

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	25 July 2018
Title:	NHS Health Checks
Report From:	Director of Public Health

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1. Recommendation

1.1. The purpose of this paper is to seek approval from the Executive Member for Public Health to procure and spend for the NHS Health Checks programme, up to the maximum value of £9,100,000 due to commence from 1 April 2019 with a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years).

2. Executive Summary

2.1. The purpose of this paper is to seek Executive Member approval to spend for Public Health Services for adults aged 40-74 (NHS Health Check services) up to a maximum £9,100,000 due to commence from 1 April 2019 with a maximum contract term of 5 years (with an option to extend for a period or periods of up to 2 years) due to commence from 1 April 2019.

2.2. Under the Health and Social Care Act 2012 responsibility for commissioning and monitoring the programme moved from the NHS to local authorities establishing a legal responsibility for local authorities to offer a NHS Health Check to everyone within the eligible population every 5 years.

2.3. The County Council is redesigning the NHS Health Check service to ensure it delivers an effective programme and improved outcomes for those eligible and who take up the offer. There is an opportunity to make efficiencies whilst increasing uptake of the offer by those who could benefit most by having an NHS Health Check.

2.4. A trial is currently being undertaken with the Swan Medical Group. This is being run from June 2018 to October 2018. This is currently testing the specific mechanisms of a new invitation process and how to focus most effectively on increasing Health Check uptake by patients considered

most at risk of Cardiovascular disease (CVD). This will help inform best practice from April 2019.

- 2.5. The NHS Health Check helps the County Council meet its strategic goal; People in Hampshire live safe, healthy and independent lives.

3. Contextual information

Background

- 3.1. The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease. It also aims to raise awareness of dementia both across the population and within high risk and vulnerable groups. CVD is one of the conditions most strongly associated with health inequalities, with death from CVD three times higher among people in the most deprived communities compared to those in the most affluent areas. The cost of social and health care from the rise in levels of obesity, type 2 diabetes and dementia make the prevention and risk reduction of these conditions key drivers of the programme.
- 3.2. Modelling over a 1 year period shows that the NHS Health Check in Hampshire could result in 2,086 people being prescribed a cholesterol lowering drug and 1,311 people being prescribed an antihypertensive medication. In addition the programme in Hampshire has the potential to detect 353 cases of diabetes and 898 cases of chronic kidney disease earlier, allowing individuals to be better managed and improve their quality of life. Annually the programme could result in 2,528 additional people completing a weight loss programme, 649 additional people increase physical activity and 47 additional people give up smoking.
- 3.3. Local authorities are required to collect information on the numbers of NHS Health Checks offered and the NHS Health Checks received each quarter and return this data to Public Health England (PHE).
- 3.4. The NHS Health Check is made up of 3 key components: risk assessment, risk awareness and risk management. Once the assessment is complete, those receiving the check should be given clinically appropriate advice to help them manage and reduce their risk. This advice should be tailored to suit the individual's needs to help motivate them and support the necessary lifestyle changes to help them manage their risk. If necessary individuals should then be directed to either council commissioned public health services such as weight management services, or be referred to their GP for clinical follow up. This can include additional testing, diagnosis, or referral to secondary care. Additional testing and clinical follow up remains the responsibility of primary care and is funded through NHS England. Legal duties exist for local authorities in relation to offering an NHS Health Checks. Legal duties include giving patient information on element of the health check, for example Body Mass Index and cholesterol level. The specific tests and measures are listed in the NHS Health Checks Best Practice Guidance and Regulations (See Integral Appendix A).

3.5. One of the programme's objectives is to reduce health inequalities and local authorities may tailor the delivery of the programme in order to achieve this. Although local authorities have a duty to offer the NHS Health Check to all eligible people, PHE supports approaches that prioritise invitations to those with the greatest health risk. Local authorities are also required to continuously improve the percentage of eligible people having an NHS Health Check. PHE aspires to achieve a national take-up rate of 75% of the eligible population having an NHS Health Check once every five years.

Current Programme

- 3.6. The current NHS Health Check contracts are due to finish on 31 March 2019. There are 118 contracts with General Practice, 20 with pharmacies and 3 with community providers. The annual spend for this service from the Public Health budget in 2017/18 was £1,221,000. Payments are made to service providers based on the number of patients invited for an NHS Health Check and subsequent uptake of the NHS Health Check. The programme provides a universal offer where every eligible 40-74 year old is invited for a check once over a five year period (approximately 20% of the eligible population each year). A reminder letter is sent out approximately 1 month after the initial invitation letter. People are invited to make an appointment through their GP practice and attend accordingly.
- 3.7. PHE has published statistics on the proportion of the eligible population offered and proportion of the invited population taking up the NHS Health Check for the last five years. The data shows that from 2013/14 to 2017/18 100% (414,477) of eligible people in Hampshire were offered an NHS Health Check and that 46.5% (194,205) of those people received an NHS Health Check over the same period. The vast majority of NHS Health Checks are delivered in General Practice. In 2017/18, 41,635 (98.52%) health checks were delivered in General Practice, 238 (0.56%) were delivered in pharmacies and 387 (0.92%) were delivered by the two community providers.
- 3.8. Whilst the current programme invites all eligible residents it only achieved a 46.5% uptake rate over the 5 year period. A Health Equity Audit completed in March 2018 on NHS Health Checks delivered from 2013 to 2016 indicated that there is low uptake of the service from those considered to be most at risk, therefore increasing inequalities in health. The Health Equity Audit therefore confirmed the need to target specific 'at risk' groups.
- 3.9. Previous reviews of the NHS Health Checks Programme in Hampshire (January & August 2016) showed that uptake of the health checks has not generated the expected number of referrals into existing healthy lifestyle/risk management interventions. Only 3% of people undergoing an NHS Health Check were diagnosed with a cardiovascular or metabolic risk factor/condition. By modelling national expectations, it was found that

less than half of the numbers of people expected were prescribed with statins/anti-hypertensives. Few people with recognised lifestyle risk factors were recorded as being referred to lifestyle services. A recent patient satisfaction survey identified mixed feelings about the effectiveness of the NHS Health Check. There needs to be greater consistency in its delivery to help build patient confidence in the programme.

- 3.10. In January 2018 there was consultation with GP leaders about how the NHS Health Check could be improved locally. Whilst the potential value of the programme was recognised, it was stated that the utility would be increased by focussing on patients at higher risk of cardiovascular disease. They also commented that the NHS Health Check is process driven; there is no incentivisation for GPs to refer patients to lifestyle interventions and there are inconsistencies in the delivery of the NHS Health Check.
- 3.11. A bespoke time limited training offer, which ends on 31 March 2019, has been commissioned as part of the current NHS Health Check programme for Hampshire. This is available for all providers of Health Checks locally and intends to establish a standard service delivery so that all patients receive the same high level standard of care associated with the Health Check. To date, around 70 practices have accessed the training and work continues to encourage those remaining practice to take up this free training offer. There is also free online training available via the National NHS Health Check website and providers are also encouraged to access this resource.

Future Programme

- 3.12. A new service specification will be developed in accordance with the NHS Health Check Best Practice Guidance (PHE). It will describe the population needs, key service outcomes, scope of the service, quality standards and performance measures, pricing and include patient pathways for risk assessment and management. The service specification will retain the universal invitation element which is essential to meet the 100% target.
- 3.13. The future programme will be refined using the emerging findings from a trial that is being run at the Swan Medical Group, Petersfield from June 2018 to October 2018. The Swan Medical Group is managing the invitation process directly with their eligible patients, and testing electronic searches, invitation methods, the reporting of outputs and payment thereof.
- 3.14. A pricing incentive is being proposed to incentivise practices to increase the uptake from patients at higher risk of cardiovascular disease. These have proved successful elsewhere in increasing the proportion of people from key risk groups attending an NHS Health Check. The four higher or 'at risk' criteria, which are based on clinical evidence, are:
- residing in the most deprived quintile (explain quintile)

- has a BMI =>30
 - is a current smoker
 - has an immediate family history of CVD.
- 3.15. Payment will be given on evidence of NHS Health check uptake and the outputs from the health checks leading to subsequent health improvement. We want to see evidence of improved outcome recording and reporting. Examples where appropriate are:
- Communication of CVD risk score to patients
 - Assessment and diagnosis for diabetes or hypertension
 - Prescription of statins or anti-hypertensives
 - Referral to stop smoking or weight management services

It is expected that the service specification will be modified further following any findings from the trial NHS Health Checks programme which focuses on increasing uptake from a more deprived/at risk group cohort. The final service specification is expected to be ready by end of July 2018.

3.16. Market engagement events will be organised to inform the, development of the final NHS Health Check service specification. A communications plan is being developed to discuss future commissioning intentions with the current service providers which will include market engagement opportunities. The views and experiences of 40-74 year olds who receive the trial programme NHS Health Check will be considered and integrated where possible and practicable for the final service specification.

4. Finance

4.1. Within both the current and future budget plans there are sufficient funds available to meet the cost of the proposed contract value of up to £1,300,000 per year. This contract value is based on an increased uptake of the NHS Health Check by patients that fall in to at least one of the 'at risk' criteria (3.14 above). It is anticipated that the proposals contained within this report for the future programme will deliver efficiencies through greater use of electronic communications to reduce costs associated with the printing of results booklets, the invitation process and the end of the training contract described in 3.11 above.

4.2. The estimated annual saving is expected to be in the region of up to £100,000 per annum. This saving will contribute to the programme to reduce total Public Health expenditure to meet reductions of £8,290,000 in the ring fenced grant that commenced 2015/16 and are set to continue through to 2019/20.

5. Consultation and Equalities

5.1 Within the service being proposed there will be positive impacts for people with disabilities or who are from ethnic minority groups: the focus on

people considered 'at risk' should increase uptake by patients from these groups and thus allow them to benefit from any necessary interventions put in place following their Health Check.

5.2 It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.1. Refer to full Equality Statement in Integral Appendix B.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Previous member decision on Health Check commissioning	
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Health and Social Care Act 2012 (s.12) http://www.legislation.gov.uk/ukpga/2012/7/section/12	2013
Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulations 4 and 5), S.I. 2013/351 http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made	
NHS Health Check Best Practice Guidance https://www.healthcheck.nhs.uk/	2017

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

A full Equality Impact Assessment has been carried out.

If funding is approved to commission NHS Health Check services for Hampshire residents there will be a neutral impact for the majority of adults currently eligible to access the service.

Within the service being proposed there will be positive impacts for people with disabilities or who are from ethnic minority groups: the focus on people considered 'at risk' should increase uptake by patients from these groups and thus allow them to benefit from any necessary interventions put in place following their Health Check.

The service will also focus invitations on eligible patients living in the most deprived communities across Hampshire and they too should get the benefits from receiving appropriate health improvement interventions.

2. Impact on Crime and Disorder:

2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and wellbeing.

3. Climate Change:

3.1 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.

The NHS Health Check encourages service users to increase levels of physical activity which includes implementing active travel for both leisure and work purposes. This could therefore reduce levels carbon emissions from motorised transport.