
1. to continue with the existing pathway and do nothing.
 2. service provided solely by General Practices.
 3. an integrated model between General Practices and community providers with an outreach provision to address inequality.

Option 3 was found to be the most advantageous model, coordinating a seamless delivery of the NHS Health Check programme at a cost of £350,000 per year for five-year contract. The model provides enhanced clinical and cost effectiveness, in comparison to the other options appraised.

Members are requested to approve and adopt the recommended model and agree the commissioning of the integrated NHS Health Check care pathway for the West Northamptonshire population.

3. Recommendations

- To adopt and agree the recommended model of care for redesigning our service, improving access to NHS Health Checks for early detection of CVD diseases and preventing premature mortality due to CVD and its complications.
- Agree to initiate the commissioning process of the recommended service delivery model for the NHS Health Check programme in West Northamptonshire for its implementation for five-years (2+2+1).

4. Reason for Recommendations

- 4.1 The existing NHS Health Check programme does not meet national expectations. The CVD prevalence across West Northamptonshire has risen and continues to rise, and CVD related mortality in the area is higher than the national average.
- 4.2 The recommended model of service delivery will:

- provide capacity to deliver a tailored service aimed at improving CVD related health outcomes.
- focus on targeting inequalities in accessing the NHS Health Check service, supporting improvements to the quality of life in groups experiencing inequalities and inequity.
- improve service delivery by aligning community providers with General Practices and increasing resident's opportunities of receiving Health Checks and thereby uptake.
- better aligned service delivery with the prevention strategy, helping to reduce delays in treatment and increase referrals to community behavioural interventions that will reduce the risks of developing CVD diseases. This will result in a reduced demand on primary healthcare systems and have a reduction in the number of CVD complications, and CVD related admissions to the hospitals.
- offer providers an enhanced payment package, which supports process improvements and performance outcomes.
- provide an improved training package for providers that enhances the quality of Health Check delivery and incorporates Basic Life Support, Mental Health First Aid and Making Every Contact Count(MECC). Community providers will also be offered condensed IPC (Infection Prevention and Control) training.
- enable enhanced collaboration in primary care between General Practices, community providers and independent providers.
- provide a model that is financially and clinically effective at achieving health benefits of the NHS Health Check screening programme.
- provide a service that aligns to:
 - statutory requirement under the Local Authorities Regulation Act 13.
 - NHS Ambition Core 20PLUS5 to support in reducing healthcare inequalities by increasing hypertension case finding.
 - the 'All our Health' framework, ensuring the NHS Health Check programme reaches high-risk and vulnerable communities.
 - the objectives of the West Northamptonshire Local Area Partnerships (LAP) who aim to make a difference of those who live in the area through tailored and targeted support.
 - to the West Northamptonshire Health and Wellbeing Strategy ambitions three (opportunities to be fit, well and independent) and nine (access to health and social care).
 - the Integrated Care Network's Live your Best Life Strategy ambitions three (opportunities to be fit, well and independent) and nine (access to health and social care).
 - the three levels of the recommended preventative approach (primary, secondary, and tertiary).

5. Report Background

- 5.1 The NHS Health Check programme has been implemented in 2009 to screen for early signs of cardiovascular disease (CVD) to prevent poor health outcomes including stroke, heart, kidney disease and CVD related premature mortality.

The government is planning to roll out a digital offer which intends to deliver an additional one million Health Checks over the four years from 2024.

- 5.2 Following the disaggregation of Public Health Team into two separate teams of North and West Northamptonshire Councils and the end of the joint commissioning arrangements on 31st March 2024, West Northamptonshire Public Health recognised a need to recommission the service.

The NHS Health Check service had not been formally evaluated for 6 years. A contributory factor of this was due to the review date falling in the middle of the COVID-19 pandemic when the service delivery was suspended, and the workforce redeployed to the pandemic response.

- 5.3 A gap analysis on the financial spend of the programme, indicated that the service had been underspending. A decision had been taken to formally review the existing service provision and its care pathway to assess the strengths and gaps in the programme delivery. To facilitate the process of service evaluation a quick health status assessment on CVD was carried out.

The service evaluation identified the prevalence of CVD disease in Northamptonshire is higher than the England average, including Diabetes and Hypertension. It also demonstrated all age mortality for 75+ as well as mortality for Stroke and Dementia are higher than the national averages.

Data also showed low uptake of NHS Health Check programme in the working age population especially those from an IMD (Index of Multiple Deprivation) decile 2 and 3 and people from ethnic minority groups residing in West Northamptonshire.

The qualitative analysis of service user feedback highlighted a lack of local awareness and promotional marketing to fully inform the benefits of the service and its availability. The service provider feedback received from General Practices and community providers, stated the need for additional payment to meet the increasing cost of delivery.

This may be due to factors including: the base rate paid using payment by activity model, and a lack of incentivisation to meet the increasing cost of delivery.

The evaluation looked into the secondary evidence to better understand the implementation of the NHS Health Check digital offer. The review findings recommended ensuring the availability of an in-person Health Check service for those experiencing digital exclusion.

- 5.4 The options appraisal reviewed the following three options:

5.4.1 The existing model of delivery: that has two separate routes in which patients can enter the programme, either through General Practices or community providers. The continuation of delivery under the current care pathway will lead to a persistent underspend of the programme and will affect the performance. It is unlikely to meet the national target of 100% of the population invited to the programme. The authority will remain below the national benchmark for completed Health Checks. In addition, the increase in the number of individuals on a CVD register will continue to rise, and a delay in diagnosis and treatment of undetected cases will lead to complications and premature mortality causing additional burden on the Health care economy.

- 5.4.2 Patients solely access the programme through their General Practices: the benefit of this option is that the practices retain the eligible patient information, and information being stored on one data system, therefore reducing the risk of process failure.

However, evidence suggests that General Practices do not have the capacity to consume the entire NHS Health Check programme, as they are still dealing with the impact of the pandemic. General Practices may therefore find it challenging to meet the demands of the programme, resulting in performance failure.

- 5.4.3 The recommended option is a 'care delivery model with an integration between General Practices and community providers, coordinating a seamless delivery of the programme with an outreach arm that addresses inequalities.'

This pathway encourages General Practices to refer exceeding demand to community providers to deliver the Health Check. The benefit of this model is that General Practices who are unable to fulfil delivering the NHS Health Checks to their eligible patient population, can signpost patients to an aligned community provider. This is advantageous as the General Practices will not lose the patient and will be incentivised for referral and follow up to meet their administrative costs. The aligned community providers will have a strengthened working relationship with the General practices and will reduce burden of ineligible screening and prevent financial loss. The patient and the system will benefit from improved accessibility to a stable referral pathway, process delivery and completed Health Check.

- 5.4.4 The base rate of delivering NHS Health Checks for the preferred option is £22 per activity for all providers. There is an additional stratified payment arrangement to incentivise General Practices to meet the demand of incomplete Health Checks:

An additional payment of £2 per patient included for sign-posting patients who could not complete at the practice, to the community provider.

A further £2 per patient will be paid for a conversion (completed Health Check by the community provider and sent back to the General Practices).

There is a further £5 per patient to manage and follow a raised result, irrespective of the site completing the Health Check to cover the additional clinical cost incurred by the General Practices.

The total cost of delivery of the preferred option, including the IT(Information Technology) system contract worth £59,162 will be within the given reduced budget envelope of £350,000. The budget allocation will have a review when the NHS digital offer within the programme is implemented and fully functioning.

The allocated budget for NHS Health Check 2022-2023 may have some savings, this saving will be mobilised in preparation to streamline the recommended model.

6. Issues and Choices

- 6.1 The recommended model is detailed in section 5.4.3, as one of the most cost and clinically effective model of care in achieving health benefits of the NHS Health Check screening programme.

- 6.2 There is an option of adopting either of the other two proposed models. However, the analysis did not find them to be feasible, considering the current CVD health needs of the West Northamptonshire population and the system requirement of service provision.
- 6.3 The equality impact assessment identified that the recommended option meets the need of all layers of demography and is equitable to all by applying a proportionate universalism approach to improve the health of the entire population, whilst signposting most disadvantaged faster.
- 6.4 One of the tests of implementing this model of NHS Health Check, is to manage two separate commissioning models that include payment by activity and block contract to best fit the need of our population.

7. Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 Demand on primary care system is exceeding their current capacity, especially due to the impact of the COVID-19 pandemic and the healthcare system as a whole is still in the process of recovering from the effect of the pandemic and has not yet returned to pre pandemic activity levels.
- 7.1.2 The Health Checks programme is funded from the Public Health Ringfenced Grant and the existing budget is currently sufficient to cover the anticipated costs. There may be a need of additional funding in future years if the service outperforms and exceeds 70% of the local aspiration. The budget allocation will be reviewed once the NHS Digital offer within the programme is fully implemented and functioning.

7.2 Legal

- 7.2.1 The obligations and standards required for the National Health Check programme will be incorporated into the terms and conditions that will govern the delivery of these services through the contracts to be let. These terms will be drafted by West Northamptonshire Council's Legal Services and be included in the invitation to tender documentation.
- 7.2.2 Under the Local Authorities Regulations 2013 each local authority shall plan for the provision of NHS Health Checks being offered to eligible persons in its area.

7.3 Risks

- 7.3.1 **Low Risk:** Reluctance to behavioural change in our population towards reducing CVD risk and taking up the NHS Health Check offer.

Mitigation:

- Increase delivery of health education session to promote risk of CVD, benefits of NHS Health Check screening and lifestyle interventions to prevent CVD complications.
- Plan local communication campaigns to increase awareness about availability of NHS Health Checks and its benefits.

- Work with anchor institutes to promote the benefits of taking up the NHS Health Check offer. Example, work with local sports teams including Northamptonshire Saints, Northampton Town Football Club, and other influencers.

7.3.2 **Moderate Risk:** 100% of the eligible population accept the Health Check offer. The expenditure will exceed beyond the given budget envelope.

Mitigation:

- The suggested model addresses strategic priorities of other streams of preventative and protective health interventions which gives us the opportunity to collaborate and share funding for overlapping ambitions and priorities which would help to draw any deficit from their budget envelopes.
- Increased costs will reduce with the implementation of NHS digital Health Checks, giving benefit in our provider costs in the future. There will be minimal initial additional cost in promoting the digital offer, this is included within the given budget.
- Any additional cost of service delivery can be funded from the Public Health reserve, as the NHS Health Check programme is a statutory responsibility which West Northamptonshire Council is mandated to deliver.

7.3.3 **Moderate Risk:** Incompatible IT system between some of the community providers and General Practices creating dependencies for community providers on General Practices for engagement with the eligible population, which will delay the screening process and affect the uptake.

Mitigation:

- Commissioners to ensure that a structured contractual arrangement with the providers is in place through strengthening governance, safeguarding, external referral pathways and integration with wider healthcare system.
- Strengthening data and information agreement between community providers and General Practices.
- Clear service specification within the contractual arrangements with a requirement for General Practices to upload patient Health Check records received from community providers in a timely manner and ensure timely follow up of patients are completed.

7.3.4 **High Risk:** Conflict between primary care and community providers may lead to disjointed delivery of the service, leading to process failure and poor uptake and health outcomes.

Mitigation:

- Regular communications from the commissioners with all providers, supporting them with understanding, addressing issues, and creating collaborative interactions and communication between all providers and commissioners.

7.4 Consultation and Communications

- 7.4.1 This report has been produced for West Northamptonshire Council and submitted through the established governance arrangements.
- 7.4.2 There are clear national guidelines for the delivery of the clinical elements of the NHS Health Check programme. Consultation on the delivery model to ensure access for high-risk groups and communities will be a requirement of the new service specification and contracts.
- 7.4.3 The report has been consulted on with two ICB Deputy Chief Medical Officers and General practices and is due to be taken to the Local Medical Council and Local Pharmaceutical Council for consultation.

7.5 Consideration by Overview and Scrutiny

- 7.5.1 None

7.6 Climate Impact

- 7.6.1 During the preparation for new arrangements from 2024, climate impact has been given consideration in the option appraisal and the suggested models of service delivery.

7.7 Community Impact

- 7.7.1 The report considers the health and wellbeing of West Northamptonshire resident population. Improving accessibility and delivery of the NHS Health Check service will improve CVD outcomes and a positive impact on the wellbeing of the eligible residents.

8. Background Papers

- 8.1 Background papers on service evaluation, options appraisal can be requested for further details.