

REPORT TO: Health and Wellbeing Board
DATE: 17th September 2013
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: NHS Health Check Programme
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform members of Halton's Health and Wellbeing Board of the progress of the NHS Health Check Programme and of ongoing and future developments with the programme.

2.0 **RECOMMENDATION: That**

1. the Annual Report on Health Checks is noted; and

2. the Board endorse the recommendations in the annual report, in particular

- **widespread promotion of Health Checks**
- **a health trainer available to every practice**
- **use of a bus to deliver Health Checks and community based approaches.**

3.0 **SUPPORTING INFORMATION**

3.1 Members will recall that a report on the NHS Health Check programme was presented to the Health and Wellbeing Board on 18th September 2013. NHS Health Checks is the government's flagship programme for the prevention of CVD, diabetes and kidney disease. The programme now also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia and where people can go for help.

4.0 **Local delivery of NHS Health Checks**

4.1 NHS Health Checks have been delivered in Halton for a number of years. However the programme was revamped in October 2013 to include dementia and alcohol and to remove elements of the Check which did not form part of the statutory programme. This was in response to feedback from GP practices that the programme was too unwieldy in its previous format and this was impacting on the number

of Health Checks that could physically be carried out.

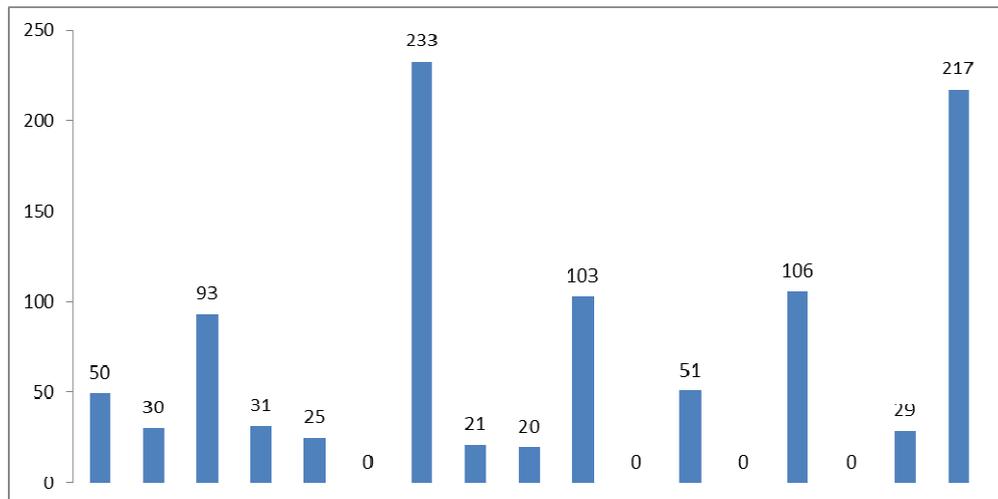
- 4.2 Research undertaken by Health Inequalities Specialist Professor Chris Bentley reveals that 40% of Halton residents with long term conditions do not visit GP practices, hence, the importance of the programme in identifying these residents and enabling early treatment.
- 4.3 New Service Level Agreements were drawn up with GP practices to reflect the changes and a handbook was developed to assist GP practices deliver the programme. The EMIS web template was revised by one of the practice managers and rolled out to other practices. The revised programme has been promoted via individual visits to practices, attendance at Practice Managers' meetings and via presentations at related events e.g. the local launch of the IGR pathway.
- 4.4 Although currently the programme is exclusively delivered locally in GP practices other delivery mechanisms are now being developed.
- 4.5 All but one practice has signed up to the SLA. Officers are currently exploring this in order to get 100% coverage.
- 4.6 Over the past few months an approach has been trialled whereby Health Trainers from the Health Improvement Team have been based within GP practices for the purpose of carrying out Health Checks on behalf of the practice. The practice is still able to claim fees for each Health Check carried out in line with the SLA. This advantage of this approach is that patients can be signed up for appropriate lifestyle interventions there and then without the need for a referral by the practice or self-referral which carries with it a risk that the patient may not attend.
- 4.7 Local authorities are required to submit quarterly reports on the number of eligible people invited for a Health Check and the numbers of those who attend. This data is currently collected by St Helens and Knowsley NHS Hospitals Trust Health Informatics Service (HIS) under a local agreement with Halton CCG.

5.0 **NHS Health Checks 2013/14**

- 5.1 An annual report on the performance of NHS Health Checks in 2013/14 has been produced using information supplied by the HIS team. This is attached as Appendix A. In summary, the report reveals the following.
- 5.2 Of the 35,169 registered patients who were eligible (at quarter 4 2013/14), 5,217 were invited for a Health Check, equating to 14.83%. This falls somewhat short of the 20% that would be needed on an annual basis to ensure that every eligible person is invited once in a

five year period.

- 5.3 Of those invited 2,179 patients received a NHS Health Check giving a take up rate of 42%. Although there is no mandated target, the Department of Health has indicated that local authorities should be aiming for a take up rate of around 75% in line with current screening rates.
- 5.4 There is wide variation in the proportion of the eligible population invited and receiving a Health Check in each practice. Newtown Surgery and Castlefields Health Centre invited the highest proportions (63% and 41% respectively) while some surgeries invited only a small proportion of the eligible population. The table at the back of this report shows practice level information on the eligible population, numbers invited for and receiving a Health Check.
- 5.5 Similarly there is wide variation in take up rates as shown in the table below. However the take up figures suggest that there may be some under reporting of the number of people invited for a Health Check since some practices are recording take up rates exceeding 100 and even 200%. It is likely that this is due to opportunistic invitations not being recorded as such via the appropriate read code.



- 5.6 The report also highlights the issues that have arisen in obtaining data in an acceptable format from the HIS team. This is hindered by the fact that the Local Authority does not have a direct contractual relationship with the team and must communicate via the CCG.
- 5.7 In 2013/14 data on outcomes was fairly limited and related to all patients who received a Health Check not just those who were eligible for the NHS programme. The data that was available revealed that 8.5% of patients having a Health Check had a CVD risk score of 20 or above and 2.6% had hypertension. Numbers for other disease registers was relatively low. (see chart 8 in the report) These patients

have been added to practice disease registers and as a result are generating additional QOF points.

A wider range of outcome data will be available for 204/15 including lifestyle factors, demographics and referral information.

6.0 Recommendations

6.1 It is the vision of the Council to have a Health Trainer based in every practice for the purpose of supporting the Health Check programme. Options to achieve this could include training up Community Wellbeing Practice staff who are already based in practices.

6.2 The scheme would benefit from more widespread promotion. This could include posters and powerpoint presentations for surgery waiting areas (these are in development), advertising in public areas e.g. buses, libraries, carers and community centres and use of social marketing.

6.3 We are in the process of negotiations to secure the use of a bus for the purposes of carrying out Health Checks within the community. These would be carried out by Health Trainers from the Health Improvement Team. This would enable a more targeted approach in high risk areas or areas where there appears to have been little Health Check activity. There are some practical issues to be sorted e.g. customising the bus so that it appeals to the target audience and the development of data sharing protocols which will be particularly important when the Health Improvement Team staff transfer to the Council.

6.5 There is a need to provide support to practices on the use of read codes and ensure that all invitations are recorded regardless of how the patient has been invited for the Health Check. This is particularly important to ensure that data submitted to Public Health England is accurate.

6.6 Other future developments in the pipeline include the following:

Undertaking an options appraisal in relation to the data collection element of the programme;

Looking at the feasibility of offering NHS Health Checks to Council staff and elected Members.

Identifying community venues for NHS Health Checks delivered by health trainers

7.0 POLICY IMPLICATIONS

The Health and Social Care Act 2012 placed a statutory duty on local authorities to make arrangements for the delivery of NHS Health

Checks in their area.

8.0 OTHER/FINANCIAL IMPLICATIONS

Halton has a budget for the delivery of Health Checks.

9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

9.1 Children and Young People in Halton

While Health Checks are specifically for people aged 40 to 74, it is anticipated that there will be indirect benefits to children and young people as a result of their parents and other family members being supported to lead a healthier lifestyle and/or prevent or delay the onset of ill health.

9.2 Employment, Learning & Skills in Halton

Improving the health of individuals can have a positive impact on their long term employability.

9.3 A Healthy Halton

Health Checks are a key tool in the identification, early detection and prevention of a range of health issues and can help to promote healthier lifestyles, thereby contributing to the aims and objectives of Halton's Health and Well Being Strategy.

9.4 A Safer Halton

None directly

9.5 Halton's Urban Renewal

None directly

10.0 RISK ANALYSIS

10.1 NHS Health Checks are a statutory requirement for local authorities. Failure to offer Health Checks in a locality could result in damage to the authority's reputation and impact on future funding levels.

10.2 There is a need to develop data sharing protocols in relation to delivery of NHS Health Checks in the community to ensure there is no breach of data protection legislation.

11.0 EQUALITY AND DIVERSITY

An Equality Impact Assessment has been completed for the delivery of NHS Health Checks. The assessment revealed two potential negative impacts.

The first relates to the fact that GPs are unlikely to invite pregnant women for Health Checks due to the high probability of temporarily misleading results. However provided they remain eligible pregnant women can be invited once the baby is born. In any case pregnant

women are in regular contact with their GP so that any potential health issues are likely to be picked up.

The second relates to the fact that traditionally a disproportionately high proportion of Gypsies and Travellers do not register with GPs. To mitigate this impact it is proposed that pro active engagement is carried out with the Gypsy and Travelling community through the Council's Gypsy and Traveller Co-ordinator and site wardens with a view to the Halton Health and Well Being service offering health screenings on site carried out by Health Trainers.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Department of Health/Public Health England draft Guidance on NHS Health Checks.

**Halton Borough Council
NHS Health Checks
Annual review 2013/14**

1.0 Purpose

The purpose of this report is to review the delivery of NHS Health Checks in Halton during 2013/14 and to make recommendations as to the future operation of the service.

2.0 National context

The NHS Health Check programme is a public health programme for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme which aims to prevent or delay the onset of diabetes, heart and kidney disease and stroke. Together these conditions account for a third of the difference in life expectancy between the most deprived areas and the rest of the country.

The programme now also aims to reduce levels of alcohol related harm and raise awareness of the signs of dementia and where people can go for help. Everyone attending a NHS Health Check will have their alcohol consumption risk assessed. In addition, people aged 65-74 will be informed of the signs and symptoms of dementia and sign posted to memory clinics if needed.

As Health Checks is a public health programme aimed at preventing disease, people who have been previously diagnosed with the following are excluded as they should already be being managed and monitored through existing care pathways:

- Cardiovascular disease;
- Coronary heart disease;
- Chronic kidney disease (CKD);
- Diabetes;
- Hypertension;
- Atrial fibrillation;
- Transient ischaemic attack;
- Hypercholesterolaemia;
- Heart failure;
- Peripheral heart disease;
- Stroke.

Also excluded are people:

- Being prescribed statins;
- Who have previously had an NHS Health Check or any other check undertaken through the health service in England and found to have a 20% or higher risk of developing cardiovascular disease over the next 10 years.

Since 1st April 2013 the provision of NHS Health Checks has been a mandatory requirement for local authority Public Health teams. The Department of Health requires that every person who is eligible for a NHS Health Check will be invited every five years.

Local authorities are expected to monitor the delivery of NHS Health Checks in their area and to report progress on a quarterly basis. While there are no formal targets for take up of the programme, authorities are expected to seek continuous improvement in take up rates. The Department of Health has indicated that authorities should aspire to achieve take up rates that are comparable with other screening programmes (around 75%).

3.0 Local context

The delivery of NHS Health Checks in Halton pre dates the transition of Public Health functions to local authorities. Previously they were delivered as an NHS Local Enhanced Service to the GP contract and were badged as “Health Check Plus” as they included additional questions to the standard Health Check. A 2013 survey of GP practices revealed that most found the Health Checks Plus too time consuming to complete and this was impacting upon the number of checks they were able and/or willing to complete.

In view of this the Health Check was streamlined, a new Health Checks Handbook was produced and new Service Level Agreements were drawn up with GP practices for delivery of the programme. Practices can claim up to £20 for each completed Health Check. This includes £1 for each invite (regardless of whether this is by letter, phone call or opportunistic), £18 for the Health Check itself and £1 for electronic recording of each Health Check.

Only one practice, has not signed up to the programme and this is currently being explored. One other practice has only recently signed up so although there were no returns for the 2013/14 programme, results are expected to come through for the latest quarter.

Also prior to April 2013, agreements had been drawn up with a number of pharmacies and Bridgewater’s Health Improvement Team to supplement the GP based service by offering Health Checks Plus in community settings. However, despite this being listed as an option on invitation letters no patients came forward for community Health Checks.

As non NHS organisations local authorities do not have access to patient identifiable information. Consequently data monitoring on the number of people invited for and receiving a Health Check (for both eligible and non-eligible patients) is completed by St Helens and Knowsley NHS Trust Health Informatics Service (HIS) as part of a contract with Halton CCG. The HIS team has access to GP data systems and so is able to extract data using read codes. The data is then aggregated and shared with Halton CCG and HBC Public Health on a quarterly basis. The service also provides monthly data on the outcomes from the NHS Health Check (there is a 3 month time lag from the HC being completed to allow for data recording), however, the outcome data also records the outcomes from Health Checks completed on non-eligible patients. Nonetheless we have included the outcome data in this report for information purposes.

The fact that there is no direct contractual relationship between the Council and the HIS service has caused significant difficulties over the past 12 months as all requests for information or changes to reporting requirements have to be communicated and agreed by the CCG.

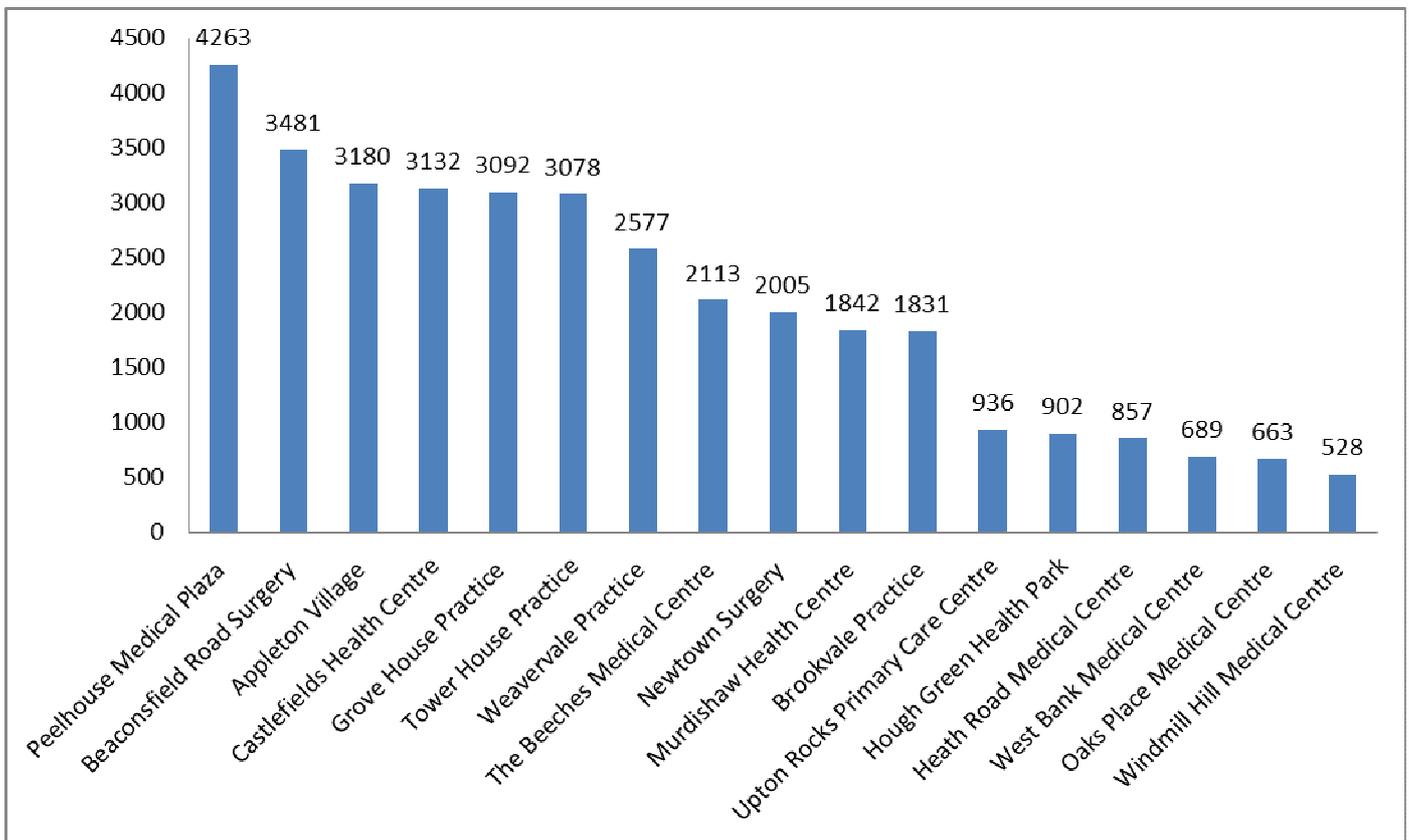
In a bid to boost capacity to carry out Health Checks Halton’s Health Improvement Team has offered practices the option to have Health Trainers situated within the practice for a portion of the week to carry out the Health Checks on behalf of the practice. Several practices have recently taken up this offer.

4.0 NHS Health Checks programme 2013/14

4.1 Eligible Population

According to GP practice records at quarter 4 2014, 35,169 patients were eligible for a NHS Health Check. There is wide variation in eligible populations with Peelhouse Medical Plaza having the highest eligible population and Windmill Hill the least.

Chart 1 – NHS Health Checks – Eligible population per practice at quarter 4 2013/14



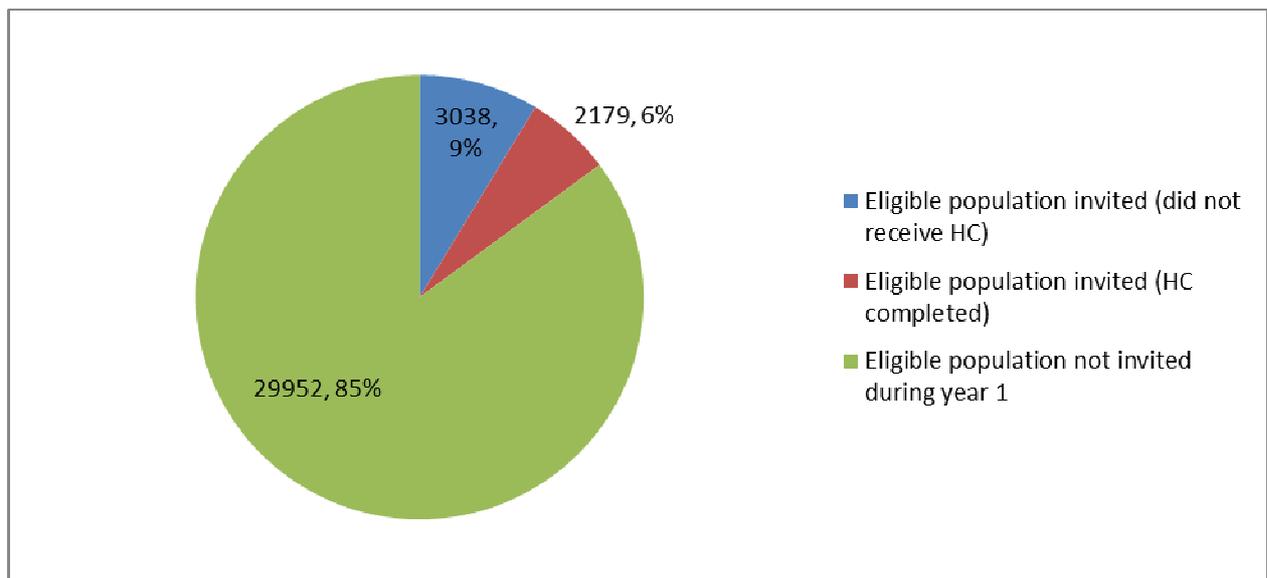
Source: St Helens and Knowsley NHS Trust Health Informatics Service data returns 2013/14

4.2 Eligible patients invited/received a Health Check

During 2013/14 5,217 eligible patients were invited for a NHS Health Check equating to 14.83% of the eligible population. This falls some way short of the Department of Health target to invite 20% of the eligible population per year (thus every eligible person should receive an invite over a five year period). However, there are concerns arising from the practice level data that not all invitations are currently being recorded as such. This will be explored in more detail later in the report.

Of those invited 2,179 patients received a NHS Health Check giving a take up rate of 42%. Chart 2 illustrates the number of people invited for a Health Check (including those who received a check and those who didn't) during the year and the number of people still to be invited (according to official statistics) over the next four years.

Chart 2 – NHS Health Checks – Status of eligible population at end of year 1 (2013/14)



4.3 Health Checks by quarter

Charts 3 and 4 illustrate the quarterly fluctuations in the number of NHS Health Check invitations and completions and the corresponding take up rate with fewer invitations issued leading up to Christmas (although there is a much higher take up rate) and the number of invitations/completions peaking in the first 3 months of 2015.

Chart 3 – NHS Health Checks 2013/14 – invitations and completions by quarter

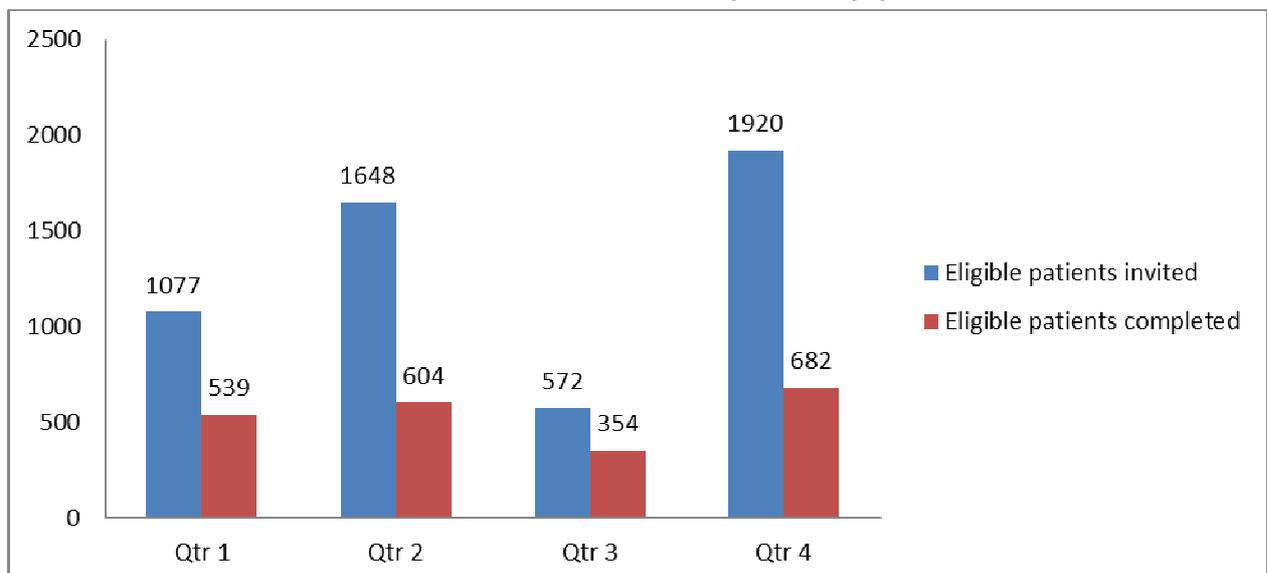
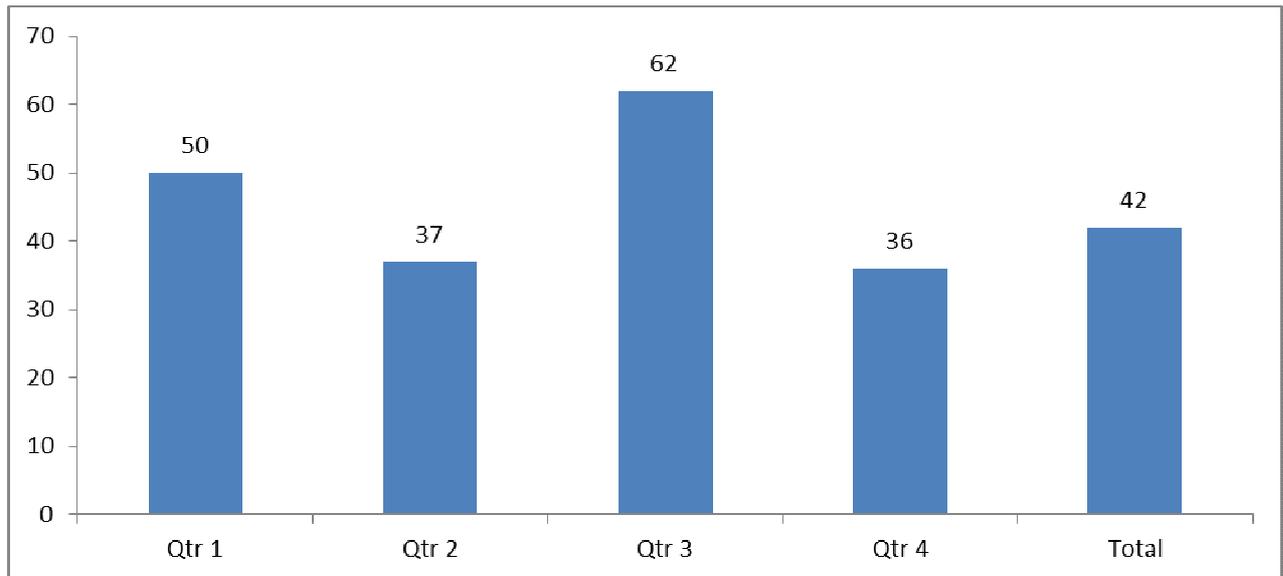


Chart 4 – NHS Health Checks 2013/14 – Take up rates per quarter



4.4 NHS Health Checks delivered per practice

Chart 5 overleaf illustrates that, despite all practices being signed up to deliver NHS Health Checks, some have embraced the programme more than others. Castlefields Health Centre and Newton Surgery invited by far the most patients resulting in the most Health Checks being carried out.

The chart also reveals that some practices claim to have carried out more Health Checks than they have issued invitations to patients. Although this is technically possible as some patients may be responding to invitations issued the previous year, it is more likely that there has been some underreporting of the number of invitations, particularly where there is a large differential possibly due to opportunistic health checks not being recorded as an invitation. Consequently the data reported to Public Health England on the number of Health Check invitations is likely to underestimate the true figure and, therefore, progress towards the 20% annual target is likely to be higher than official statistics suggest.

Chart 6 illustrates the proportion of the eligible population that has been invited for and has received a NHS Health Check in each practice.

Chart 5 – NHS Health Checks 2013/14 – Eligible patients invited/Health Checks completed

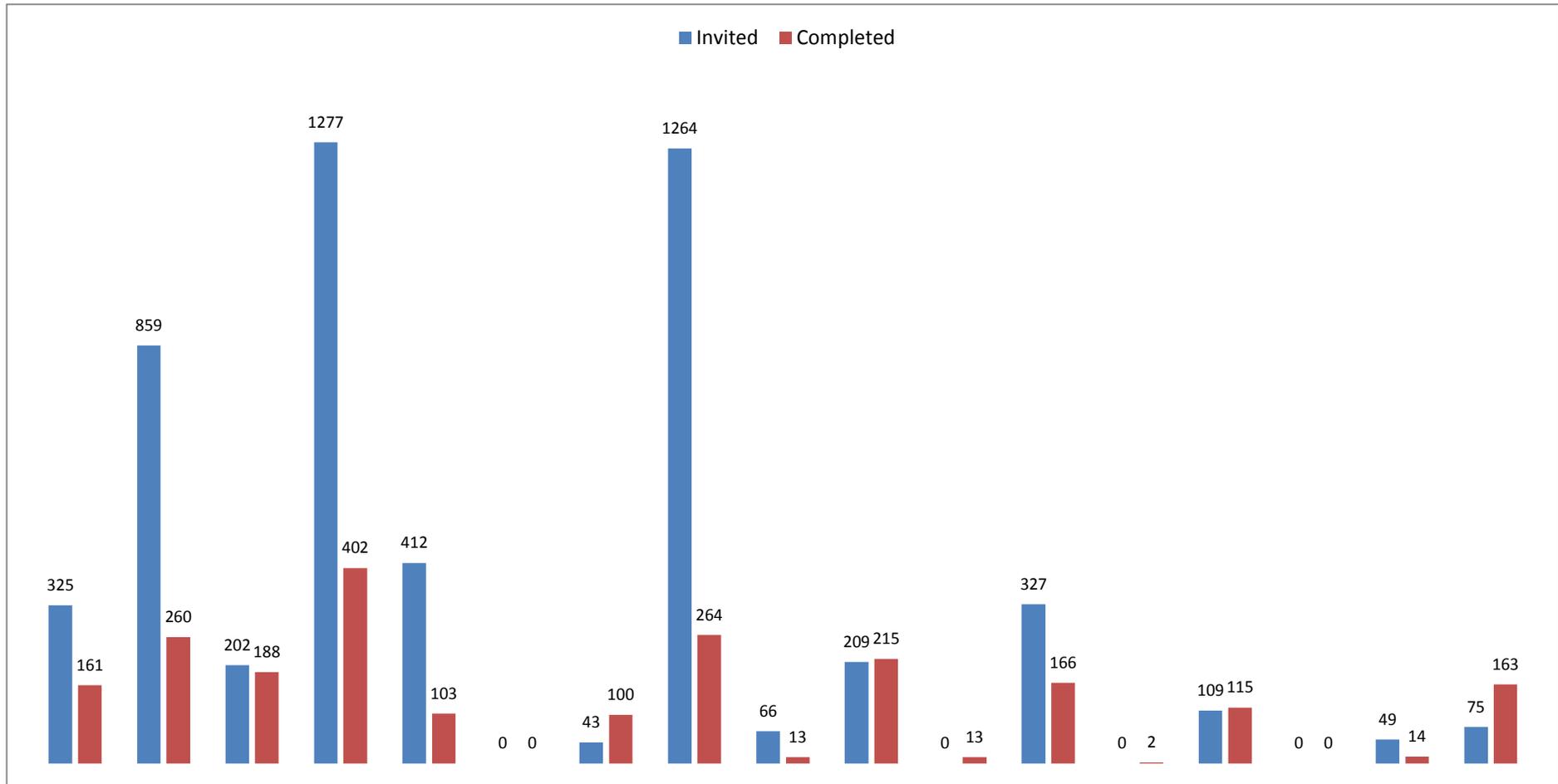
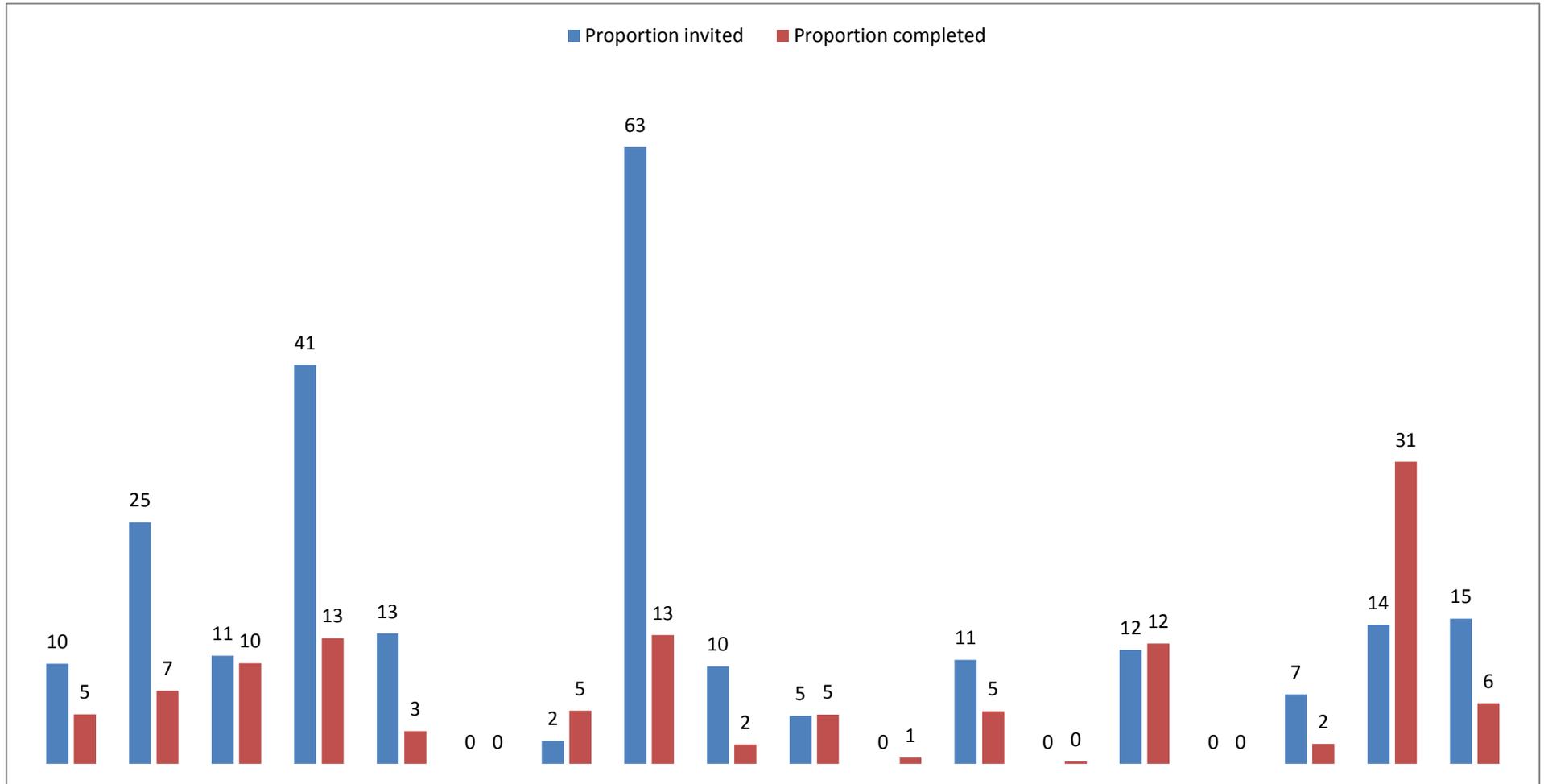


Chart 6 – NHS Health Checks 2013/14 – Proportion of eligible population invited/completed



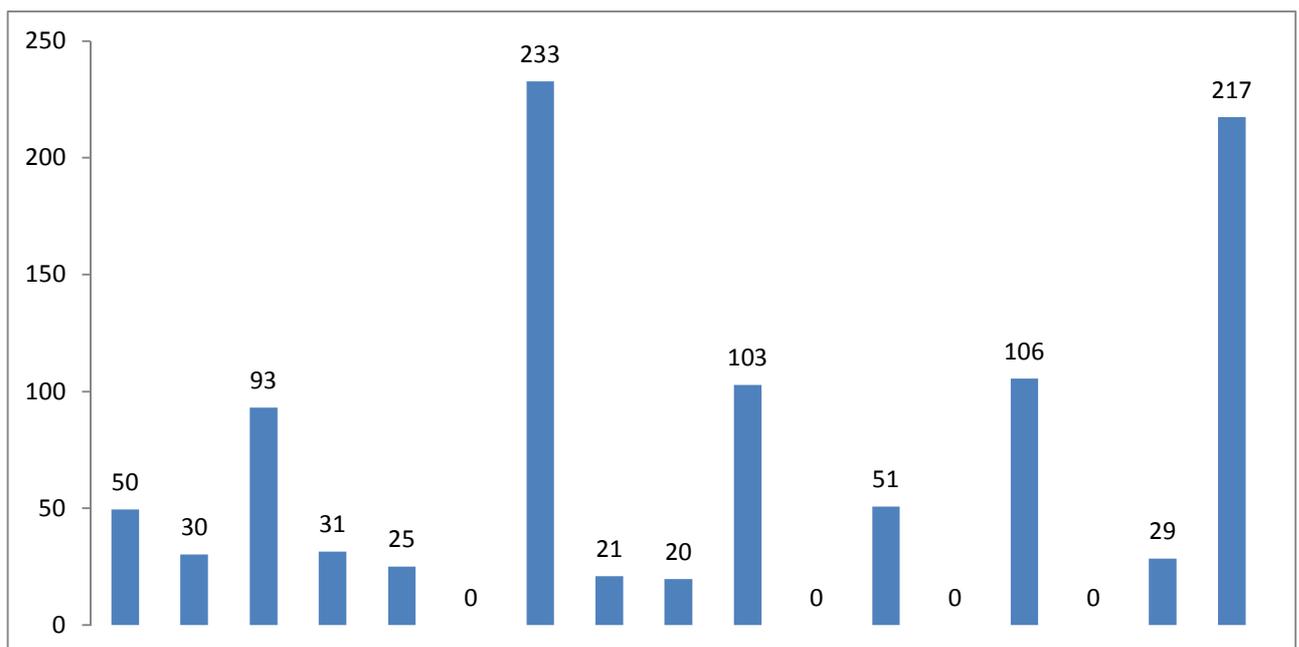
4.5 Take up rates per practice

Chart 7 illustrates the take up rates for Health Check invitations for each practice. It can be reasonably assumed that those practices with higher take up rates offer more opportunistic health checks while those with much lower rates are likely to send more postal or other remote invitations. One example of this is Brookvale practice with a take up rate of 93% where a Health Trainer has been in place to carry out opportunistic screens for some time.

Rates for those practices with over 100% take up are of course skewed since they claim to have carried out more Health Checks than invitations.

While a high take up rate is positive, ideally a mixture of invitation methods should be used – both remote and opportunistic to attempt to engage those people who do not regularly attend their GP practice.

Chart 7 – NHS Health Checks 2013/14 – take up rate (%) per practice



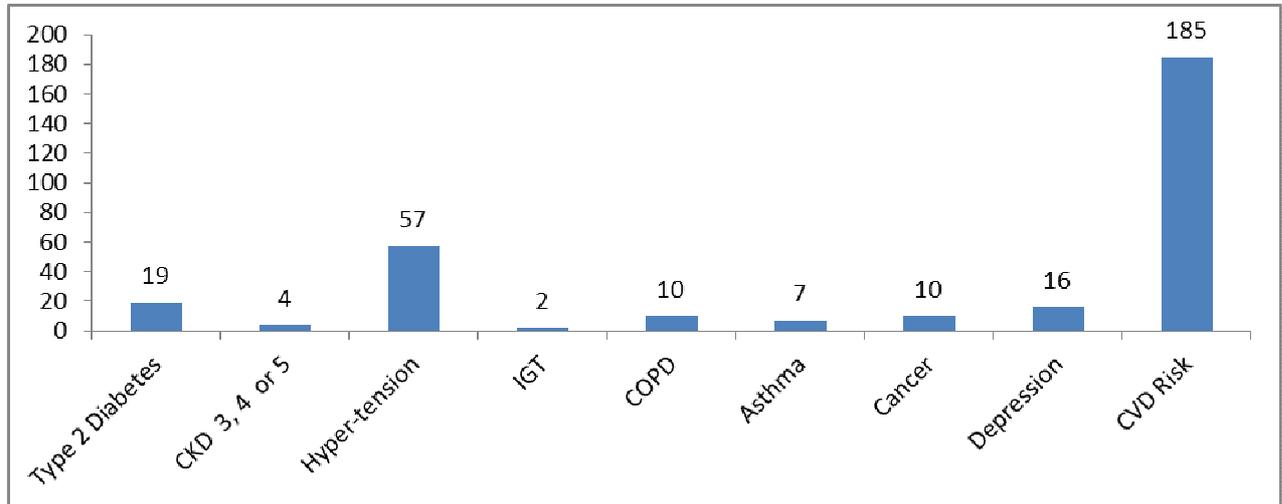
4.6 Outcomes

St Helens and Knowsley NHS Trust Health Informatics Service compile data on the number of people receiving a Health Check who are subsequently signed up to a disease register at their GP practice within a three month period following the Health Check. Unfortunately the outcome data collected relates to anybody who has had a Health Check and not just those patients who are eligible under NHS guidelines (and for whom the authority commissions the programme.) However the data does

give an indication of the potential outcomes from the programme and the difference this can make for individuals.

Please note that data for Health Checks completed in March 2014 is not available since the outcome reporting system has been changed, consequently the data below relates to April 2013 until February 2014 only.

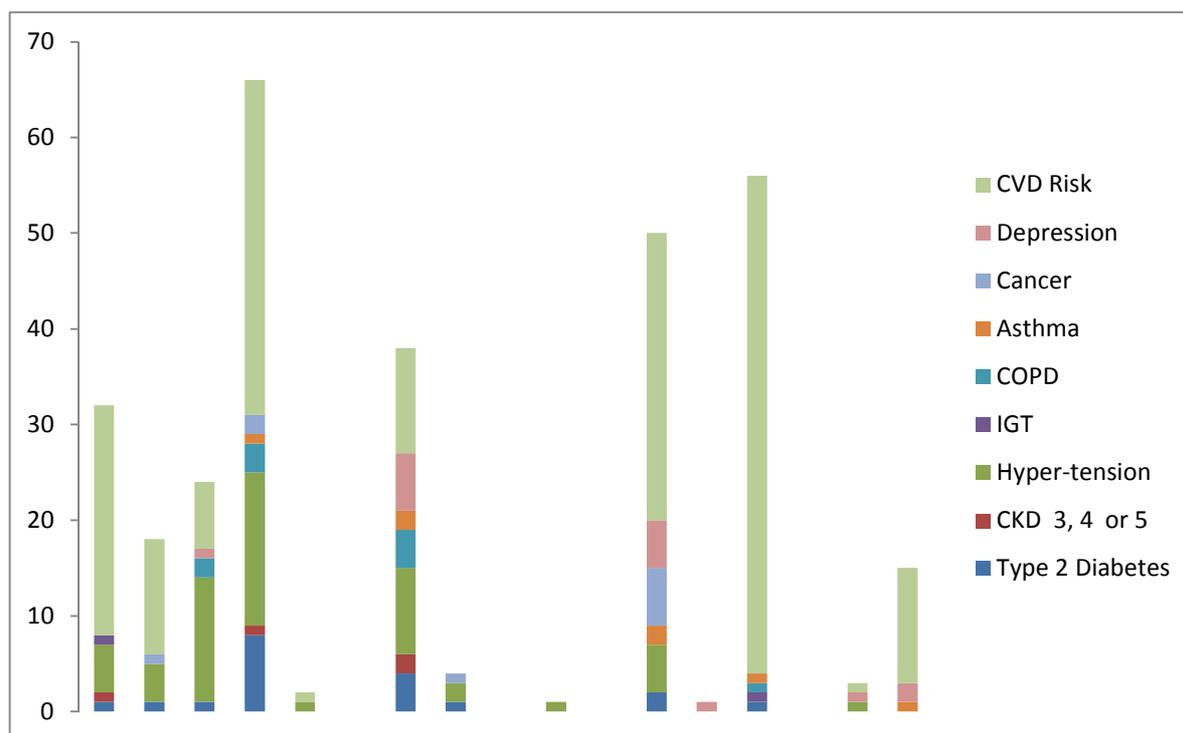
Chart 8 –Outcomes in 3 months following a Health Check



Around 8.5% of people attending for a Health Check were identified as having a CVD risk and 2.6% has having hypertension. The numbers identified for other disease registers are relatively low, however, for the patients involved this early intervention resulting from the Health Check could be life changing and could lead to savings in treatment costs in the long run.

Chart 9 below illustrates the outcomes of Health Checks for each practice. It has to be remembered that not all of these were eligible patients in terms of the NHS Health Check programme so this may include an element of targeting according to risk.

Chart 9 – Outcomes from all Health Checks completed in 2013/14 per practice



5.0 Recommendations

Based on data from 2013/14 there is clearly a need to increase the number of invitations sent to eligible patients and improve the take up rate for the programme. Options to do this are currently being explored.

For example, since March 2014 Health Trainers have established a presence in four GP practices for the purpose of carrying out Health Checks and there are plans to roll this out to two other practices in the near future. This builds on the experience of Brookvale practice where there has been a Health Trainer clinic since 2013 (not necessarily just for Health Checks). The advantages of this approach is that it does not take up the time of practice staff, it ensures a consistent approach to how the Health Check is carried out and it allows patients to sign up for a relevant lifestyle programme there and then without the need for referral either by the practice or self referral and thereby minimises the number who do not attend. It is too early to assess the impact of this approach, however, this will be monitored over the current financial year and reviewed to assess whether any changes are necessary.

The possibility of having the use of a bus to carry out Health Checks is also being explored. This would enable targeted checks in areas to even out the number of Health Checks being carried out across the Borough. It is expected that Health Trainers would use the bus to carry out Health Checks. Further work still needs to be done to progress this, specifically in terms of developing data sharing protocols with GP practices. This will be particularly important when the Health

Improvement Team is transferred to the Council as Health Trainers will then be Council staff and no longer covered by the data sharing arrangements within the NHS.

It is clear that some practices are embracing the programme more than others and therefore there is a need to engage with those with low or no invitations to explore how we can support them further e.g. through the use of the Health Trainer approach.

There is also a need to reiterate the importance of using read codes appropriately to ensure that the full information, particularly on the number of invitations, is captured.

In terms of promoting the programme officers are currently developing a powerpoint presentation that can be used on display monitors in practice waiting rooms and posters have been printed for display in surgeries, libraries, Council offices, community and carers centres etc

Outcome data for 2013/14 was relatively limited. However Council staff have worked with the Health Informatics Service and Halton CCG to extend the range of outcome data to include lifestyle and demographic information, whether dementia has been covered and whether the patient has been referred to a lifestyle service. This will enable a much more complete assessment of the value of the programme in future years.

As described earlier there have been some issues in terms of managing the relationship with the Health Informatics Service which provides supporting data resulting from having no direct contractual relationship with the Council. St Helens has recently tendered for an IT provider to manage the IT and data elements of the programme. It is something that the authority may wish to consider in the future based on St Helens experience with a private provider.

NHS Health Checks Summary of year 1 data

Practice Name	Eligible population	Annual eligible population	Invited for a Health Check Year 1		Received a Health Check Year 1		Take up rate (number received as a proportion of number invited)
			Number	Proportion	Number	Proportion	
		636	325	10	161	5	50
		696	859	25	260	7	30
		366	202	11	188	10	93
		626	1277	41	402	13	31
		618	412	13	103	3	25
		171	0	0	0	0	0
		368	43	2	100	5	233
		401	1264	63	264	13	21
		133	66	10	13	2	20
		853	209	5	215	5	103
		423	0	0	13	1	0
		616	327	11	166	5	51
		180	0	0	2	0	0
		187	109	12	115	12	106
		515	0	0	0	0	0
		138	49	7	14	2	29
		106	75	14	163	31	217
	35169	7034	5217	15	2179	6	42