

HEALTH SCRUTINY PANEL
27 NOVEMBER 2013
NHS HEALTH CHECK
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the Council's responsibilities in relation to NHS Health Check and to scrutinise the discharge of those responsibilities.

2. Action required

- 2.1 The Panel is asked to use the information provided to scrutinise the effective discharge of the Council's responsibilities in relation to NHS Health Check and identify if further scrutiny is required.

3. Background information

- 3.1 The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take certain action to avoid, reduce or manage their risk of developing these health problems.
- 3.2 Responsibility for commissioning the NHS Health Check transferred to the local authorities on 1 April 2013 as part of their new public health responsibilities.
- 3.3 The Panel decided to explore how the Council's new responsibilities in relation to NHS Health Check commissioning are being discharged, performance, and how effectiveness is monitored and assessed.
- 3.4 Public health colleagues have prepared a briefing note (attached at Appendix 1) outlining the Council's responsibilities, current provision, current performance and future commissioning intentions. They will be attending the meeting to answer questions from the Panel.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Information for Health Scrutiny Panel: NHS Health Checks Programme

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

None

7. **Wards affected**

All

8. **Contact information**

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Information for Health Scrutiny Panel: NHS Health Checks programme	
Date of meeting:	27 November 2013
Report author:	Lisa Burn, Public Health Manager
Responsible Director:	Chris Kenny, Director of Public Health
Portfolio Holder:	Cllr Norris

1. Introduction

- 1.1. The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing cardiovascular diseases (CVD) e.g. heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these conditions.
- 1.2. NHS Health Checks are aimed at all citizens between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure, diabetes or high cholesterol.
- 1.3. The NHS Health Check consists of a risk assessment and risk reduction actions, which can include a referral to lifestyle or clinical interventions. National Institute of Health and Clinical Excellence (NICE) guidance is the basis for both aspects of the programme.
 - Risk assessment is the responsibility of the council.
 - Risk reduction actions are a shared responsibility of councils (lifestyle interventions) and Clinical Commissioning Groups (clinical interventions).
- 1.4. Prior to start-up, a national modelling tool was used to predict outcomes and cost-effectiveness for various coverage and uptake scenarios. It is estimated that the programme will save £57 million per year from the NHS budget, rising to £176 million per year after fifteen years. It is likely that there will be significant additional social care savings as a result of ill health prevention e.g. fewer people requiring social care with CVD-related disability.
- 1.5. Public Health Nottingham City is working jointly with Public Health Nottinghamshire County to develop, implement and manage the Health Checks programme. This work is being lead across both areas by John Tomlinson, Deputy Director of Public Health at Nottinghamshire County Council.

2. Nottingham City Council's responsibilities

- 2.1. On 1 April 2013, responsibility for the NHS Health Checks programme transferred from primary care trusts to local authorities. The Public Health Grant gives ring-fenced funding to local authorities for their public health functions, of which NHS Health Checks is a mandatory programme.
- 2.2. Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, LA's must offer an NHS Health Check to every eligible citizen aged 40-74 every five years and must achieve a year-on-year

2.3. The number of offers made and Health Checks received must be monitored by councils; both measures are indicators within the Public Health Outcomes Framework for England 2013-2014, and are reported to Public Health England on a quarterly basis.

3. Current provision

3.1. All GP practices in the city are currently contracted to invite everyone in their eligible population for a NHS Health Check once every five years, in line with regulations, and to deliver all the elements of the Health Check in line with relevant guidance. All practices have been delivering vascular risk assessments (Health Checks) since 2008, although this programme was targeted at those estimated to be at high risk of cardiovascular disease until April 2012, when it was expanded to meet the national criteria.

3.2. The GP provision is supported by a toolkit that runs on the practice computer systems. This toolkit enables practices to systematically identify their eligible population to be invited and enables the public health team to:

- Monitor activity and manage performance and payments;
- Obtain and analyse information on health inequalities and groups at risk, and therefore appropriately target the outreach provision.

3.3. In addition to the core GP practice provision, 12 community pharmacies are trained and contracted to deliver NHS Health Checks. These are mainly located in areas that are more deprived, have lower uptake and/or where GP practices are underperforming. The pharmacies provide an alternative venue and improved accessibility for those who may not want or be able to attend their GP practice. Some pharmacies are also involved in delivering NHS Health Checks at community and workplace events on an outreach basis (see Appendix A for details).

3.4. Monitoring and performance management of the programme is led by public health and utilises the detailed reports available through the toolkit. Performance is monitored monthly, with quarterly reports submitted to Public Health England and One Nottingham. Support and updates on performance against targets are provided to GP practice providers quarterly through a programme of practice visits, quarterly newsletters and practice-specific performance reports.

4. Performance, effectiveness and outcomes

4.1. In 2012/13, performance of the Nottingham City NHS Health Check programme was as follows, compared with Nottinghamshire County, the East Midlands and England:

Area	Eligible population	Invites (expected)	Invites (actual)	Coverage (invited/eligible) (%)	Health Checks completed (actual)	Uptake (Checks/invites) (%)	Uptake (Checks/eligible) (%)
Nottingham City	80,888	16,178	20,212	25.0	8,445	41.8	10.4
Nottinghamshire County	257,144	51,429	46,997	18.3	25,635	54.5	10.0
East Midlands	1,392,292	278,458	259,503	18.6	141,957	54.7	10.2
England	15,609,981	3,121,996	2,572,471	16.5	1,262,618	49.1	8.1

4.2. Coverage (above, 4th column from left) was 25.0% of the eligible population for NHS Nottingham City, which exceeded the target to invite 20% of the eligible population per year. In the first six months of 2013/14, Nottingham City Council offered an NHS Health Check to more than half the 14,717 eligible citizens expected to be invited in 2013/14.

4.3. Uptake is presented above in two ways: check/invites (2nd column from right) shows the proportion of those who were invited that had a check i.e. a response rate; checks/eligible population (far right column) shows the proportion of the whole eligible population that had a check, indicating the effectiveness of the programme in engaging the eligible population.

4.4. The uptake in terms of response rate was 41.8% of those invited in 2012/13, but this has improved to 48.0% in the first half of 2013/14.

4.5. As a result of the Health Check programme in 2012/13, there were 287 diagnoses of previously unidentified cardiovascular disease conditions in Nottingham (detailed below) and 576 people were found to be at high risk of having a cardiovascular event in the next ten years. This information is not reported nationally, so national comparisons are not available.

	High risk of cardiovascular event	Hypertension	Diabetes	Atrial fibrillation	Chronic kidney disease	Peripheral vascular disease	Familial hypercholesterolaemia
Number of diagnoses recorded within 90 days of a Health Check	576	162	66	3	49	4	3

4.6. Referrals and signposting are also monitored for each of the NHS Health Check areas. These provide assurance that clinicians are taking appropriate action when lifestyle risk factors are identified. There is some evidence from a recent study of people with high estimated risk in Hammersmith and Fulham that the NHS Health Check is associated with a reduction in cardiovascular risk score and certain risk factors such as blood pressure and cholesterol after one year in patients who received a Health Check.

5. Future commissioning intentions

- 5.1. The contracts for existing services that deliver the programme locally were extended for one year from 1 April 2013 to cover the transition period from Primary Care/GP and Pharmacy Local Enhanced Services, to Local Authority contracts. In July 2013, the Executive Board Commissioning Sub-Committee granted approval to make arrangements for the three elements of service provision required to deliver the programme from 1 April 2014: the core GP practice service, outreach and information technology infrastructure.
- 5.2. Core GP practice service: The core service will continue to systematically invite citizens and deliver Health Checks to the majority of the eligible population as all GP practices in Nottingham City can provide the service for their own patients, using the patients' medical records to identify the population eligible for the programme. Early indications from a soft market testing exercise underway across Nottingham City and Nottinghamshire County suggest that this approach is good value for money compared with other potential options.
- 5.3. Outreach service: The outreach service will provide additional capacity to support the core GP service. It will aim to increase accessibility for those of working age who may find it difficult to attend a GP appointment and to reduce health inequalities by actively targeting groups that may be at higher risk of cardiovascular disease. It will target those least likely to take up the core Health Checks offer, and most likely to be at risk of cardiovascular disease, including (with overlaps): men, manual workers, smokers, ethnic minorities, carers and people in areas of socio-economic deprivation.
- Although an element of this is already commissioned within the city through community pharmacies, uptake was low and additional delivery routes are required in order to meet the above outcomes, e.g. workplaces, carer centres, community centres.
- 5.4. IT infrastructure: The NHS Health Checks Toolkit remains essential for the provision and monitoring of the NHS Health Checks Programme, as described in 3.2 above.
- 5.5. A social marketing research project and the pilot delivery of an intervention informed by this research is planned for later in 2013/14, with the intention of identifying the most effective and cost-effective ways of engaging hard to reach and/or high risk groups and improving uptake. This research will establish what key messages work to engage these groups and encourage them to take action to take up their offer an NHS Health Check.

6. Contact information

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Appendix A: Outreach activity and targeting

Outreach activity has been undertaken by community pharmacies at the following locations and/or with the following groups:

- John Carroll Leisure Centre
- Bulwell Library
- Meadows Children's Centre
- Domestic and General
- Nottinghamshire Fire and Rescue (Headquarters)
- HMRC
- Nottingham CityCare Partnership
- Nottingham City Council (Loxley House)
- Nottinghamshire County Council (County Hall) (planned)
- Wollaton Vale Health Centre (planned with support of the Wollaton West Places for People Housing Officer)

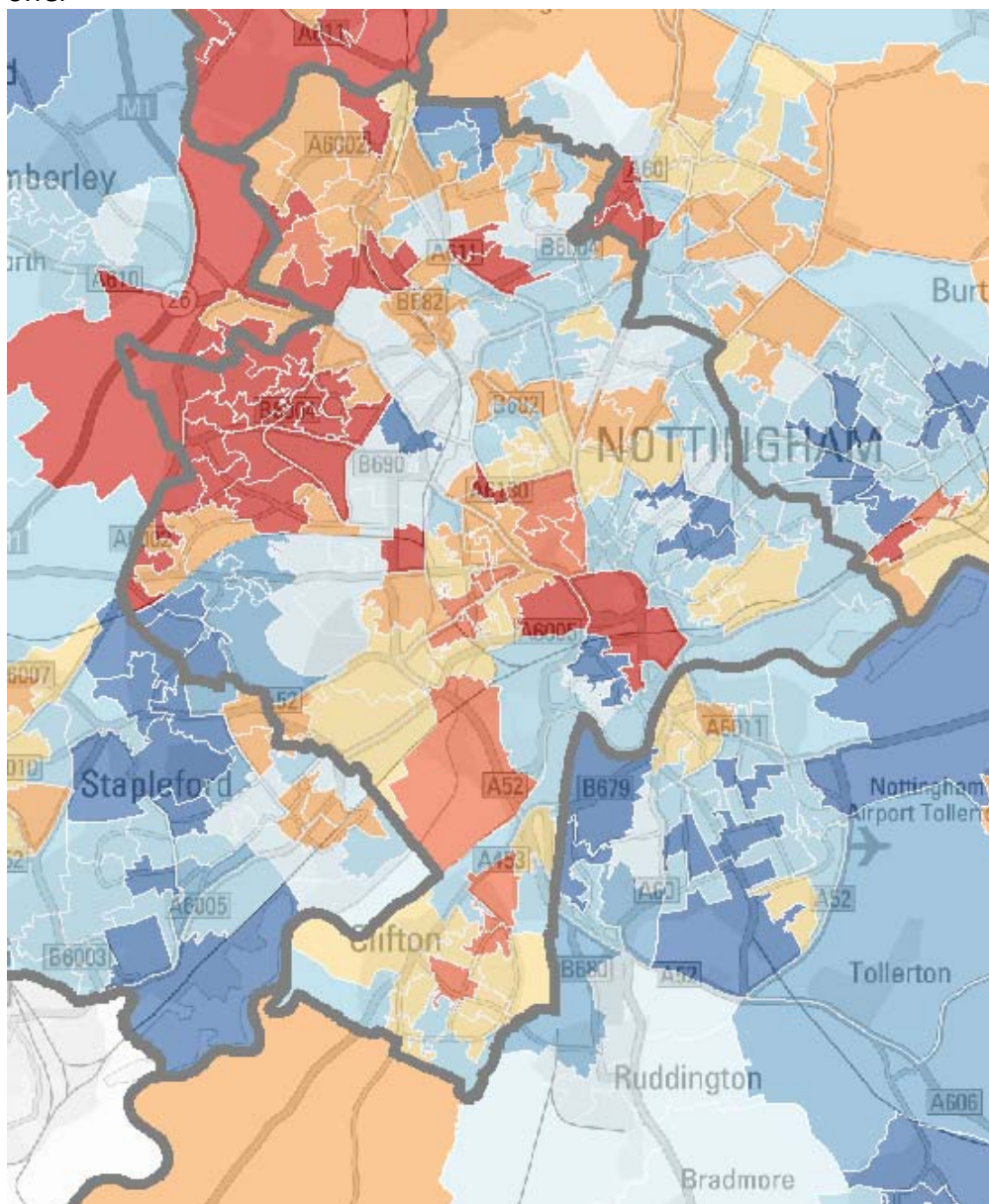
In addition, the Health Checks have been actively promoted within the following settings/groups:

- Children's centres
- Housing Support Officers via Neighbourhood Action Teams
- Libraries
- Schools
- Community centres
- Faith centres such as mosques, churches and temples
- Leisure Centres
- Taxi dispatch offices

Future outreach activity will be targeted at those groups with the lowest uptake and the highest estimated cardiovascular risk. It will be informed by:

- Mapping and geographical segmentation of the NHS Health Checks data which will identify which areas need a particular focus (see examples below);
- The findings of the social marketing research as described in 5.5 above;
- The findings of a Health Equity Audit which will identify whether take-up of the Health Checks is equitable among different groups, for example, by age, gender, ethnicity, geographical location, etc. This is due for completion in August 2014.
- Practical learning points from the outreach and engagement work undertaken in the community to date.

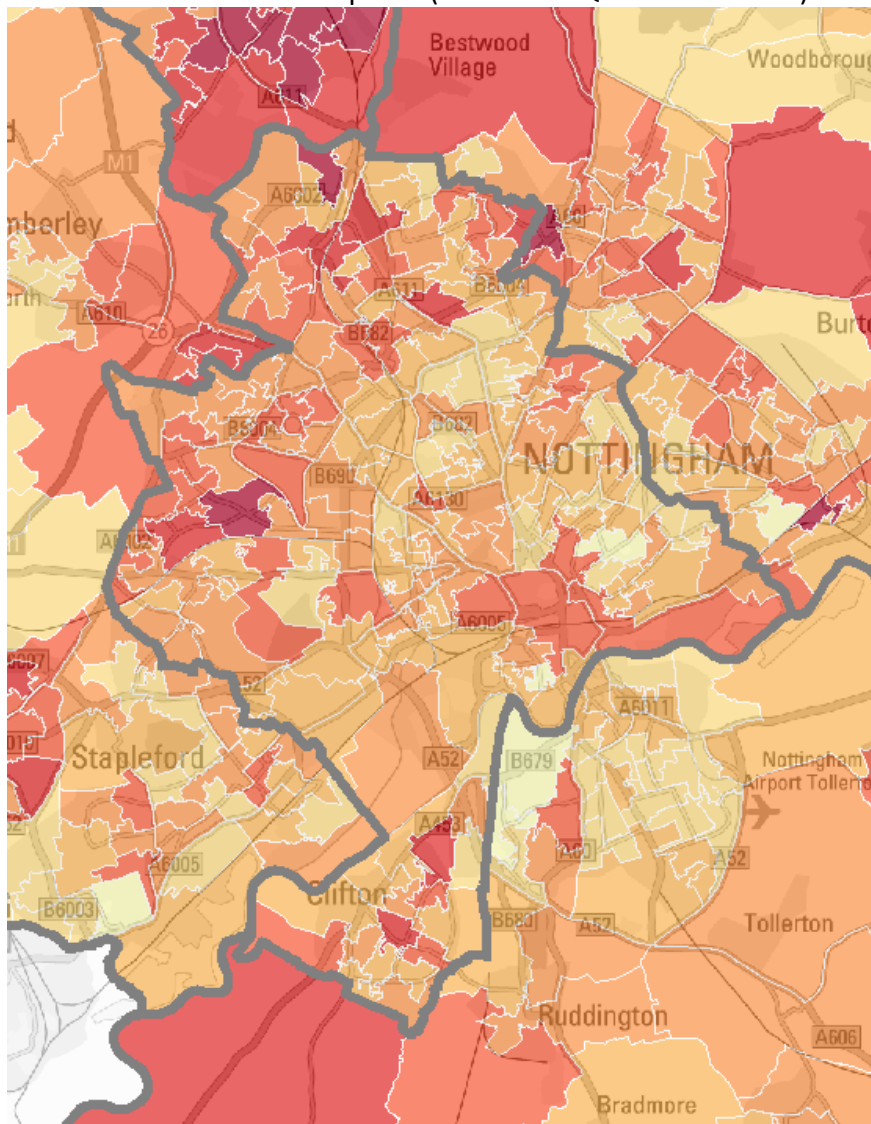
Priority mapping: individuals contacted by Health Check programme but did not take up offer



Volume (number in each LSOA)	Contacted but not take up	TakeUp				Total
		SigHigh	High	Low	SigLow	
73 to 217	1,028	1,762	841	225	3,856	
52 to 74	1,257	3,151	1,564	515	6,487	
37 to 51	1,158	2,512	4,594	1,213	9,477	
0 to 36	214	1,892	4,502	8,813	15,421	
<i>Total</i>	<i>3,657</i>	<i>9,317</i>	<i>11,501</i>	<i>10,766</i>	<i>35,241</i>	

Based on the number of eligible individuals contacted by healthcheck programs by 31st March 2013. who did not take up offer.

Priority mapping: individuals not contacted by Health Checks programme, prioritised by estimated risk score and uptake (estimated QRisk2 score 20+)



Volume (number)	Qrisk 20 or higher	TakeUp				Total
		SigHigh	High	Low	SigLow	
	28 to 61	1,795	1,748	1,313	770	5,626
	21 to 27	550	1,194	1,096	628	3,468
	14 to 20	259	829	769	628	2,485
	0 to 13	110	555	583	266	1,514
	Total	2,714	4,326	3,761	2,292	13,093

Based on the number of eligible individuals not contacted by healthcheck programs by 31st March 2013. Qrisk score is calculated at last practice submission date before extraction (May/ June 2013)