

NHS Health Check Assessments

Purpose of report

For noting and discussion.

Summary

Members will hear from Nicola Strother Smith, National Director, NHS Diabetes and Kidney Care and Jamie Waterall, NHS Health Check Programme Manager on the new role for local government in the delivery of the NHS Health Check Assessments. Biographies for the speakers are enclosed as **Appendix 6a**. The NHS Health Check programme offers preventative checks to all those aged 40 -74 to assess their risk of vascular disease followed by appropriate management and interventions. From April 2013, local authorities will be mandated to deliver NHS Health Check assessments for eligible men and women.

Recommendation

Members are asked to note the presentations and discuss the LGA's role in representing the interests and concerns of local government in relation to their new role in delivery of the NHS Health Check Programme.

Action

As directed by the Community Wellbeing Board.

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NHS Health Check Assessments

Background

1. The Health and Social Care Act 2012 significantly extends the powers and duties of local government in leadership of public health. The transfer of local public health services from primary care trusts to local government, coupled with the creation of Health and Wellbeing Boards, is one of the most significant changes to the health and wellbeing landscape in a generation. From April 2013 upper-tier councils will have responsibility for a wide range of health improvement services including the NHS Health Check programme. This briefing will explain why NHS Health Checks are important, what a check consists of, and the implications for local authorities.
2. The NHS Health Check programme (formerly known as 'vascular checks') will offer preventative checks to all those aged 40 -74 (around 15 million people in England) to assess their risk of vascular disease (heart disease, stroke, diabetes and kidney disease) followed by appropriate management and interventions. The proposals for the programme were set out in 'Putting Prevention First', published on 1 April 2008 and aim to ensure greater focus on the prevention of vascular disease and a reduction in health inequalities. Implementation of this programme began in April 2009.
3. Cardiovascular disease (CVD) is the single biggest cause of death in England and stroke is the biggest cause of disability contributing to almost one-third (32 per cent) of all deaths registered in 2010 (ONS, Births and Deaths in England and Wales 2010). Coronary heart disease is the UK's biggest killer, causing about 94,000 deaths each year. One in five men and one in seven women die from the disease. The Secretary of State for Health announced in December 2011 that a new CVD outcomes strategy would be developed. This will set out what needs to be done to deliver improved outcomes for CVD - from prevention, through to diagnosis and treatment, long-term support and end-of-life care.
4. Whilst great progress has been made in terms of mortality reductions in recent years, demographic changes such as an aging population and trends such as increased prevalence of obesity mean that these gains may be lost without further action.
5. From April 2013, local authorities will be mandated to deliver NHS Health Check assessments for eligible men and women. New public health responsibilities of local authorities, which will not be mandated, include local activity on provision of lifestyle interventions – including intensive lifestyle interventions for those at high risk of diabetes, weight management, smoking cessation and physical activity interventions - as part of the NHS Health Check programme.

What does a Health Check consist of?

6. The NHS Health Check programme is a national prevention programme which is provided locally, in the main by GPs. The NHS Health Check consists of two parts:

- 6.1 **Risk assessment.** Individuals attend a face to face consultation where they are asked a series of questions and some simple tests are carried out. These are designed to determine their risk of developing heart disease, stroke, diabetes and kidney disease, which is communicated in terms of 10 year risk of future events i.e 30% change over the next 10 years.

6.1.1 The questions include:

- Age, gender and ethnicity
- Details of their past illnesses and those of close family members
- Lifestyle habits which have an impact on health such as tobacco, physical activity and diet.

6.1.2 The tests include

- Blood Pressure
- Body Mass Index
- Blood test for Cholesterol
- Blood test for Kidney Disease and or Diabetes (in those at risk).

- 6.1.3 Additional components to be introduced from April 2013. Ministers have announced that from April 2013, the NHS Health Check programme will also systematically include alcohol risk assessment and for those aged 65-74 years old information on the symptoms of dementia and how to access services if required.

- 6.2 **Risk management.** Once the risk assessment is completed, a discussion with the individual then occurs during which the result of their check and risks are conveyed to them and what this means for individuals. Lifestyle advice is provided, for example to give up smoking, to be more active, to eat healthily, to lower alcohol consumption. According to the need of the individual further lifestyle support may be offered by referral to other services, such as:

- Smoking cessation services
- Physical activity sessions e.g. outdoor gyms in green spaces, walking groups,
- community based exercise programmes
- Healthy eating sessions
- Weight management sessions
- Alcohol awareness sessions

Implications for Local Authorities

7. Local Authorities are required to plan for a programme that will enable all of their eligible population to be invited over a five year rolling cycle (inviting 20% of those eligible each year). 20% of a Local Authority's eligible population need to have had an "offer" of a NHS Health Check.

8. The “take up” i.e. the number of health checks ‘received’, also needs to be monitored by Local Authorities as stated within the Public Health Outcomes Framework for England 2013-2016 as an indicator for Health Improvement. However, some concern has already been expressed that it may be the “worried well” - people who are fit and take an interest in their own health - who attend while those who are at high risk of serious illness keep away.
9. One of the main challenges going forward will be ensuring adequate workforce capacity and funding to provide the necessary lifestyle interventions and ensuring that services are fully integrated to enable smooth transition of patients from the check, through potentially multiple support services and back to the GP. Other challenges will include the transfer of patient data and performance metrics from and to multiple providers, GP practices and the local authority. Finally contractual arrangements will need to be revised to reflect the shift to the local authority.
10. Elected members have a valuable role in helping to promote uptake and awareness of NHS Health Check programme as part of their work to support residents to improve their health and well-being. We are also aware that there is significant variation in the current levels of rollout of the programme across England. This was detailed in a report published earlier this year by Diabetes UK entitled The NHS Health Check programme, let’s get it right. The full report is included at the end of this report as **Appendix 6b**, and it provides a full breakdown of the 2011-2012 performance for each PCT across England.