

MAYOR AND CABINET		
Report Title:	Award of contract for NHS Health checks programme to One Health Lewisham Ltd	
Key decision:	Yes	Item No.:
Ward:	All	
Contributors:	Executive Director Community Services	
Class:	Part 1	5 June 2019

1. Executive Summary

- 1.1 This report describes the current NHS Healthchecks programme in Lewisham and some current issues with the programme; and seeks approval for redesign and improvement of the programme, and for award of a contract directly with Lewisham's GP Federation One Health Lewisham Ltd (OHL).

2. Structure of the Report

- 2.2 The report is structured as follows:

Section 3 sets out the recommendations.

Section 4 sets out the background

Section 5 sets out the policy context

Section 6 sets out the proposed service change

Section 7 sets out the proposed contracting arrangements

Section 8 sets out the justification for a direct award approach

Section 9 provides Financial Implications.

Section 10 provides the Legal Implications.

Section 11 provides Equalities Implications.

Section 12 sets out the Environmental Implications

Section 13 sets out Social Value implications

Section 14 sets out the Conclusion.

Appendix 1 sets out the proposed performance indicators

Appendix 2 sets out current coverage by GP practice population

3. Recommendation

- 3.1 It is recommended that Mayor and Cabinet agree to award a contract to One Health Lewisham Ltd (OHL) for the entire NHS Healthchecks programme, for a term of 2 years with the potential for 2 further years' extension at the Council's discretion, at a value of up to £1,400,000.

4. Background

- 4.1 The NHS Health Check programme was launched in 2009 and aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia across the population with a particular focus on high risk and vulnerable groups.
- 4.2 Lewisham has high premature mortality rates from circulatory diseases compared with London and England and cardiovascular disease (CVD) is a major contributor to the life

expectancy gap between Lewisham and England. However Lewisham has low levels of detected disease.

Table 1: CVD mortality compared to statistical neighbours

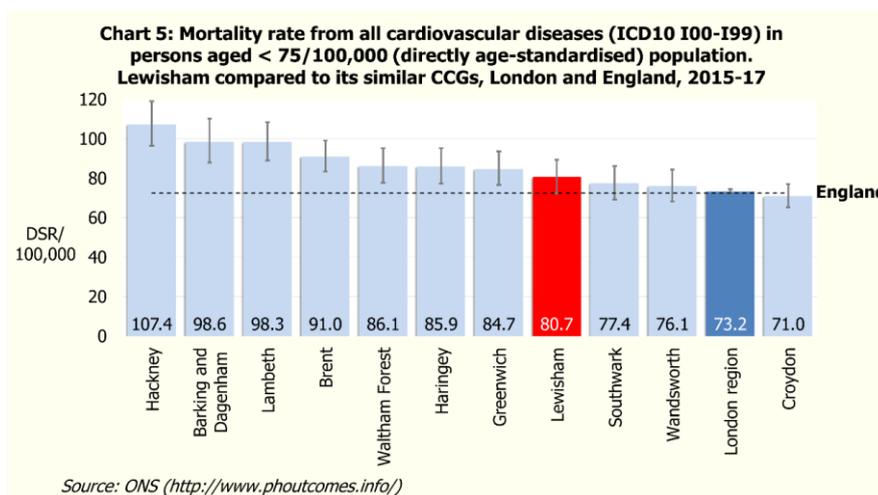
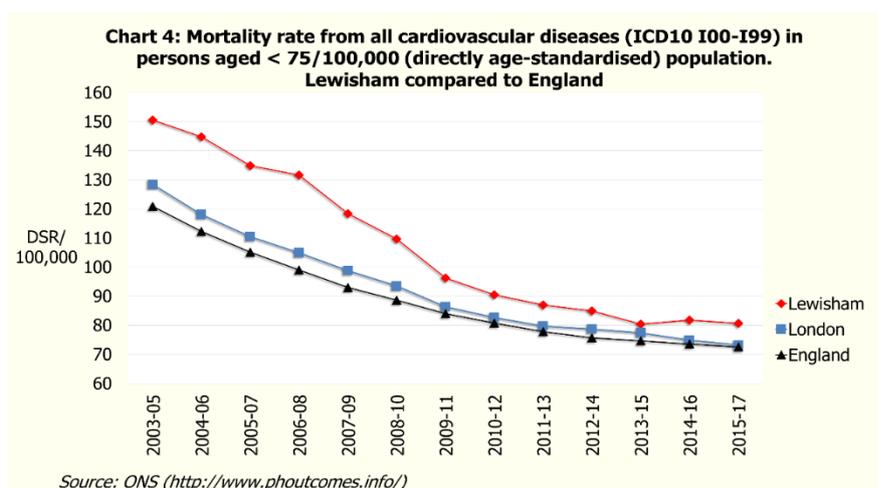


Table 2: CVD mortality compared to London and England



- 4.3 The NHS Health Check programme systematically targets the top seven causes of preventable mortality: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. The Council has a responsibility to deliver that service.
- 4.4 The NHS Health Check is made up of three key components: risk assessment, risk awareness and risk management. During the risk assessment standardised tests are used to measure key risk factors and establish the individual's risk of developing cardiovascular disease. The outcome of the assessment is then used to raise awareness of cardiovascular risk factors, as well as to inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.
- 4.5 The Lewisham NHS Health Check programme was launched in March 2011. Since the launch approximately 56,000 Lewisham residents have received a Health Check, and of those 3,500 were identified as high or very high risk of developing cardiovascular disease.

4.6 Currently the service is delivered by a total of 36 GP surgeries and 15 pharmacies through contractual arrangements with each of those providers, together with contracts for support provision as set out in paragraph 4.9.

4.7 The current contracts deliver a centralised call and recall service to invite all eligible local residents for a Health Check every five years. The service targets those identified at highest risk (certain Black and minority ethnic groups, men, smokers) as well as those living in the most vulnerable communities, while keeping a universal offer to all eligible residents. Near patient testing (NPT) for blood tests (cholesterol and diabetes screening) required as part of a health check has been introduced with the majority of Lewisham providers. Each local authority is required to put in place quality control processes to ensure the devices are maintained properly and provide accurate measurements. In addition all clinical staff who provide the health check assessment are required to attend accredited training and regular clinical updates.

4.8 There are a number of issues with the performance of the current Lewisham NHS Health Check programme:

4.8.1 Uptake. The number of residents attending for a check following invitation has remained below the London and national target while the risk of developing CVD for Lewisham residents remains high.

Table 3: Quarterly and full-year uptake compared to London and England

Period		Lewisham	
		2017-18	2018-19
Q1	Number Offered	4247	4502
	Number Completed	1859	1481
	% uptake	43.8%	32.9%
Q2	Number Offered	4410	4355
	Number Completed	1606	1273
	% uptake	36.4%	29.2%
Q3	Number Offered	4389	4224
	Number Completed	1376	1277
	% uptake	31.4%	30.2%
Q4	Number Offered	4601	4158
	Number Completed	1597	1401
	% uptake	34.7%	33.7%
YTD	Total Number Offered	17647	17239
	Total Number Completed	6438	5432
	Lewisham	36.5%	31.5%
	London	49.2%	47.3%
	England	47.9%	45.2%

4.8.2 Service provision. There is a wide variation in the number of health checks delivered by each GP surgery and across neighbourhoods, although pharmacy provision has remained static. This has resulted in inequality of access to the service for residents

4.8.3 Service access. Lack of availability of appointments, in particular evening and weekend appointments has made it difficult for some residents to access the service.

4.8.4 Service Quality. There is a variation in the quality of the service across providers, including training and support for staff and quality assurance procedures

4.9 The current service is delivered through the below range of contracts:

- 36 GP surgeries and 15 pharmacies (ending March 2020)
- 'Quality Medical solutions' for 'call/recall' and IT infrastructure (ending May 2020)
- 'Roche pharmaceuticals' for Near Patient Testing (ending March 2020)
- 'WeQas' for laboratory quality control (ending March 2020).

It is intended that these contracts will be transferred to OHL; management of that process will form part of the implementation phase of the contract.

- 4.10 The regulatory and legal position means that only General Practices holding a contract with the NHS for provision of healthcare are entitled to keep, maintain and access a registered patient list. Access to confidential patient data contained in that list is essential for the delivery of this service. OHL (and, we understand, no other potential provider) has access to that data and so is able to deliver the proposed service.

5. Policy Context

- 5.1 Under the Health and Social Care Act (2012), the NHS Health Check became a statutory public health service in England. The mandated function requires local authorities to provide a number of functions:

- For each eligible individual aged 40-74 to be offered an NHS Health Check once in every 5 years and for each individual to be recalled every 5 years if they remain eligible
- For the risk assessment to include specific tests and measurements
- To ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- For specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP
- LAs are also required to continuously improve the percentage of eligible people having an NHS Health Check

- 5.2 The NHS Health Check programme supports the delivery of the Council's Corporate Strategy 2018-2022 through 'Delivering and defending: health, social care and support', particularly the focus on ensuring that 'Healthy lifestyles are increasingly a way of life across all of our communities'

- 5.3 The NHS Health Check programme also contributes to the delivery of key priorities of Lewisham's Health and Wellbeing Strategy. These include the overarching indicator of Under 75 mortality rate which aims to continue the decrease in the rate of under 75 CVD mortality as well as the Priority Indicators 'Achieving a healthy weight', 'Reducing alcohol harm' and 'Reducing the number of people smoking'

6. Proposal

- 6.1 In order to address issues of equity and uptake across the programme, officers have been in discussions with One Health Lewisham (OHL) to deliver the entire NHS Health Check programme. This could have a number of potential benefits:

- Economies of scale by providing a pan-Lewisham infrastructure
- Access to registered lists for every GP practice to ensure borough-wide population coverage and the ability to target people at increased risk of cardiovascular disease.

- A centralised data reporting system directly linked to all GP clinical systems to ensure close monitoring of the performance of all sites.
 - Links to existing services such as the GP Extended Access service and Lewisham Safe Hubs offering Health Checks in evenings and weekends and to more vulnerable residents not registered with a GP including those who are homeless or refugees
 - Ensuring continuity of care with streamlined care pathways for clinical management and follow up for those identified at high risk or requiring further clinical investigations.
- 6.2 Discussions initially took place in 2016, but officers felt that OHL proposals at the time did not deliver sufficient value so did not take them forward. Talks were restarted in 2017, and officers have been in a dialogue with OHL around their proposals, which are now sufficiently robust that officers judge it likely they will add sufficient value to take forward.
- 6.3 Officers are consulting with the Local Medical and Pharmaceutical Committees, the Clinical Commissioning Group and Integrated Joint Commissioning group. The proposal is to negotiate a contract directly with OHL without use of a competitive procedure, the contract to take effect on 1 July 2019 for provision by OHL of the entire NHS Health Checks programme.

7. Contracting arrangements

- 7.1 Officers propose to enter into a developmental, outcomes based contract with OHL for 2 years with the possibility to extend for 2 more. This will include a service specification describing the work to be delivered, a number of improvement requirements in uptake and the reaching of high risk patients (to be delivered as KPIs - full KPIs are Appendix 1), and will include an element of payment by results. Initially the contract will require OHL take on existing LBL contracts for the service (i.e. quality control, call and recall process, IT infrastructure). However for OHL to deliver against the KPIs and for the service to be financially viable, they will need to develop new approaches to the programme.
- 7.2 The contract will establish a change control procedure to ensure any new approaches and service developments meet the Council's statutory requirements and address the quality requirements and clinical need, and will protect payments to pharmacy subcontractors.
- 7.3 10% of the contract payment will be performance-related; this element will be attached to the indicators for overall coverage and the identification of people with a 10% increased rate of cardiovascular risk. This will be waived for the first 9 months of the contract.
- 7.4 The annual contract value including performance-related incentives will be £350,000, making the total value including potential extensions up to £1,400,000. This is contained within allocated budgets.

8 Justification for direct award approach

- 8.1 As laid out at above, as Lewisham's local GP federation OHL are in a unique position to deliver this programme with a number of different benefits. In particular they uniquely have access to all GP practice lists (see 4.10 above), allowing population level screening and targeting to ensure equity across the borough and to target those most at risk. Without access to that information, delivery as described would not be possible.

9. Financial Implications

- 9.1 This report seeks approval to contract directly with One Health Lewisham for a redesigned NHS Healthchecks programme. The contract will be for 2 years from [1 July 2019] with an option for a further 2 year extension. The annual contract value will be £350,000, which is within current budgets.
- 9.2 Expenditure will be funded from the Public Health Grant which is currently ring-fenced.
- 9.3 Reasons for waiving Contract Procedure Rules and contracting directly with OHL are set out in para 8

10. Legal Implications

- 10.1 Under the Council's Contract Procedure Rules the contract that is the subject of this report is a Category A contract. The contract is a light touch contract and its combined value, taking into account the existing and proposed extended term, is above the EU financial threshold for light touch contracts under the Public Contracts Regulations 2015 (currently (£615,278). As such, those Regulations and the Council's Rules would usually require this contract to be competitively tendered.
- 10.2 Under paragraph 18 of the Contract Procedure Rules the Council shall not negotiate with a single tenderer unless there are exceptional circumstances which must be approved. When consideration is to be given to whether that approval should be given, the following matters should be considered:
- the nature of the market for the services to be provided has been investigated and is such that the proposed approach is justifiable; or the contract is for services that are required in circumstances of extreme urgency; or there are other circumstances which are genuinely exceptional;
 - it is in the Council's overall interest; and
 - there is no breach of legislation.
- 10.3 The Regulations provide for negotiation without competition in circumstances where competition is absent for technical reasons and where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement.
- 10.4 The report addresses the circumstances of this provision. It also sets out the position regarding access to and use of all GP practice lists (see 4.10 above); this provides a good argument that the negotiated route can be used. It is for Mayor and Cabinet to be satisfied after considering this report the proposed approach is justified.
- 10.5 The application of the Public Services (Social Value) Act 2012 and relevant Council policy is dealt with in Section 12. The Council has adopted a Social Value policy which must also be applied; and the Council's Sustainable Procurement Code of Practice will be applied to the contract. The matters to be considered and applied in relation to social value must only be those relevant to the service to be procured and must be proportionate in all the circumstances to take those matters into account.
- 10.6 The Council has a public sector equality duty (Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

10.7 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

10.8 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website. The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

11. Equalities Implications

11.1 The NHS Health Checks programme is designed to detect risk factors for heart disease before symptoms develop. This can improve outcomes particularly for those at highest risk of heart disease, which includes those from lower socio-economic groups and some Black and Minority Ethnic communities. The programme seeks to reduce the risk of heart disease in these groups.

11.2 The proposals within this report specifically aim to address improve equity of access across the borough, and improve the reach of the programme.

12 Social Value

12.1 The Public Services (Social Value) Act 2012 requires that when the Council is procuring services above the EU threshold it must consider, before commencing a procurement process, how the procurement might improve the social, economic and environmental wellbeing of the area. It must also consider how the procurement might be conducted so as to secure that improvement. The matters to be considered must only be those relevant to the services to be procured; and it must be proportionate in all the circumstances to take those matters into account. These requirements are part of the Council's Constitution (Part IV.I Contract Procedure Rules).

- 12.2 The Council's Sustainable Procurement Code of Practice will be applied to this contract. This sets out various social, environmental and economic considerations to be applied. The purpose is to ensure that products and services are sourced and produced responsibly; to maximise resource and energy efficiency in the manufacturing and supply of goods and services in order to minimise environmental impacts; and to deliver outstanding value for money over the entire lifetime of the contract.
- 11.3 In addition, the service will ensure minimum pay rates in line with prevailing London Living Wage (LLW) or above where applicable.

13. Environmental Implications

- 13.1 There are no environmental implications.

14. Conclusion

- 14.1 This report describes for Mayor & Cabinet the current NHS Healthchecks programme in Lewisham, alongside some current issues with the programme. The report lays out a proposal to redesign and improve the programme through contracting directly with Lewisham's GP Federation One Health Lewisham (OHL), describes the potential benefits of this approach, and recommends that Mayor & Cabinet approve the approach.

Appendix 1: Performance indicators and proposed targets

	CURRENT- Q3&4 of 17/18 and Q1&2 of 18/19			year 1		year 2	
	eligible population	%	no.	%	no.	%	no.
An increase in the % overall uptake of patients across the borough who attend for a health check at a GP practice or pharmacy. (percentage of eligible population who attend for a NHS Health Check assessment following invitation)*	77467	37%	5773	40%	6250	42%	7395
An increase in the % of patients across the borough with a CVD risk score >10% (QRISK2) identified through the NHS Health Check programme (percentage of eligible population who attend for a NHS Health Check assessment and who are identified with a CVD risk score >10%)*		11%	645	12%	750	13%	961
An increase in the % of patients across the borough with a CVD risk score >20% (QRISK2) identified through the NHS Health Check programme (percentage of eligible population who attend for a NHS Health Check assessment and who are identified with a CVD risk score >20%)		1%	66	2%	94	2%	148
Proportion of eligible cohort offered an NHS Healthcheck annually		20%	15493	20%	15624	20%	17608
average minimum practice population uptake				30%		35%	
% attending who are BAME		42%	2326	45%	2812	48%	3550
% attending who are male		44%	3233	48%	3000	50%	3698
% attending who are under 50 years		54%	3156	54%	3375	56%	4141
% with QRISK2 ≥ 10% offered referral to services (universal and specialist) to support with lifestyle change				100%	6250	100%	7395
referral uptake?				40%	2500	45%	3328
% CVD and inter related diagnoses* placed on GP disease registers				80%	5000	85%	6286

***indicator with incentive payment (total 10% of contract value)**

Appendix 2: Coverage by GP practice population

Practice	GP Practice	Pharmacy	Total	Invited	%
Hilly Fields Mc	259	26	285	724	39%
Qrp Surgery	154	33	187	599	31%
Deptford	130	7	137	196	70%
Grove Med Ctr	18	89	107	467	23%
Amersham Vale	0	87	87	361	24%
Vesta Rd	79	7	86	361	24%
New Cross Ctr	48	17	65	332	20%
Kingfisher Mc	0	58	58	299	19%
Waldron Hc	43	4	47	261	18%
Deptford Mc	35	2	37	137	27%
Clifton Rise Fp	26	4	30	202	15%
Mornington	14	13	27	255	11%
Rushey Green	222	40	262	757	35%
Honor Oak Grp	250	7	257	501	51%
Woodlands Hc	222	6	228	329	69%
Lee High Rd	141	11	152	541	28%
St Johns Mc	113	29	142	764	19%
Lee Rd	123	18	141	723	20%
The Brockley	91	24	115	279	41%
Morden Hill	66	40	106	520	20%
Belmont Hill	82	16	98	459	21%
Triangle Group	61	36	97	434	22%
Burnt Ash	15	54	69	346	20%
Nightingale	2	57	59	366	16%
Torridon Rd	285	15	300	682	44%
South Lewisham	240	32	272	866	31%
Ico Health Grp	2	131	133	542	25%
Downham Clinic	65	30	95	338	28%
Parkview	61	10	71	268	26%
Oakview Fp	28	23	51	279	18%
The Jenner	455	9	464	560	83%
Wells Park	444	13	457	649	70%
Vale Mc	207	8	215	716	30%
Sydenham Green	103	55	158	800	20%
Bellingham Green	124	3	127	404	31%
Woolstone Mc	109	11	120	455	26%
Total	4317	1025	5342		