



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Adults Social Care & Health
LEAD OFFICERS:	Director of Public Health
DATE:	Thursday, 7 December 2023

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

SUBJECT: NHS Health Checks tender 2024-2027 award

1. EXECUTIVE SUMMARY

The NHS Health Check (NHSHC) programme is one of the prescribed mandated public health services that the council is responsible for commissioning. Since 2016 this service has been delivered by GP practices as 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 1st July 2022, the service has continued to be delivered by GP Practices supported by the local GP Federation also known as Local Primary Care, lpcfederate.co.uk by waiver in order to ensure uninterrupted delivery of the NHSHC programme.

In June 2023, it was agreed by the Executive Board to carry out an open tender process with a view to awarding a new contract for the delivery of the NHSHC Programme from 1st April 2024, until at least April 2027.

Following a robust open tender process, approval is now being sought by the Executive Board to award the contract for the NHSHC Programme from 1st April 2024.

2. RECOMMENDATIONS

That the Executive Board:

- Approves the award of the contract for the NHS Health Check Programme for a three year period with the option to extend for a further two years to commence from the 1st April 2024.

3. BACKGROUND

Blackburn with Darwen (BwD) Council aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. Public Health commission the local

NHSHC programme which was originally launched in 2009, as mandated by the Health and Social Care Act (2012) and funded through the ring-fenced Public Health Grant.

Since 2016 this service has been delivered by GP practices as 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 1st July 2022, the service has continued to be delivered by GP Practices supported by the local GP Federation also known as Local Primary Care, by waiver in order to ensure uninterrupted delivery of the NHSHC programme.

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.

CVD is largely preventable through the management of risk factors such as smoking, excess alcohol, lack of physical activity, unhealthy diet, and obesity. NHSHCs 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 NHSHC programme to have the greatest impact there needs to be integration between local government and NHS services.

The NHSHC provides people with an opportunity to discuss their risk factors and their likelihood of future disease, including a risk-score. It is an important step in encouraging people to try and reduce their risk of cardiovascular disease, through lifestyle changes and signposting/referral to services, such as BwD's Wellbeing Service and medication where appropriate.

In June 2023, the Executive Board approved permission to start a tender process for the NHSHC Programme with the new service contract ready to commence from 1st April 2024. The new contract will be for three years, with two plus one extensions contingent on the continuation of the national Public Health grant allocation to local authorities and provider performance. The total contract value is therefore £522,000 over the initial three years of delivery (£174,000 per annum).

A GP and service user engagement and consultation exercise was undertaken in July 2023 which has informed a number of revisions to the new service specification (see Section 10 below). As of 1st April 2023, the borough of BwD had 41,276 people who were eligible for the NHS Health Check. To ensure proportionate universalism, the new provider will need to ensure that each year 75% of all invitations sent for a NHSHC are targeted to eligible people living in the [CORE20Plus5](#) priority wards. The target number of NHS Health Checks to be completed annually across the whole of Blackburn with Darwen is 4000. The ambition is that of those invited from the priority wards, at least 50% will receive an NHS Health Check in the first year of delivery with the expectation that this will rise incrementally each year after.

The tender exercise went live on the Chest on 11th September 2023 with questions to be submitted by 26th September 2023. The original tender closing date of 10th October 2023 was extended until 18th October 2023.

Five providers submitted tenders, however one tender was non-compliant and failed the Standard Selection Questionnaire stage, therefore only four tenders were scored.

Supplier	Quality (75%)	Price (10%)	Social Value (15%)	Total
Blackburn with Darwen Local Primary Care	53.75%	9.76%	9.00%	72.51%
Bidder 2	38.75%	10.00%	1.80%	50.55%
Bidder 3	22.50%	9.76%	5.40%	37.66%
Bidder 4	16.25%	1.18%	0.00%	17.43%

Based on these results from the open and robust tender exercise, it is recommended that the contract is awarded to Blackburn with Darwen Local Primary Care as they had the highest overall score.

4. KEY ISSUES & RISKS

The recommendation is to award to the current provider that has consistently demonstrated good outcomes since 2016 in relation to key outputs and KPIs. As they are the current provider, there is no requirement for service transition or mobilisation time/support. However, the recommended provider must continue to take appropriate and effective measures to increase engagement through their mixed model approach to delivery which will take place via both primary care and community outreach in a number of community and workplace settings.

In order for this model of delivery to work, individual GP practices would need to continue to participate fully in the NHSHC programme to ensure a fully equitable service across the borough. The recommended provider (Blackburn with Darwen Local Primary Care) is in a good position to support practices to participate and also to increase their community outreach offer where necessary to meet any gaps in provision. The provider must continue to work with the commissioner to be responsive to population need and adapt and redeploy efforts where necessary and to continue to identify target groups at increased risk of CVD who would benefit most from participation in the NHSHC programme.

If any changes to national standards within the contract lifespan are encountered, for example a change in patient eligibility or an increase in digital delivery, the provider must be ready to flex and adapt the programme in order to reflect this.

Through their submission the recommended provider was able to effectively demonstrate and provide assurance to the panel as to how they would respond to the above issues.

The provider will be expected to report any challenges and barriers to effective service delivery in a timely manner and the need for any service improvements will be identified and agreed via contract review processes and meetings.

5. POLICY IMPLICATIONS

The NHSHC Programme is aligned with national policy and guidance including the NHS long term plan, NHS Outcomes Framework Indicators, Public Health Outcomes Framework, [OHID NHSHC national guidelines](#) and the [CORE20Plus5](#) approach to reducing healthcare inequalities.

In addition, the NHSHC programme should be delivered in accordance with the relevant national guidance from the National Institute for Health and Care Excellence (NICE) and other bodies:

- [Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE Clinical Guideline 181.](#) Updated May 2023
- [Obesity: identification, assessment and management. NICE Clinical Guideline 189.](#) Updated September 2022
- [Familial hypercholesterolemia: identification and management. NICE clinical guideline 71.](#) Updated October 2019
- [Hypertension in adults: diagnosis and management. NICE clinical guideline 136.](#) Updated March 2022
- [Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers.](#) Department of Health. January 2016
- [Alcohol-use disorders: prevention. NICE public health guideline 24.](#) June 2010
- [Cirrhosis in over 16s: assessment and management. NICE guideline 50.](#) July 2016

Locally, the Blackburn with Darwen Joint Health and Wellbeing Strategy (2023-28) specifically references NHSHCs as a key programme to address health inequalities and improve health and wellbeing for residents, and is aligned with the LSCICB 'Transforming Cardiovascular Disease Prevention in Lancashire and South Cumbria' strategy (2022-29) which is monitored by the LSCICB Cardiac Network. The NHSHC Programme is also closely aligned with the Integrated Care Board's Enhanced Health Check programme.

6. FINANCIAL IMPLICATIONS

The service is funded through the Department of Health Public Health ring fenced grant: [Public health ring-fenced grant 2023 to 2024: local authority circular - GOV.UK \(www.gov.uk\)](#)

The contract value is £174,000 per annum, following a decision to increase the value from £123,000 per annum which was passed at Executive Board on the 8th June 2023 [Decisions 08th-Jun-2023 18.00 Executive Board.pdf \(blackburn.gov.uk\)](#).

The total value for the contract is £522,000 over three years. Depending on continuation of the Public Health grant allocation to local authorities and contract performance, there is an option to extend for a further two years.

The full cost of the service is expected to be managed within the financial envelope available. Variances or additional costs identified are expected to be managed by the successful provider and to be highlighted to the commissioner for discussion within the contract review process.

7. LEGAL IMPLICATIONS

An open tender process was followed to ensure the contract attracted providers with sufficient knowledge and expertise. The tendering process complied with the Public Contracts Regulations and the Council's Contract and Procurement Procedure Rules. The contract will be in a form approved by legal officers in the Contracts and Procurement team.

8. RESOURCE IMPLICATIONS

Public health will support the implementation and roll out of the programme as well as carrying out contract monitoring and review of the service, supported by the contracts and procurement team.

The Provider will be expected to manage resource implications associated with the delivery of NSHCs within the financial envelope.

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

In July 2023, an engagement and consultation exercise took place with 8 GP practices to consider key aspects of the NSHC Programme in order to inform our approach in BwD and to revise the service specification as required, this exercise included service user feedback. The key themes of enquiry were as follow:

- System searches used to identify patients
- The invitation process
- Prioritisation of particular groups
- The Process of Undertaking an NHS HC with a Patient
- Engagement with 'Hard-to-reach' Groups
- Outcome Achievement

As a result of this, a clear set of recommendations were developed:

1. To consider accessibility; working to remove barriers to uptake, including language barriers, hours of operation and location of delivery
2. To facilitate wider awareness and marketing approaches
3. To improve partnerships and community engagement
4. To strengthen onward referrals including robust clinical pathways, social prescribing, managing risk and relationships
5. To improve quality through data collection and recording

Each of these recommendations were built into the service specification as part of the open tender process in order to elicit appropriate responses from potential providers. These questions were built into the scoring matrix and results can be seen under 'Quality' in section 3 above.

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:	Charlotte Pickles, Public Health Specialist
DATE:	10.11.2023
BACKGROUND PAPER:	(Public Pack)Agenda Document for Executive Board, 08/06/2023 18:00 (blackburn.gov.uk)