

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Adult Social Care and Health Cabinet Committee

Date: 11th July 2014

Subject: Health Check Programme Update

Classification: Unrestricted

Summary:

Kent County Council inherited a number of commissioned services when public health responsibilities transferred into the authority. As a part of a structured programme these services are being systematically reviewed prior to re-commissioning.

This paper outlines the background to the health check services, details the current service provision and discusses the options for future service delivery.

Next steps in the process of developing service specifications are discussed.

Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to:

1. Note the current position of the programme
2. Agree to this committee receiving a paper in September outlining the recommended approach to future delivery

1. Introduction

1.1. Background

1.1.1. The *Global burden of disease* report (2013) highlighted the need to reverse the growing trend in the number of people dying prematurely from non-communicable diseases. Since 1990, the number of people dying from ischemic heart disease and diabetes has risen by 30% and a high body-mass has been attributed as the most important cause of premature mortality and disability.

1.1.2. The Secretary of State for Health has prioritised reducing premature mortality with a focus on improving prevention and early diagnosis; the NHS Health Check programme is a key element in supporting this ambition.

1.1.3. The Department of Health published *Living well for longer: a call to action on avoiding premature mortality* and the *Cardiovascular disease (CVD) outcomes strategy* on 5 March 2013. Both identify the NHS Health Check programme as a vehicle for delivering ambitions.

1.2. What is the Health Check Programme?

1.2.1. The NHS Health Check programme is a national cardiovascular disease (CVD) risk assessment programme that became a mandated responsibility for the NHS in 2012. This responsibility transferred from the NHS to Kent County Council with Public Health in April 2013.

1.2.2. It is a five year rolling programme that targets people aged between 40 and 74. People in this age range are invited every five years to receive a Health Check to assess their risk of CVD. CVD includes heart disease, stroke, diabetes, kidney disease and vascular dementia. Patients already diagnosed with any of these conditions, or who have hypertension, or are already on a statin medication to control cholesterol, or are receiving palliative care are not eligible and are therefore excluded from the invitation process.

1.2.3. To enable a structured approach for a five year programme that allows for an equalised number of patients per year, patients are targeted for invitation in the financial year that they will turn a centennial age. (I.e. age will end in a '0' or a '5').

1.3. What does a Health Check consist of?

1.3.1. The check takes about 20-30 minutes and comprises simple questions on:

- age
- sex
- ethnicity
- family history
- smoking status
- amount of exercise
- Alcohol consumption.

Recording of:

- height, weight, Body Mass Index (BMI)
- blood pressure
- cholesterol levels

1.3.2. For people over 65 years old, there is also an element on dementia awareness and signposting.

1.3.3. A formula is then applied to give an indication of the risk of developing cardiovascular disease which is then discussed with the patient and further investigatory referral made for those identified as high risk. Referrals are made to health improvement services dependent on results.

2. Current Service

2.1. Current provision of the service

- 2.1.1. Currently the Health Checks Programme commission is worth approximately £2.1m per annum (dependent on performance – for example poor performance by the provider in the first three quarters of 2013/14 resulted in a claw back of circa £700,000) and is held by Kent Community Health Trust (KCHT), who sub-contract with GP practices, and pharmacies to deliver the programme on their behalf.
- 2.1.2. There are two key elements to the service – the invitation to receive the check, and the delivery of the check.
- 2.1.3. There are 197 GPs practices who provide the service, and only eight practices who are not engaged in the programme delivery. Of these, 157 practices offer the invitation and the check, whilst 40 practices offer the invitation only.
- 2.1.4. There are approximately 19 community pharmacy providers, and Kent Community Health trust organises clinics for practices that are not offering the service. They also undertake outreach checks, including at some employers and in offender institutions
- 2.1.5. An important part of the service is the implementation of a software system that allows collection and interrogation of data.

2.2. Target population

- 2.2.1. Using 2011 ONS statistics, the total number of people in Kent eligible for a Health Check between 2013-2019 is 444,482. The number of people who were due to be invited in 2013/14 was 91,241, with a target that 50% of those invited will receive a check.
- 2.2.2. For next year, 2015/16, the Public Health England aspiration is to achieve 66% (60,826) uptake of checks.

2.3. Current performance

- 2.3.1. The two key elements of the programme (number of invites and subsequent uptake) are measured and reported via the Public Health Outcomes Framework.
- 2.3.2. The performance for the past two years is shown in the table below, and the impact of the effective contract management (and enforcement of penalties) can be seen by the increase in performance in the fourth quarter of 2013/14. This has meant that the target for invites was met for the year, whilst performance for the number of people receiving health checks was approaching the required levels in the final three months of the year.

Trend Data – by quarter	2012/13		2013/14				
	Q4 (Jan-Mar)	Full 2012/13	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2013/14
Target Offers	22,811	91,241	22,810	22,810	22,810	22,811	91,241
Actual offers	19,292	67,992	19,761	18,996	27,608	28,639	95,004
Target receive	11,406	45,621	11,405	11,405	11,405	11,406	45,621
Actual receive	9,569	29,845	6,455	8,836	6,924	10,709	32,924
% of target offers received	42.0%	32.7%	28.3%	38.7%	30.4%	46.9%	36.1%
RAG Rating	Amber	Red	Red	Red	Red	Amber	Red
National %	48.2%	40.4%	37.4%	45.3%	42.6%	-	-

3. Developing options for future service delivery

- 3.1. The current model of delivery (and contract with KCHT) was inherited as a part of the transfer of responsibilities from the NHS to local authorities, and it is therefore important that it is reviewed to understand if it is an effective model, or if there could be improvements.
- 3.2. It is also important to recognise that a new programme on this scale (with an eligible customer base of over 440,000 people), could take time to establish itself, and for people to recognise the value of the service.
- 3.3. Improvements in recent performance should also be recognised when developing an appropriate short and medium term plan of action, although improvements will need to be carefully monitored.
- 3.4. Different possibilities for the commissioning of this service are:
 - Prime provider – sub-contracting to primary care providers, e.g. GPs and community pharmacies. The prime provider will co-ordinate services, including paying sub-contractor to deliver outreach. **(This is the current model).**
 - Single provider – involves commissioning a single provider or consortium to deliver NHS health checks. This will include both the invitation and the check.
 - Any qualified provider model - this will contract directly with GPs, pharmacies and outreach providers to deliver NHS health checks and payment will be based on numbers delivered.
 - Primary care based model with additional outreach which will contract directly with primary care (GPs and community pharmacy) and additional outreach will be commissioned separately.
 - Partial in house delivery - KCC could administer the invite dimension of the programme through the Kent Primary Care Agency database and contract out the health checks.

4. Next Steps

- 4.1. The Public Health Commissioning team will review all options to determine the recommended model for the delivery of health checks, prior to returning to committee in September. The focus will be how to improve performance particularly with key groups vulnerable to poor health outcomes.
- 4.2. Different models of delivery will be evaluated including a review of the approach with other areas nationally, and exploring where innovation in the approach may be needed to improve performance.

Recommendation(s):

The Adult Social Care and Health Cabinet Committee is asked to:

1. Note the current position of the programme
2. Agree to this committee receiving a paper in September outlining the recommended approach to future delivery.

5. Background Documents

- 5.1 None

6. Contact Details

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