

REPORT TO: Health Policy & Performance Board
DATE: 6 November 2013
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: NHS Health Checks
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform members of the Health Policy and Performance Board of changes to the NHS Health Check Programme.

2.0 **RECOMMENDATION: That the Board note the information contained in the report specifically with regard to the statutory requirements for local authorities contained at 3.2**

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 From 1 April 2013, local authorities took over responsibility for the NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities. The Department of Health and Public Health England issued joint draft guidance in May 2013 to support local authorities to fulfil their statutory duty to offer health checks to the local eligible population and advise on where there is scope to tailor programmes to local needs.

3.1.2 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 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.

3.1.3 The programme 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.

3.1.4 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.

3.1.5 Local authorities have the flexibility to cover a wider age range or include everyone aged 40 to 74 years but they are advised to consider the cost and benefits of doing so.

3.2 **Local authority responsibilities**

3.2.1 From 1 April 2013, local authorities are responsible for:

- Commissioning the risk assessment element of the programme (mandatory);
- Monitoring of offers made to complete a NHS Health Check (mandatory);
- Monitoring and seeking continuous improvement in take up of the programme (mandatory);
- Promotion/branding of the programme;
- Risk management and reduction (lifestyle interventions).

3.2.2 Commissioning and monitoring of the risk assessment element of the NHS Health Check is a mandatory public health function in the Health and Social Care Act 2012 and requirements upon councils are set out in The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013. The programme is to be funded from the local

authority ring fenced Public Health budget.

3.2.3 Specifically, local authorities must make arrangements:

- for each eligible person aged 40-74 to be offered a NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible;
- so that risk assessments include specific tests and measurements;
- to ensure that the person having their 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 GP's practice, for that information to be forwarded to the person's GP.

3.2.4 Local authorities are also required to seek continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check. It is for each authority to determine how best to do this and to make their own decisions about continuous improvement bearing in mind that take up rates for Health Checks is one of the indicators in the Public Health Outcomes Framework. Whilst draft government guidance acknowledges that 100% take up is unlikely to be achieved and does not set targets, it suggests that over time authorities may wish to aspire to take up rates comparable with screening programmes (in the region of 75%). Local authorities will be required to provide data returns which will be published allowing national and local comparisons of achievement.

3.2.5 The risk reduction elements of the NHS Health Check are the shared responsibility of both councils (lifestyle interventions) and Clinical Commissioning Groups (clinical interventions). Where additional follow up and testing is required, for example, where someone is identified as being at high risk of having or developing vascular disease this remains the responsibility of primary care and is to be funded through NHS England.

3.3 The NHS Health Check risk assessments

3.3.1 The risk assessment requires a number of tests and measures to be carried out, as set out below:

- Age
- Gender
- Smoking status
- Family history of coronary heart disease
- Ethnicity

- Body mass index (BMI)
- Cholesterol level
- Blood pressure
- Physical activity level
- Cardiovascular risk score
- Alcohol Use Disorders Identification Test (AUDIT) score.

In addition those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to memory services if appropriate.

3.3.2 The use of a risk engine to calculate the individuals' risk of cardiovascular disease in the next ten years is required, and everyone who undergoes a NHS Health Check must have their cardiovascular risk score communicated to them as well as their BMI, cholesterol level, blood pressure and AUDIT score.

3.3.3 Local authorities are free to decide where Health Checks are carried out and who conducts them but must ensure that staff who carry them out are appropriately trained and are advised to ensure quality assurance systems are in place e.g. ensuring that actions taken at certain thresholds are consistent with national guidelines. Where the assessment has taken place outside of the GP practice (e.g. in a pharmacy or community setting) there is a legal requirement for the above information to be forwarded to the individual's GP.

3.4 **Guidance on risk management and lifestyle interventions**

3.4.1 Although not a statutory requirement, the risk management element of the programme, provided through lifestyle interventions, is important to ensure that the programme has long term benefits for public health. The guidance recommends that everyone receiving a health check is given individually tailored advice to help motivate them to make appropriate lifestyle changes to manage their risk (unless clinically unsafe to do so). Such advice may include referrals to:

- Local stop smoking services;
- Physical activity interventions;
- Weight management programmes;
- Alcohol use interventions.

3.4.2 The guidance recognises that those providing this advice may not be the same as those who have undertaken the risk assessment element of the health check and, there is a need, therefore, to ensure that relevant information from the health check e.g. smoking status, blood pressure, activity levels is relayed to the lifestyle intervention provider.

3.5 Proposals for delivering NHS Health Checks in Halton

- 3.5.1 Currently there are agreements in place with GP practices to deliver "Health Checks Plus" to local residents as a local enhanced service. Health Checks Plus include most of the minimum requirements of NHS Health Checks in addition to some locally developed questions around housing and fuel poverty and some medical questions which are not necessary to carry out the risk assessments.
- 3.5.2 Feedback from GP practices reveals that in its current form the Health Checks Plus assessment takes on average around 45 minutes per patient, far longer than the 20 minutes expected. It is likely that this is one reason why Halton consistently does not reach the required targets for invitations and for take up of Health Checks.
- 3.5.3 It is proposed that Health Checks are streamlined so that they include only the required information to carry out the mandatory risk assessments and including the new areas of alcohol screening and dementia awareness raising for patients aged 65 to 74.
- 3.5.4 GP practices are paid £1 for each eligible patient invited for a Health Check, £18 for each Health Check completed and £1 for each HC recorded on the GP system. Halton's fee represents good value for the money as it the lowest in Cheshire and Merseyside (where a 20 minute streamlined programme already operates).
- 3.5.5 The review of existing Health Checks also looked at the commissioned community based programmes and found that while four community based providers had signed up to deliver Health Checks Plus not one had over a two year period. The existing SLA would require that they are paid a fee per client and an additional full Health Check fee also be paid to individual practices in order to send out invitations, complete CVD risk assessment and input data onto systems in order to complete returns - which are taken wholly from GP practice systems. This makes community based provision more expensive currently.
- 3.5.6 Executive Board in its meeting of 3rd October 2013 agreed that Health Checks continue to be delivered by GP practices and that existing arrangements are extended until March 2016 (with an option for annual extensions up to a maximum of two years thereafter) with a variation to reflect the new programme. The Board further agreed that officers should seek to identify community based provision that is cost effective and that a pilot be run by the Public Health Team working with occupational health and human resources will seek to offer Health Checks and lifestyle advice to eligible staff of the Council as part of a healthy workplace based initiative. This will be funded from the Public Health Budget.
- 3.5.7 A range of well established and successful lifestyle interventions are

available for HC patients who are identified as being at risk of CVD, diabetes and other conditions. These include free weight management courses such as Fresh Start, Stop Smoking Services including the provision of free vouchers for nicotine replacement products and alcohol reduction services such as Brief Interventions. Officers are working with Halton's Health and Well Being Service and Halton Clinical Commissioning Group to ensure that GP practices can advise patients of the full range of available services and make appropriate referrals into the services on behalf of the patient and for outcomes resulting from lifestyle interventions to be monitored.

- 3.5.8 Currently Halton's Health and Well Being Service carries out an opportunistic assessment for individuals accessing many of the lifestyle interventions described above. This includes many of the questions undertaken as part of the Health Check. To prevent duplication and to ensure that an appropriate cardiovascular risk assessment and recording on GP systems takes place an agreement to share the information has been reached which will still allow primary care to claim a full Health Checks payment.

4.0 **POLICY IMPLICATIONS**

- 4.1 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.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 Halton has a budget of £160,000 per annum for the delivery of Health Checks. This sits within the ring fenced Public Health budget. The value of individual agreements with GP practices range from between £997 and £17,718 per annum, however, this assumes a 100% take up rate from the eligible population for each practice.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

While HCs 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.

6.2 **Employment, Learning & Skills in Halton**

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

6.3 **A Healthy Halton**

HCs 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. Figures from the Centre for Public Scrutiny estimate that each NHS Health Checks on average:

- Prevent 1,600 heart attacks and save 650 lives;
- Prevent over 4,000 people from developing diabetes;
- Detect at least 20,000 cases of diabetes or kidney disease allowing people to manage their condition and prevent complications.

6.4 **A Safer Halton**

None directly

6.5 **Halton's Urban Renewal**

None directly

7.0 **RISK ANALYSIS**

7.1 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.

7.2 A risk register has been developed by Champs the public health commissioning service on behalf the Cheshire and Merseyside authorities for the transition to the newly branded NHS Health Checks. Mitigating factors have been identified and are being put in place.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 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. The service already carries out health screenings for people who participate in its weight management programmes. While the screenings do not constitute a full health check (as blood tests are not carried out) they will indicate whether there is an increased risk of certain conditions sufficient for advice to be given and for the patient to be signposted to relevant services or health establishments.

9.0

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

Document	Place of Inspection	Contact Officer
Department of Health/Public Health England draft guidance on NHS Health Checks	Runcorn Town Hall (second floor)	Joanne Sutton
Cheshire and Merseyside Health Checks risk register	Runcorn Town Hall	Joanne Sutton