

HEALTH & WELLBEING BOARD - 27th August 2014

Title of paper:	NHS Health Check Programme	
Director(s)/ Corporate Director(s):	Dr Chris Kenny, Director of Public Health	Wards affected: All
Report author(s) and contact details:	Helen Scott, Senior Public Health Manager Tel: 01623 433209 / Mob: 07872 420790 helen.scott@nottscc.gov.uk	
Other colleagues who have provided input:	Dr John Tomlinson, Deputy Director of Public Health	
Date of consultation with Portfolio Holder(s) (if relevant)	Cllr Norris	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<p>The provision of NHS Health Checks is a mandatory requirement for Local Authorities (LAs) following the transfer of responsibilities for the programme from Primary Care Trusts to LAs on 1 April 2013.</p> <p>The NHS Health Check programme is a cardiovascular risk assessment programme in England which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74. The risk assessment element of the check provides a key route into existing lifestyle interventions through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink alcohol within recommended limits as appropriate.</p> <p>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. New local authority contracts were issued to providers on 1 April 2014 to continue provision of the service for another year until 31st March 2015.</p> <p>The report summarises performance during 2013-14.</p>		
Recommendation(s):		
1	The Board to note programme performance and outcomes	
2	The Board to support ongoing work with Nottingham City CCG and practices to increase the proportion of eligible people invited to have a NHS Health Check, via dissemination of best practice, inter-practice arrangements and resource-sharing agreements	
3	The Board to support the use of social marketing techniques to increase uptake of the invitation to have a NHS Health Check	
4	The Board to support continuation of outreach pilots pending formal procurement	
5	The Board to support ongoing work with the CCG to ensure that people identified as a result of a NHS Health Check and placed on their practice CVD high risk register are appropriately supported and followed up	

1. REASONS FOR RECOMMENDATIONS

- 1.1. There was considerable variation in performance between practices and clusters last year. Overall the proportion of people receiving invitations for a NHS Health Check was below target, and uptake was below the aspirational target.
- 1.2. Early feedback from consultation with GP practices indicates:
 - a desire to maintain GP delivery of the programme, as practices already have a relationship with the eligible population and are usually the first point of contact for health issues
 - some practices have capacity issues due to the additional workload created by delivery of the NHS Health Check Programme
 - variation between practices in how they administer and deliver the programme
 - some practices have low uptake despite following up the initial invitation with two reminders.
- 1.3. National and local market research has provided behavioural insights and highlighted a variety of techniques that can be used by programme leads and providers to increase uptake e.g. opportunistic offers, changes to the standard invitation letter and use of motivational messages within targeted promotional campaigns.
- 1.4. There have been a number of successful pharmacy-run outreach sessions as a pilot within workplaces, community centres and faith groups. Following engagement with employers, trade unions and voluntary sector organisations further sessions have been planned. There is further potential to target these sessions to engage hard to reach high risk groups that are unlikely to take up the invitation from their GP.
- 1.5. For the programme to be effective, citizens that are identified during a NHS Health Check assessment as being at high risk of cardiovascular disease must be appropriately supported to manage and reduce their risk. Responsibility for the management of patients on the high risk register at their GP practice lies with the CCG. Responsibility for commissioning lifestyle services to support risk reduction e.g. smoking cessation, weight management, substance misuse lies with the LA.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 1.6. 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 until 31st March 2015 for their public health functions, of which NHS Health Checks is a mandatory programme.
- 1.7. 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 improvement in uptake rate.
- 1.8. The number of offers made and the number of health checks received must be monitored by councils; both measures are indicators within the Public Health Outcomes Framework for England 2013-2016.
- 1.9. The NHS Health Checks programme is currently delivered through a GP Locally Commissioned Public Health Services (LCPHS) contract and a pharmacy LCPHS contract.

1.10. Consultation with citizens revealed:

- A preference for NHS Health Check assessments to be done in a GP practice by a GP or practice nurse; as local, trusted, competent providers
- Uncertainty about the purpose and content of the NHS Health Check
- Perceived barriers for some groups of citizens around availability of convenient appointment times, particularly outside working hours.

1.11. The programme target is to invite one-fifth of the eligible population every year, as part of a five-year programme cycle.

- In 2013-14, 17.2% of the eligible population (12,636 citizens) was invited to have a NHS Health Check
- The national average was 18.5%, and the East Midlands average was 20.1%.

1.12. The aspiration was to achieve 50% uptake in 2013-14 and to increase this to 55% in 2014-15.

- In 2013-14, 49.8% of the invited population (6,295 citizens) had a NHS Health Check
- The national average was 49.0%, and the East Midlands average was 59.5%.

1.13. In comparison with the previous year:

- The invitation rate was down 7.8% (from 25.0% in 2012-13)
- Uptake was up 8% (from 41.8% in 2012-13).

This reflects a change in programme emphasis both locally and nationally from offers to uptake of the checks, which was conveyed via newsletters, contractual correspondence and in direct contact with practices.

1.14. Health outcomes for 2013-14 will not be available until August 2014. Up to 31st March 2013, however, a total of 1,051 citizens were found to have previously undiagnosed cardiovascular conditions, and 3,883 citizens were found to be at high risk of developing cardiovascular conditions:

	New diagnoses		High Risk identified	
	Year 3 2012 – 2013	Cumulative 2010-2013	Year 3 2012 - 2013	Cumulative 2010-2013
Nottingham City	349	1,051	980	3,883

The figures for 2012-2013 are included above to highlight that a significant number of cases of previously undiagnosed cardiovascular disease and high risk individuals are still being identified several years into the programme, despite the programme having targeted people with estimated high risk in the first two years.

Breakdown of new diagnoses (cumulative 2010-2013):

	Hyper-tension	Cardio-vascular disease	Diabetes	Atrial fibrillation	Chronic kidney disease	Peripheral vascular disease	Familial hypercholesterolaemia
Nottingham City	562	55	218	22	174	13	7

The largest number of new diagnoses was cases of high blood pressure (hypertension), followed by significant numbers of cases of diabetes and chronic kidney disease.

A further 1,416 diagnoses were made and a further 1,190 high risk cases were identified more than 90 days after a NHS Health Check. It can take some time to conclude the process of diagnostic testing to reach a definitive diagnosis; therefore a significant number of these diagnoses are likely to be attributable to findings made during the check.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

This report is for information and therefore no other options were considered.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

5.1 The NHS Health Checks programme is a mandatory service; failure to offer an NHS Health Check to all eligible 40-74 year olds, to deliver the required standard of risk assessment and to seek continuous improvement in the uptake of the NHS Health Checks would leave Nottingham City Council in breach of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351.

5.2 There are no crime and disorder implications arising out of the proposals within the report.

5.3 From a legal perspective the key issues relate to the delivery of the services by the providers in order to fulfil the LA's mandated duty. Individual contracts have been checked and confirmed to specify correctly and fully the required outputs and outcomes, and corresponding remuneration.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

A comprehensive Health Equity Audit is being undertaken that is due for completion in August 2014. This will consider any inequity in take up of the NHS Health Check and make recommendations for service improvement.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- [Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)
- [NHS Health Check Frequently asked questions](#) (LGA/PHE, 2013)

APPENDIX A – Equality Impact Assessment

Name and brief description of proposal / policy / service being assessed

NHS Health Checks programme commissioning and implementation from April 2014. The programme aims to offer an NHS Health Check to all eligible 40-74 year olds once every five years and to increase uptake of offers, as per mandatory requirements.

Information used to analyse the effects on equality

NHS Health Checks data reports. Consultation with stakeholders is underway but still at an early stage; there are some initial responses from GP practices that support the assessment below.

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	☒	☒	<p>The core service provision is systematically delivered through GP practices; there may therefore be an adverse impact regarding provision of offers on groups that are less likely to be registered with a GP practice, or whose contact details are less likely to be up to date, such as some vulnerable adults, gypsy and traveller and some migrant groups.</p> <p>The uptake of the Health Check offer is likely to vary between groups and different groups may have different levels of need, e.g. men and some ethnic groups are less likely to access primary care. The uptake rate of different groups is not yet known specifically for the NHS Health Checks programme</p> <p>The outreach service will be targeted at those groups where need is known to be greater and/or where uptake of the programme is known to be lower. It will also be used to target groups that may be less likely to be registered with a GP and would otherwise miss being offered a NHS Health Check.</p> <p>LGB Data on sexual orientation is not currently collected</p>	<p>Undertake a detailed Health Equity Audit to report in August 2014. This work will inform the targeting of the outreach service and help to further develop the core GP practice-delivered service.</p> <p>Use the results of the Health Equity Audit, along with existing data, to inform a targeted plan of work for the outreach service, in August 2014.</p> <p>LGB Investigate whether sexual orientation</p>
Men, women (including maternity/pregnancy impact), transgender people	☒	☒		
Disabled people or carers	☒	☒		
People from different faith groups	☒	☒		
Lesbian, gay or bisexual people	☒	☒		
Older or younger people	☒	☒		
Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)	☒	☒		

			by the programme; the likely impact on lesbian, gay or bisexual people is therefore not known.	data is collected by GP practices and, if so, whether it could be included in the NHS Health Checks dataset in order to assess whether there are any access equity concerns for lesbian, gay or bisexual people by March 2014.
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Outcome(s) of equality impact assessment:
 No major change needed Adjust the policy/proposal Adverse impact but continue Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:
 Review assessment in August 2014 following completion of the Health Equity Audit and commissioning of proposed services.

Approved by (manager signature): Awaiting approval	Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk
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