

**By:** Andrew Scott-Clark, Interim Director of Public Health

**To:** Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

3<sup>rd</sup> November 2014

**Subject:** NHS Health Checks – contract extension and proposals for future delivery

**Classification:** Unrestricted

### **Summary**

Public Health have undertaken an analysis of options for future delivery of the NHS Health Checks programme in Kent, following the update report presented to the committee in July 2014. Performance of the programme has improved in recent months and there is scope to further increase uptake of checks under the existing commissioning arrangements whilst learning from good practice and evaluating innovation initiatives in Kent.

### **Recommendation**

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust to 31st January 2016.

## **1. Introduction**

1.1. The purpose of this paper is to outline proposals for future delivery of the NHS Health Checks programme in Kent.

## **2. Background**

2.1. The paper presented to the Adults Social Care and Health Cabinet Committee on 11 July 2014 described the background to the NHS Health Checks programme. The committee noted the current delivery structures and performance and agreed to receive a report in September to set out proposals for future delivery.

2.2. The provider of the NHS Health Checks programme in Kent has undertaken a series of activities to drive up performance and this has delivered improvements in recent months. The programme is on track to issue all invitations due in 2014/15 by the end of December 2015 and to deliver checks to at least 50% of invitees, in line with the KCC target.

2.3. The performance of the NHS Health Checks programme varies around the country, with some counties such as Northumberland and Leicestershire managing to deliver checks to more than 60% of their annual eligible cohort<sup>1</sup> and others such as Surrey, Hampshire and Cornwall managing less than 25%, compared to 37% in Kent in 2013/14.

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<sup>1</sup> Calculated by assuming one fifth of the total eligible cohort

### **3. Future delivery**

- 3.1. Nationally, the programme has been set some stretching improvement targets to increase uptake to at least 75%.
- 3.2. Public Health have undertaken an analysis of the options for future delivery of the programme in order to deliver the improvement needed to achieve this higher target. This analysis has included an assessment of the risks and benefits of the various options.
- 3.3. The recent improvement in performance reduces the need for significant redesign of the programme in the short-term. An extension of the current contract will give the provider a period of stability in which the current improvement trend can continue whilst commissioners learn more about what is working well and less well in particular areas of Kent and elsewhere.
- 3.4. An extension of the existing delivery model would also allow time for Public Health to work with providers to:
  - Pilot and evaluate a series of innovation projects which aim to deliver the required step change in uptake rates, particularly among the most deprived areas which contribute most to the levels of health inequalities in the county,
  - Understand and analyse the learning from research and improvement projects elsewhere in the country. There is a significant amount of work underway across the country, including research by the Cabinet Office's Behavioural Insight Team, seeking to understand what methods of engagement are most effective,
  - Re-evaluate the options presented to the July committee, in light of the learning and research, in order to inform the longer term commissioning model, and
  - Develop and shape the provider market for NHS Health Checks to ensure that KCC can ensure value for money in the longer term, through competitive tendering
- 3.5. These actions can be undertaken in the next 10 months so that a competitive tendering process can begin in June 2015 and new contracts be put in place by January 2016. The current contract is due to expire in March 2015 so a key decision to extend the existing arrangements would be required.

### **4. Risks**

- 4.1. There are risks associated with the future delivery proposal outlined above. It is possible that the current improvement trend will not continue. This risk is being managed by sustaining the focus on performance, regular contract monitoring meetings with the provider and taking prompt remedial action to address any areas of identified underperformance.
- 4.2. There is also a risk that the proposed innovation projects will not demonstrate a significant increase in uptake of checks or that the resources required would not be feasible if operating on a larger scale. This risk would be managed by:

- careful design and targeting of any innovation initiatives and assessment of how well they would scale up across the county, and
- rigorous evaluation of the projects, including analysis of the cost-effectiveness of interventions when the longer term benefits and return on investment of the NHS Health Checks programme is included.

4.3. Lastly, there is a risk that an extension of the existing delivery model beyond 2014/15 will mean Kent missing an opportunity for earlier delivery of greater performance improvement and / or efficiency savings. This risk is relatively low, given the current status of the market. The risk would be managed through market engagement and consultation with potential providers, with a view to running a competitive tender process in 2015/16.

## **5. Financial Implications**

5.1. The current indicative budget for the NHS Health Checks programme in Kent is £2.1 million. The payment by results aspect of the contract means that some of this budget will not be spent but may be reassigned to fund the piloting of a different outreach and engagement service.

## **6. Conclusion**

6.1. The performance of the NHS Health Checks programme in Kent has improved in recent months and the provider is on track to meet the KCC performance targets for 2014/15. Nationally, the programme has been set ambitious targets to improve uptake of checks to 75%, significantly higher than the current target of 50%.

6.2. The recent improvement in performance in Kent provides an opportunity to extend the existing service delivery model to allow the improvement to continue whilst also learning from research about what is needed to deliver the required step-change in uptake of checks. This timing of the extension can be aligned with a series of targeted pilot projects in Kent, designed to test innovative approaches to engagement and increasing uptake of NHS Health Checks.

6.3. The evaluation of good practice and innovation pilots will be sufficiently underway by early 2015 so that a competitive tendering process can be started in June 2015 and a new service model be put in place by January 2016. This would require a 9-month extension of the existing contract for NHS Health Checks.

6.4. This information was reported to the Adult Social Care and Health Cabinet Committee on 26<sup>th</sup> September who:

RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust to 31st January 2016, after taking account of views expressed by the committee, be endorsed; and

- b) a series of innovation projects designed to deliver a significant improvement in uptake of checks, with the aim of achieving a rate 15% above the national ambition of 75% uptake, be endorsed.

## **7. Recommendations**

- 7.1. The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust to 31st January 2016.

### **Background documents**

None

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