REPORT TO: Health and Wellbeing Board

DATE: 18th September 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults

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 NHS Health Check Programme and to make recommendations on how health checks should be implemented in Halton.

2.0 RECOMMENDATION: That

1. the report be noted; and

2. Members comment on the recommendations for local implementation contained in section 7 of this report.

3.0 SUPPORTING INFORMATION

3.1 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 The Department of Health and Public Health England issued joint draft guidance in May 2013 to support local authorities to fufil their statutory duty to offer health checks to the local eligible population and advise on where there is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.

3.2 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.

3.3 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.

3.4 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.

3.5 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.

4.0 Local authority responsibilities

4.1 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).

4.2 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.

4.3 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.

4.4 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.

4.5 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.

5.0 **The risk assessment**

5.1 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.

The tests and measurements to be used as set out in the draft Best Practice guidance are detailed in Appendix A.

5.2 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.

5.3 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.

6. Guidance on risk management and lifestyle interventions

6.1 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.

6.2 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.

6.3 The Department of Health has published a ready reckoner for Health Checks which estimates the local outputs from the Health Check programme. It estimates that in each of the first five years of implementing the NHS Health Check programme:

- 330 additional people will complete a weight loss programme
- 180 additional people will be taking statins
- 85 additional people will be compliant with an Impaired Glucose Regulation lifestyle
- 46 additional people will be diagnosed with diabetes
- 138 additional people will be taking anti-hypertensive drugs
- 113 additional people will be diagnosed with chronic kidney disease
- 84 additional people will increase physical activity
- 6 additional people will quit smoking (the low number of people quitting smoking is due to the low compliance rate with smoking cessation interventions – 5%)

The ready reckoner also provides a cost benefit analysis of providing NHS Health Checks in Halton based on national cost estimates of delivering the programme and a total health gain of 627 QALY per annum at a cost of £1,905 per QALY. This estimates that the programme will deliver net savings of £31,895 after 20 years after the HC is completed.

7.0 Proposals for delivering NHS Health Checks in Halton

7.1 Currently the Council has an agreement 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.

7.2 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.

7.3 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.

7.4 Currently 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. Despite the proposed reduction in the time needed to complete a HC, the authority does not propose to reduce this fee schedule. This is due to the fact that the fee per HC is already slightly higher in other areas. However the time reduction will enable more HCs to be completed increasing the potential income generation for GPs.

7.5 The review of existing HealthChecks also looked at the commissioned pharmacy based programmes and found that while four pharmacy based providers had signed up to deliver HealthChecks 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 HealthCheck 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 pharmacy based provision more expensive currently.

7.6 The Council proposes that HC will continue to be delivered by GP practices under existing contractual arrangements and will seek to identify community based provision that is cost effective. A pilot will be run by the Public Health Team working with occupational health and human resources will seek to offer HealthChecks 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

7.7 Currently Halton's Health Improvement Team carries out an opportunistic assessment with their clients which 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.

7.8 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. The Council is 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.

7.9 A new Service Level Agreement has been drafted for GP practices setting out the requirements of the revised NHS Health Checks. This is attached as Appendix B.

8.0 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.

9.0 OTHER/FINANCIAL IMPLICATIONS

Halton has a budget of £160,000 per annum for the delivery of Health Checks. This sits within the ring fenced Public Health budget.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children and 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.

10.2 Employment, Learning & Skills in Halton

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

10.3 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.

10.4 A Safer Halton

None directly

10.5 Halton's Urban Renewal

None directly

11.0 RISK ANALYSIS

11.1 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.

11.2 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.

12.0 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 proactive 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.

13.0 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.

Appendix A

NHS Health Checks – Best Practice on the Risk Assessment

1. Cardiovascular risk assessment				
Tool/engine	**Data required**	**Thresholds**	**Key points**	**References**
Either QRISK2 or Framingham depending on local needs	Age (in years)	40 – 74 (inclusive)		
	Gender	Male or Female		
	Smoking status	QRISK2: Current smoker Non smoker (including ex-smoker) Framingham: Cigarette smoking or quit within past year Otherwise (i.e. not smoking and/or quit over a year ago)		
	Physical activity levels	UK Chief Medical Officer recommends that all adults shall be physically active daily and activity over a week should add up to 150 minutes.	A validated tool such as the Department of Health's General Practitioner Physical Activity Questionnaire (GPPAQ) is recommended to measure activity levels	http://publications.nice.org.uk/four-commonly-used-methods-to-increase-physical-activity-ph2 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152108/dh_128210.pdf.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152000/dh_133101.pdf.pdf
	Family history of coronary heart disease	In first degree relative under 60 years (required for QRISK2 but not Framingham)	First degree relative means father, mother, brother or sister	
	Ethnicity	White/not recorded Indian Pakistani Bangladeshi Other Asian Black African Black Caribbean Chinese Other (including mixed)	Ethnicity is needed for diabetes risk assessment Ethnicity should be recorded using the codes used for Office for National Statistics	
	Body Mass Index	Blood sugar tests required when	Required for CVD and	

		individual is in obese category: BMI is 27.5 or over in Indian, Pakistani, Bangaldeshi, Other Asian and Chinese ethnicity categories BMI over 30 for other ethnicity categories	Diabetes risk assessment	
	Cholesterol test	Framingham model: cholesterol measured as total serum cholesterol and high density lipid cholesterol QRISK2: cholesterol measured as ratio of total serum cholesterol to high density lipoprotein cholesterol	Cholesterol is a major modifiable risk factor of vascular disease and can be reduced by dietary change, physical activity and drugs A random (not fasting) cholesterol test can be used to ensure maximum take up	http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf http://publications.nice.org.uk/statins-for-the-prevention-of-cardiovascular-events-ta94
	Systolic (SBP) and diastolic (DBP) blood pressure	If the individual has a blood pressure at, or above, 140/90mmHg or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively, the individual requires: A fasting plasma glucose (FPG) or HbA1c test An assessment for hypertension An assessment for chronic kidney disease	Required for the diabetes filter and for assessment for chronic kidney disease and hypertension within primary care Local authorities will need to consider the provision of these tests and work closely with partners to ensure people are clinically followed up appropriately Recommended that 2011 NICE clinical guidance 127 on management of hypertension is followed	http://publications.nice.org.uk/hypertension-cg127 http://www.nice.org.uk/nicemedia/live/13561/56008/56008.pdf http://www.nice.org.uk/nicemedia/live/13561/56015/56015.pdf

2. Diabetes risk assessment					
Data required	**Thresholds for blood glucose test**	**Type of tests**	**Thresholds for lifestyle intervention**	**Key points**	**References**
Ethnicity BMI Blood pressure	BMI is in the obese range (30 or over, or 27.5 or over in individuals from the Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnic groups) Or Blood pressure is at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg respectively Some people who do not fall into the above categories will also be at significant risk: People with first degree relatives with type 2 diabetes or heart disease; People with tissue damage known to be associated with diabetes, such as retinopathy, kidney disease or neuropathy Women with past gestational diabetes; People with conditions or illnesses known to be associated with diabetes (e.g. polycystic ovarian syndrome or severe mental health disorders); People on current medication known to be associated with diabetes (e.g. oral corticosteroids)	Fasting plasma glucose	FPG greater than or equal to 7mmol/l (with symptoms) = diabetes diagnosis FPG greater than or equal to 7mmol/l (no symptoms) = repeat FPG – if same = diabetes diagnoses, if less than 7mmol/l = Non diabetic hyperglycaemia – intensive lifestyle advice FPG between 6 to 6.9 mmol/l = non diabetic hyperglycaemia – intensive lifestyle advice FPG less than 6mmol/l = healthy lifestyle advice	Recognised as an acceptable first test to identify those at high risk of diabetes. Person tested should be informed of fasting requirement and if possible appointment scheduled for 11am or earlier to make fasting easier.	www.screening.nhs.uk/vascular/VascularRiskAssessment.pdf http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38 http://www.who.int/diabetes/publications/report-hba1c_2011.pdf
		HbA1c (glycated haemoglobin)	HbA1c greater than or equal to 6.5%/48mmol/mol (with symptoms) = diabetes diagnosis HbA1c greater than or equal to 6.5%/48mmol/mol (no symptoms) = repeat HbA1c – if same = diabetes diagnosis, if less than 6.5%/48mmol/mol = non diabetic hyperglycaemia –intensive lifestyle advice	More convenient than FPG as individual doesn't need to fast. Recognised by World Health Organisation as an alternative method of diagnosis provided: Stringent quality assurance methods are in place; Measurements are standardised; No conditions exist that would affect its accuracy	

			HbA1c between 6 to 6.5%/42 to 48mmol/mol = non diabetic hyperglycaemia – intensive lifestyle advice HbA1c less than 6%/42mmol/mol = healthy lifestyle advice	(e.g. anaemia and some variant haemoglobins) The test is not recommended for pregnant women or where in situations where the blood glucose levels can rise rapidly	

3. Alcohol risk assessment			
Data required	**Key points**	**Thresholds**	**References**
AUDIT score	The AUDIT questionnaire is 10 questions long (not everyone will need to answer all 10 questionnaires) and takes approximately 3 minutes to complete The assessment can be split into 2 phases: 1. An initial screen to identify those at risk; 2. A second phase to identify the level of risk There are two initial screening questionnaires bot are sub sets of the full audit and can be self completed by the user or as verbal questions: AUDIT-C (first 3 questions of full audit); Fast Alcohol Screening Test (FAST) (four of ten questions from full AUDIT).	Initial screening: AUDIT-C Above or equal to 5 FAST Above or equal to 3 If patient scores above threshold the second phase is to complete the full AUDIT AUDIT threshold – a score of 8 or above indicates that the person's alcohol consumption could put their health at risk and they should be offered brief alcohol advice. A referral to alcohol services should be considered for those scoring 20 or more.	http://publications.nice.org.uk/alcohol-use-disorders-preventing-harmful-drinking-ph24