



# EXECUTIVE BOARD DECISION

<b>REPORT OF:</b>	Executive Member for Public Health, Prevention & Wellbeing
<b>LEAD OFFICERS:</b>	Director of Public Health
<b>DATE:</b>	Thursday, 8 June 2023

<b>PORTFOLIO/S AFFECTED:</b>	Public Health Prevention and Wellbeing
<b>WARD/S AFFECTED:</b>	(All Wards);
<b>KEY DECISION:</b>	Y

**SUBJECT: EB NHS Health Checks Tender 2024\_27**

## 1. EXECUTIVE SUMMARY

The NHS Health Check (NHSHC) programme is one of the mandated public health services that the council is responsible for commissioning. The NHSHC programme aims to prevent cardiovascular disease (CVD), and associated conditions, through early assessment, identification and management of behavioural and physiological risk factors. NHSHCs are available every five years, free of charge, for people aged 40-74 who do not have any pre-existing CVD.

Since 2016 this service has been delivered by GP practices part of the Blackburn with Darwen Clinical Commissioning Group's Quality Contract. Since the transition of the Clinical Commissioning Group into the Lancashire and South Cumbria Integrated Care Board (LSCICB) on 1<sup>st</sup> July 2022, the service has continued to be delivered by GP Practices supported by the local GP Federation by waiver in order to ensure uninterrupted delivery of the NHSHC programme. A review of the programme is timely to ensure the service is able to reach all eligible people and targeting those most at risk of CVD.

Permission is now being sought to carry out an open tender process with a view to a new contract starting in April 2024.

## 2. RECOMMENDATIONS

That the Executive Board:

1. Notes the commencement of tendering and procurement activity to offer this service to the wider market, with revised contractual and commissioning arrangements to be in place from 1<sup>st</sup> April 2024. This contract will be awarded for three years with an option to extend for up to two years subject to satisfactory delivery which will be monitored via robust contract review processes.
2. The Board approves the proposed procurement strategy.
3. Notes that permission to award the contract following the tender process will be sought from the Executive Board in due course.

### 3. BACKGROUND

CVD is largely preventable through the management of risks factors such as smoking, excess alcohol, lack of physical activity, unhealthy diet, and obesity<sup>1</sup>. CVD has been identified by the NHS Long Term Plan as the single biggest area where the NHS can save lives over the next 10 years. During the COVID pandemic fewer people came forward for the kind of non-urgent/routine care, including NESHCs, where the early signs of CVD are often picked up, resulting in a reduction in diagnosis, monitoring and treatment. NESHCs are a tool to support local CVD prevention recovery in Primary Care and improve the health and wellbeing of the residents of BwD. For the NESHC programme to have the greatest impact there needs to be integration between local government and NHS services. The NESHC provides a statutory mechanism for identifying people's risk of CVD, but to drive improvements in health outcomes both local authorities and the NHS need to act.

There has been a steady recovery in numbers delivered since 2020/21 (824) with 2371 delivered in 2021/22 and 3038 last year. During this period there will be a large number of people who have missed out on the opportunity to receive an NESHC and further investment has been identified to increase the capacity to deliver more, particularly in the community.

Although NESHCs are a national initiative, local authorities are able to commission a programme which is tailored to the needs of their population<sup>2</sup>. A recent Health Equity Audit (Appendix 1) identified a number of recommendations for service planning which will be built into the specification for the new service delivery to ensure it meets local need.

The current service is delivered in GP practices who are supported by Blackburn with Darwen's Wellbeing Service who deliver community NESHCs. The service is also closely aligned to the LSCICB funded Enhanced Health Check programme being delivered by GP Practices and the Wellbeing Service until 31<sup>st</sup> March 2025.

#### Procurement Strategy

It will be an open procurement exercise. The new specification will be developed over summer following consultation with partners and stakeholders and the update of the Health Equity Audit with the most recent NESHC data from 2022-23 delivery. The increased funding will enable the delivery of an extra 1000 NESHCs per year. It will also allow for the development of community engagement and delivery to reach those who do not usually engage with primary care. There will also be a robust data collection and reporting element along with programme management.

The evaluation criteria will be based on the following weightings:

Pricing	10%
Quality Questions	75%
Social Value	15%
Total	100%

The proposed timeline for the tender process is available in appendix 2.

### 4. KEY ISSUES & RISKS

CVD is the cause of approximately one quarter of all deaths in England<sup>3</sup> and deaths from CVD are significantly higher among Blackburn with Darwen residents.

<sup>1</sup> WHO (World Health Organisation). 2021. Fact Sheets: Cardiovascular Diseases (CVD). [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))

<sup>2</sup> PHE (Public Health England). 2020. NHS Health Check programme standards: a framework for quality improvement. <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

<sup>3</sup> BHF (British Heart Foundation). 2018. CVD Statistics: BHF England Factsheet. <https://www.bhf.org.uk/statistics>

### Key statistics for Blackburn with Darwen

- 17th highest cardiovascular mortality rate out of 152 upper-tier authorities in England (2017-19)<sup>4</sup>.
- GP reported diabetes prevalence is 8.8%, which is significantly higher than the England rate of 7.1%.<sup>5</sup>

The single model of delivery in primary care will not reach everyone and particularly those who tend not to engage with GP practices e.g. those of working age. The need to develop a robust outreach model can help to address some of those barriers to accessing an NHSHC.

The NHSHC programme will also support the national 'Major Conditions Strategy' which is due to be published in Summer 2023. This strategy will be about shifting the model of healthcare delivery towards preserving good health, and the early detection and treatment of disease.

From the evidence presented, this service is necessary to improve the health of the borough. Through this tender process and specification, the service can be expanded to wider community NHSHC delivery and will have a greater focus on follow up and quality of delivery.

## 5. POLICY IMPLICATIONS

Priority three of the recently adopted Blackburn with Darwen Joint Health and Wellbeing Strategy (2023-28) specifically reference NHSHCs as a key programme to address health inequalities and improve health and wellbeing for our residents.

Service delivery will be aligned with NHSHC national guidelines for both providers and commissioners<sup>6</sup>. Delivery of the NHSHC programme supports the Core20Plus<sup>7</sup> approach, the hypertension case finding work and the LSCICB 'Transforming Cardiovascular Disease Prevention in Lancashire and South Cumbria' strategy (2022-29) which is monitored by the LSCICB Cardiac Network.

## 6. FINANCIAL IMPLICATIONS

The service is funded through the Public Health ring fenced grant and current funding is £123,000 per annum.

To enable an increase in NHSHCs being delivered, greater outreach work to be undertaken and an improvement in quality investment in the programme, the budget requirement is currently anticipated to increase to £174,000 per annum from 2024/25.

Any increases in the financial envelope will be accommodated from future Public Health grant allocations. The total estimated value of the contract will be £522,000 over the initial three years of delivery starting 1<sup>st</sup> April 2024.

## 7. LEGAL IMPLICATIONS

An open tender process will be followed to ensure this tender attracts providers with sufficient

<sup>4</sup> Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Healthcare and premature mortality. Available from <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000044/pat/15/par/E92000001/ati/402/are/E06000008/yr/1/cid/4/tbm/1>

<sup>5</sup> NHS Digital (2022). National Diabetes Audit (NDA) 2021-22 quarterly report for England, Clinical Commissioning Groups and GP practices – PROVISIONAL. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/nda-core-e4-21-22/nda-core-e4-21-22>

<sup>6</sup> <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

<sup>7</sup> NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

knowledge and expertise to enable quality delivery. The tendering process will need to comply with the Public Contracts Regulations and the Council's Contract and Procurement Procedure Rules.

## 8. RESOURCE IMPLICATIONS

Public health will lead the tender process and subsequent implementation, roll out and monitoring of the service, supported by the contracts and procurement team.

## 9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

## 10. CONSULTATIONS

A programme of consultation and engagement is planned during the summer of 2023. This will include consulting with a range of partners, stakeholders and the public.

## 11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

## 12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

**VERSION:** 1

**CONTACT OFFICER:** Gillian Kelly, Leanne Reid, Beth Wolfenden

**DATE:** 8<sup>th</sup> June 2023

**BACKGROUND PAPER:** Appendix 1 Health Equity Audit  
Appendix 2 Procurement Timeline

