Decision 12/01917

By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care & Public Health Cabinet Committee – 12 July 2012

Subject: NHS Health Checks

Classification: Unrestricted

Summary

With the transfer of locality-led Public Health programmes and services from April 2013 this report explores the possible options for the delivery of NHS health checks next year. The reports seeks the views of this Committee in helping to shape the decision of the Cabinet Member in determining how best to commission and take forward the Health Check programme to give the most benefit to the population of Kent and minimise the risks.

For Decision

The Cabinet Committee are asked to consider this report and either endorse or make further recommendations in shaping the Cabinet Member's decision on the best option in procuring a Kent NHS Health Check Programme in 2013.

Introduction

1. (1) As part of the provisions of the Health and Social Care Act 2012, the County Council will assume statutory responsibility for key elements of the new national public health system from April 2013. This will include the delivery of public health improvement programmes, some of which will be mandatory.

(2) As part of the transition year a key principle has been to involve, where possible, elected Members in decisions that need to be taken this year that will shape delivery post April 2013. So, although the NHS is accountable for all Public Health (PH) programmes until next year, there is the opportunity for KCC to help shape future commissioning and procurement decisions. One of the key programmes for PH is NHS Health Checks, which will be mandated by the Secretary of State to continue from April next year.

(3) It is important to remember that KCC will inherit systems and ways of working in Public Health from two different PCTs and one of the

challenges is to combine the best elements of delivery of two different organisations in to one new system.

NHS Health Checks

2. (1) In 2008 the Department of Health announced that there would be an implementation of "NHS health checks" from April 2009. The programme has been phased with full implementation expected by 2013.

(2) The programme is aimed at patients aged between 40 to 74 years who are being invited for a free health check to assess their risk of cardiovascular disease, including coronary heart disease, stroke, diabetes and kidney disease. All those people that are on relevant disease registers are excluded from the programme.

(3) Circulatory diseases including stroke, diabetes and renal disease as well as heart attack and heart failure account for a third of the deaths in Kent[1]. The Kent Joint Strategic Needs Assessment (JNSA) highlights the importance of the health check programme for the delivery of health priorities across Kent. Cardiovascular disease (CVD) provides a generic term covering all these conditions. In 2007/8 cardiovascular diseases represented 34.6% of the top five causes of death of males in the Kent County Council area and 34.3% of female deaths[2]. Addressing the risk factors for CVD also contributes positively to the prevention of other lifestyle linked diseases such as cancers and dementia.

(4) The health check programme seeks to facilitate improvements in premature mortality from heart disease. The programme will be an important strand in the delivery of the Health and Wellbeing Strategy for Kent which is currently being drafted.

(5) A more detailed explanation of the Health Checks programme is given at Appendix One for information

History of the programme in Kent

3. (1) The programme started in Kent in 2011 but within the NHS locally it was not initially given a particularly high priority nor allocated the full range of resources required to roll out a comprehensive and impactful system. As a result there is a lag in performance which is currently RAG (Red, Amber, or Green) as red. However, by looking to change how the programme is commissioned and delivered, together with the current action plan in place to bring the numbers of people being offered NHS Health Checks in line with national expectations, there is optimism that the effectiveness of the Kent programme will be enhanced and the programme rated Green.

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[1] Kent 2011 Joint Strategic Needs Assessment http://www.kmpho.nhs.uk/jsna
[2] We are the people of Kent, 2009 edition.
https://shareweb.kent.gov.uk/Documents/facts-and-figures/people-of-kent-2009-final.pdf

Model of Care

4. (1) The model of delivery of NHS Health Checks is integral to the provision of good primary care and is dependent on GP Practices identifying the cohort of people who are already on a vascular disease register and thus not eligible for an NHS Health Check.

(2) The programme rolls every five years with individuals within the cohort invited for an NHS Health Check once within this timeframe. It involves identification, screening for risk of a vascular event, and referral and treatment for those who are identified as being at risk. People identified at risk will then have there individual risk factors treated, through either GPs referring to various community services (e.g. stop smoking, weight loss) or will initiate medication appropriately such as medicines for treating high blood pressure, or lowering cholesterol. This makes it distinct from a range of current 'health checks' that are offered informally in community settings and in health kiosks. To underline this distinction the term 'NHS Health Check' is used.

(3) The model commissioned in Kent uses General Practice as the building block to deliver NHS Health Checks, with additional commissioning to meet the needs of more vulnerable people, not known to general practice, or through the delivery of NHS Health Checks in other settings e.g. community pharmacy.

Budget for Health Checks

5. (1) The budget identified for health checks across Kent in 2012/13 is some £2.35 million which is the amount that has been modelled as being required to achieve targets. This includes the provision of health checks and the interventions required when someone is identified as being at risk of cardiovascular disease. Currently this resource is within NHS but will transfer to the County Council next year.

(2) The current eligible population ((40-74 year olds) in Kent is some 462,000 and the aim is to undertake some 39,000 or so NHS Health Checks annually. The programme is based on a rolling basis where the target population are tested every five years.

Future delivery of health checks

6. (1) The evidence from the work that has already been undertaken is that Primary Care and particularly General Practice is key to the successful delivery of the programme. The reasons for this are:

1. Primary Care has up to date practice information that can identify the patients that need to be called for a health check
2. GPs need to be involved in the follow-up for effective disease management and continuing care for the patient once a condition is identified

(2) Both Eastern and Coastal Kent and West Kent PCTs currently commission Health Checks on a different basis. Looking ahead to the recommisioning of services in 2013 there is an opportunity to consider the most appropriate alignment of contractual arrangement needs to be aligned across Kent as a whole.

(3) Public Health will continue to use information intelligence to understand areas within the Kent population who may be called but do not attend for an NHS Health Check. This approach would be integral to Kent's Health Inequalities Strategy and Action Plan to identify those people who are less likely to access services and consequently have poorer health.

(4) The success of the programme will also rely on Public Health ensuring that other service providers are able to offer services for those who do not want to attend in GP practices.

Delivery Options

7. (1) Overall, for the purpose of cost and business effectiveness, it is important to move towards a County-wide model of provision. But one which is flexible enough to take in to account local circumstances

(2) Three different options have been considered for the future delivery of NHS Health Checks in 2013/14. These are:

Option 1 - Do Nothing / No Change

Continue with the current contractual set up for West and East Kent. For East Kent this will mean sustaining some 100 or so individual 'Locally Enhanced Service' contracts with Eastern Coastal Kent GPs. For West Kent this would mean holding one contract with a programme provider (who would subcontract with locality providers).

Option 2 – Unify Commissioning Across Kent

The intention would be to unify commissioning across Kent by identifying and using a single programme provider who would have contractual responsibility for overall programme management with the expectation they would manage a range of sub-contracts with potential multiple providers at a locality-level.

Option 3 – Direct Contracting with individual service providers

Public Health would commissions directly with local providers (primarily GPs and community pharmacies) across the whole of the County and using other local provision where are gaps to ensure that everyone is provided for. This could mean holding approximately 300 contracts.

(3) The potential providers for health checks comprise

- Primary care – GP surgeries
- Community pharmacies

- Workplace provision
- Local council provision
- Voluntary sector provision
- Community health provision
- Private sector provision
- Provision in mental health settings
- Provision in offender health settings

Risk and benefit analysis of options

Option 1

- Multiple GP contracts requiring resource and manpower to manage effectively for Kent.
- Complexity of performance management with lags in data flow
- Potential for inequity of provision exacerbated

Option 2

- Potential for one contract and therefore less manpower and resources would be required
- Performance management would be streamlined
- Would enable a high quality and efficient service to be delivered with risks being squarely placed on provider system
- However, if an alternative to Kent Community Health Trust was agreed there would be significant risks. These would be:
    - Requirement to start whole delivery system to be developed from scratch (would depend on who wins the contract)
    - Additional cost in procurement expertise
    - Major risk to delivery of 2012/13 requirements because GP practices would be likely to leave the provision landscape in year should a tender exercise take place as there would be no incentive for them to contribute to a programme that will not include them as a major provider in the future.
    - GPs might not agree to share data with a private provider or do follow-ups for those who are identified as being at risk or requiring clinical intervention
    - Will be at year 3 at the end of first cohort (i.e. behind by further 2 years) in terms of target and delivery of programme

Option 3

- Multiple contracts (approximately 300)
- Significant resource and manpower required to manage
- Currently public health does not have capacity to undertake contract management
- Less money to deliver programmes and provide interventions

The preferred option going forward is Option 2.

Risk and Business Continuity Management

8. (1) There needs to be sufficient resource allocated to ensure that those who are identified as being at risk from cardiovascular disease are able to access other services such as weight and physical activity to enable them to change their lifestyles and improve their health and wellbeing.

(2) There are significant risks to the implementation of the programme.

I. GP engagement – if practices do not sign-up to the programme there will not be universal coverage
II. Governance arrangements for health checks are paramount – unless these are followed patient safety will be a risk
III. The programme needs to be well-co-ordinated otherwise pathways will be fragmented and patients will be identified as being at risk but will not be able to access relevant services
IV. Training needs to be co-ordinated and offered to all those engaged in the programme

Consultation and Communication

9. (1) In taking forward any new proposals for commissioning NHS Health Checks there will be consultation with potential providers on future commissioning proposals when these are being developed.

(2) A public communication strategy is also under development to ensure that the people of Kent have knowledge of how to obtain a health check. This will be a joint venture between NHS Kent and Medway and Kent Community Health Trust. This will facilitate the plurality of providers to communicate effectively with 40-74 year olds across Kent.

Conclusion

10. (1) NHS Health Checks will be a service mandated by the Secretary of State for Health to be provided in Kent by the County Council from April 2013. However, regardless of being mandated or otherwise, Health Checks are an absolutely essential tool in securing strong public health outcomes for Kent.

(2) After a relatively slow start in the roll out of the programme in Kent there is a clear forward momentum in achieving the aspirations behind the programme and increasing the uptake of the service. To be effective the programme needs to be seen on a rolling five-year basis.

(3) To further develop the service, and to accurately reflect future changes in how Public Health is organised, it is proposed to change how the service is managed within the County. The recommendation is that provision will be managed as a County-wide programme through a single supplier. However, the clear intention will be that this supplier will enter in to a number of

sub-contracts with locality providers to provide a plurality of provision. The intention is for service delivery to further evolve to achieve better outcomes.

Recommendations

(1) The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision on taking forward the procurement of NHS Health Checks from April 2013 on the proposed basis of securing a single organisation to programme manage delivery (as set out in option 2 in this report).

(2) Members of the Social Care & Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care & Public Health.

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Background Documents

Kent 2011 Joint Strategic Needs Assessment; available from URL: http://www.kmpho.nhs.uk/jsna
We are the people of Kent, 2009 edition. https://shareweb.kent.gov.uk/Documents/facts-and-figures/people-of-kent-2009-final.pdf
The Information Centre. Quality and Outcomes Framework (QOF) for April 2006 to March 2007, England: Numbers of patients on QOF disease registers, and unadjusted prevalence rates. The Information Centre 2008;Available from: URL: http://www.ic.nhs.uk/webfiles/QOF/2006□07/National%20QOF%20tables%202006□07%20□%20prevalence.xls
Several case studies are available on the NHS Health Check website at: http://www.healthcheck.nhs.uk/_CaseStudies.aspx

Appendix One: What the Health Check comprises: