NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

PREVENTION AT SCALE – CARDIOVASCULAR DISEASE PREVENTION

Date of the meeting	07/02/2018
Author	S Crowe, Deputy Director of Public Health
Purpose of Report	Update the Committee on the NHS Health Checks programme to date, and outline steps to define a new model fit for an Accountable Care System with a broader focus on cardiovascular disease prevention.
Recommendation	The Committee is asked to **note** the report.
Stakeholder Engagement	The purpose of this report is to outline an engagement process to develop a new model of health checks with a flexible approach depending on locality needs.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓	✓	
Equality Impact Assessment	✓	✓	
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SC

1. Background

1.1 Local talks have begun between Public Health Dorset and Dorset CCG to explore how best to construct a new model for provision of the NHS Health Check programme in Dorset. The model will consider how best to offer the checks in the context of the broader aims of preventing cardiovascular disease in Dorset, as the Accountable Care System (ACS) develops.

1.2 Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act. One of the consequences of local authority commissioning of the programme is that under contract procedure rules, it was subject to a requirement to test the market under full open competitive tender.

1.3 Public Health Dorset ran a competitive tender across 13 geographical areas (localities) in 2015. The tender asked primary care organisations, pharmacies and other interested providers to submit bids showing how they would offer a health check programme at scale for the locality population. GP federations were successful in some localities, and Boots PLC were successful in the remaining six. There have been difficulties in some areas inviting people to the programme particularly in areas served by Boots because they cannot access details of the registered population.

2. Current Position

2.1 Current performance for delivery of NHS Health Checks is variable across Dorset. Public Health England requires Local Authorities to report the percentage of the eligible population invited and checked each quarter. Dorset, Bournemouth and Poole are ranked among the lowest of all local authorities (142, 143 and 134th respectively of 152 LAs).

2.2 This ranking is based on two measures – the proportion of people invited, and the proportion taking up a check. PHE does not ask for any information about what happens as a consequence of the check, nor the proportion of people invited who are assessed as meeting the 20 per cent risk threshold for primary care treatment. Refocusing the programme locally is a real opportunity to put an outcomes focus into the checks, and to improve clinical engagement with the broader ambitions of preventing premature cardiovascular disease in Dorset, Bournemouth and Poole.

3. Local Focus, Better Outcomes

3.1 Under the Prevention at Scale plans we want to increase the proportion of people offered a check who have been supported successfully by the LiveWell Dorset Service. Current information suggests that fewer than 5% of people assessed after a health check are referred to the service. The figures may be higher but we can't tell this from information collected.

3.2 The first aspiration for the new, accountable care NHS Health Check programme in Dorset is that the GP clinical record is put back at the heart of the invitation and outcomes recording process. This way, it will be possible to provide information at scale for what happens following the process of a check. The second aspiration is that responsibility for making decisions about how the checks are organised and provided should be devolved to localities.

3.3 The Public Health Dorset team does not wish to be proscriptive about who is best placed to provide the checks. Instead, we will work with each locality via their transformation plans to explore how the local assets and resources could best be deployed to provide the checks in a way that best meets the needs of the local population. This could for example be a mixture of pharmacy, GP or third sector provision. Providers will be expected to work together as part of a local alliance. They will receive a set fee per check completed. People invited to the programme will receive a choice of provider depending on the local organisations interested in being providers.

3.4 As the programme evolves localities could also consider how working together at scale could also improve provision of health checks for vulnerable groups, including people with learning disability and serious mental illness.

4. Expected Benefits

4.1 Putting primary care at the heart of plans to deliver a more locally focused programme, with a real focus on outcomes and populations, should lead to:

- Greater efficiency
- More local determination of appropriate provision
- Better understanding of scale of local need, and impact on outcomes
- More choice and development of different approaches for populations
- Improved invitation and recording process
- Greater clinical input and involvement as part of a broader cardiovascular disease prevention approach
- Integrated pathway from assessment of risk to lifestyle support and clinical treatment (secondary prevention) at scale
- Meaningful targeting of resource and action to those most in need.

5. Next Steps

5.1 A task and finish group will be established via the Primary Care Strategy Implementation Group (PSIG) to oversee the development of the new model, and to consult with stakeholders in the system about how to design a more effective model.

5.2 In addition, the locality public health link workers will start to consult with each area about how the programme could be improved for their population, taking account of the assets and resources that could contribute to effective delivery.

5.3 The timescale for developing a specification, contracts and mechanism of award to be worked through with procurement, CCG and ACS partners. A full range of options will be considered including use of Section 75 funding to localities to establish a collaborative programme.

5.4 As part of the work, the task and finish group will explore integration with National Diabetes Prevention Programme, and ensure that some of the additional support from LiveWell Dorset such as the digital platform is incorporated as part of the model.

6. Conclusion

6.1 The Committee is asked to note the report.

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