

REPORT TO: Health & Wellbeing Board
DATE: 20th March 2024
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 provide the Health and Wellbeing Board with an update on activities by the Council which contribute towards the Live Well theme from the Health and Wellbeing Board Strategy theme focussed on working age adults.

2.0 RECOMMENDATION: That the Board:

- 1) Note the report; and
- 2) Consider and advise on any further opportunities to improve and address inequities in uptake of NHS Health Checks.

3.0 SUPPORTING INFORMATION

3.1.1 Background Information

3.1.2 Cardiovascular disease (CVD) remains a leading cause of ill health and mortality. People living in the most deprived areas of England are almost four times as likely to die prematurely from CVD than those living in the least deprived area.

3.1.3 Premature mortality from cardiovascular disease for those aged under 75 is significantly higher in Halton when compared to the English average.

3.1.4 The NHS Health Check was launched in 2009 (with early adopters starting in 2007) to reduce ill-health from cardiovascular disease (CVD). It is a mandatory service and since 2013, local authorities have been responsible for the NHS Health Check programme. People aged 40 to 74 with no known pre-existing CVD are eligible for an NHS Health Check every 5 years. It reviews the risks to their health and seeks to reduce the likelihood of CVD-related illnesses by supporting adoption of healthier behaviour, onward referral to services, or by through prescribing of relevant medication (e.g. for high blood pressure).

3.1.5 Halton's data showed that the uptake of the NHS Health Check was lowest among those living in the most deprived areas and ethnic minorities; this is similar to the pattern of uptake seen nationally.

3.1.6 In 2022, a pilot to help tackle the inequitable uptake of Health Checks in Halton was developed. Initially, the team focussed on understanding issues and barriers which informed an action plan to increase uptake, focussing on ethnic minority groups and those living in deprived areas.

3.1.7 In the majority of areas in England, Health Checks are delivered via GP staff in primary care- this is the most common model across England. In addition, Halton also delivers Health Checks in the community as well as in Primary Care (Health Improvement Team working in General Practice) to meet local need and further work has been done (as described below) to help improve this offer.

3.2 Pilot findings

3.2.1 To understand how to improve accessibility and uptake of the NHS Health Check service, a review of current evidence alongside a survey and interviews with targeted population groups were completed.

3.2.2 Recommendations from the review included the following:

- Booking via telephone, text and online for patients to book their own appointment.
- Increase availability of appointments outside of routine working hours (e.g. evenings and weekends).
- Access to the service at different settings e.g. community venues and workplaces.

3.3. Booking system

3.3.1 A new online booking system was launched earlier this year to enable patients to be able to book appointments in the community themselves. This has seen a significant increase in appointments booked with clinics now booked 6 weeks in advance in the community. An example of the booking system can be seen on the following link: <https://outlook.office365.com/owa/calendar/NHSHealthChecks2@halton.gov.uk/bookings/>

3.4 Increasing the availability and accessibility of appointments

3.4.1 As noted above, in addition to the universal NHS Health Check offer is delivered via GP staff in primary care Halton also delivers Health Checks in the community as well as in Primary Care. Findings from the pilot demonstrated the need to expand the community model to reach those most at need.

Community settings now include:

- Employment Services – The Health Improvement Team have partnered with Halton people into jobs which offers a range of services to help local residents seek employment. Health can be a barrier to employment so an NHS Health Check can help to identify issues and onward referral to services as needed.
- Workplaces – Often finding the time to access health services outside of working hours can be a barrier for people to attend. The NHS Health Checks are now

included in the Workplace Health Program. This means that individuals can attend a Health Check during their workday. It also supports employers to reduce absenteeism and improve productivity by supporting employees to become healthier.

- Community Clinics – An ability to attend health services during regular opening hours and use public transport to primary care have also been reported as a barriers to accessing services so evening and weekend clinics are now available in community settings across the borough.
- Targeted clinics- These have been developed (in partnership with agencies already working with these groups) to support those most in need but least likely to access routine clinics. Groups include asylum seekers/refugees, travellers, drug and alcohol users, the homeless population, and probation service users.

3.5 Delivery of NHS Health Checks programme

3.5.1 To improve patient centre care and better serve underrepresented groups, the NHS Health Check contract was updated.

3.5.2 Contractual updates to increase uptake and reduce health inequalities include:

- Mandatory Training –Staff who deliver NHS Health Checks must complete the Level 2 Royal Society of Public Health ‘Understanding the NHS Health Check’. This qualification gives staff the knowledge around a holistic approach to health interventions as well as covering key topics of addressing health inequalities and differentiating approach based on this.
- Incentivising Target Populations – GP Practices now receive an enhanced payment for completing an NHS Health Check on the poorest patients within the eligible population.
- Recent introduction of new software- NHS Health Checks should be completed using the newly introduced ‘Health Diagnostics’ software. This is to improve data quality, analysis and allow for focus on populations who have a low uptake.

3.6 Health Diagnostics software

3.6.1 The new IT software has the following functions to help improve inequities in uptake and monitoring of outcomes following Health Checks. Key functions of the system include:

- Targeted invitations are prioritised based on key demographics such as ethnic minority and resident deprivation score (Index of Multiple Deprivation).
- Interactive Consultation – the forms used to record patient information to clearly demonstrate their health status and uses a RAG (Red, Amber, Green) display to clearly outline what a reading means. This consultation also

advises staff on the recommended advice to be given to the patient.

- Automated Referrals –staff would previously have to use separate systems to make a referral. There is now a system where staff now have to actively decline to refer a patient for onward care (if indicated by the outcome of the Health Check). Referrals are then automatically sent to the relevant service.
- Reporting/Performance Monitoring – a detailed analysis outlining outcomes will be available over time allowing for analysis of Health Check data (e.g. population level data on physiological measurements) as well recording outcomes such as a patient receiving relevant medication.

3.7 Progress and next steps

3.7.1 Following the changes in the NHS Health Check service, there has been an increase of uptake overall as well as within those living the most deprived areas and ethnic minority groups.

3.7.2 The results have shown that there has been an increase in overall uptake from 2018/19 (2601) to 2023/24 year to date (3509). At the same time, there has been an increase in invite and uptake in Health Checks in the most deprived areas and ethnic minorities groups meaning that there is an overall decrease in inequalities.

3.7.3 Next steps are to promote the service through social media and community presence. A communications and marketing plan has been created for the service to fulfil this need.

4.0 POLICY IMPLICATIONS

4.1 The programme of work carried out by the Health Improvement Health Check Team to improve the health and wellbeing of working age residents will contribute to and inform strategic development of One Halton workstreams moving forwards.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Finance

The NHS Health Checks programme is one of the mandated services of the local authority. It is commissioned and delivered from the public health budget.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

The service is working in partnership with local authority employment services (Halton People into Jobs) to implement NHS Health Checks to encourage healthier lifestyles and address health issues. This approach is to better support access to employment.

6.3 **A Healthy Halton**

The work programmes identified in this report focus directly on this priority, to improve adults health and wellbeing, enabling them to live longer, healthier and happier lives.

6.4 **A Safer Halton- None**

6.5 **Halton's Urban Renewal - None**

7.0 **RISK ANALYSIS**

7.1 This report content does not present any obvious risk. Any risks linked to implementation will be identified as they arise and recorded.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The expanded service to improve accessibility and availability of services based on local insights supports improving uptake of the service across the population.

8.2 The new IT software encourages a more inclusive approach by giving bespoke advice based on known demographic differences to make the service proportionately universal in invitation process. An example is the difference in ranges of BMI dependant on ethnicity are enabled to provide more informed CVD risk assessment and advice.

8.3 Changes to the contract (in particular the need to complete training) supports staff to deliver an inclusive approach to all residents.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 By promoting healthier lives, this encourages a reduction carbon emission associated with reduction and/or avoidance of increased future healthcare needs. This includes a direct reduction in travel to healthcare services (and associated costs) which will reduce the carbon footprint associate with healthcare.

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

None under the meaning of the Act.