Scrutiny and NHS Health Check

Understanding data briefing

cfps Centre for Public Scrutiny

accountability, transparency, involvement

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Background to this briefing

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia**.** Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of developing one of the above conditions; and will be given support and advice to help them reduce or manage that risk.

Local Authorities took over responsibility for Public Health including commissioning NHS Health Checks from April this year and now have a legal duty to make arrangements:

- for each eligible person aged 40-74 to be offered an NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible
- for the risk assessment to include specific tests and measurements
- to ensure the person having their health check is told their cardiovascular risk score, and other results are communicated to them
- for specific information (such as bmi, blood pressure etc.) and data to be recorded and, where the risk assessment is conducted outside the person's GP practice, for that information to be forwarded to the person's GP

Local authorities are also now required to seek a continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check. The higher the take-up rates for the programme, the greater its reach and impact and the more likely the programme is to tackle health inequalities. There are no targets but the aim is to work towards take-up rates in the region of 75% (comparable with NHS screening programmes).

In 2013, CfPS was commissioned by Public Health England to work with five local areas to use scrutiny to understand levels of take up in their area and to suggest improvements including the 'costed and consequential' benefits using CfPS' return on investment model of scrutiny. The five areas are:

- London Boroughs of Barnet and Harrow – joint review
- Devon County Council
- Lancashire County Council and South Ribble District Council – joint review
- London Borough of Newham
- Tameside Metropolitan Council

One of the biggest challenges for these councils has been access to (and understanding of) local data that can be used during the review and on which to base their return on investment calculations.

Therefore this briefing seeks to raise questions that other areas wishing to review their NHS Health Check service can use to help them understand their local data.

What data is used and how is it collected and reported?

In order for local authorities to commission the programme effectively, to support data transparency and to enable public access to data, local authorities are required to report information on basic programme activity. This information will be added to the single data collection for reporting against the Public Health Outcomes Framework.

The data reported for NHS Health Checks is:

- The number of NHS Health Checks offered in the quarter – this should count the first invitation only – the date of the invite determines which quarter it is reported in.
- The number of NHS Health Checks received in the quarter – the data is reported in the quarter that the appointment actually happens (not when it is offered).

General Practices and alternative service providers (including pharmacies and community outreach clinics) commissioned to conduct the NHS Health Check are required to routinely record this information in an electronic form.

Local Authorities are required to report these statistics on a quarterly basis via the national NHS Health Check website and data tool.

	Q1 April-June	**Q2 July-September**	**Q3 August-December**	**Q4 January-March**
Return required	31 July	31 October	31 January	30 April

The information is calculated using population estimates – using data from the Office for National Statistics, with a calculation of those ineligible for NHS Health Checks (those diagnosed with a condition and already within the system) removed. These estimates are taken at a fixed point in time and do not allow for population movement and churn.

All of this information is then reported quarterly on the NHS Health Check website which includes information and advice including:

- an interactive ready reckoner to identify potential health benefits at council level (this will be updated as the economic modelling behind the programme is refreshed)
- a map showing offers-made and take-up, now at local authority level
- regular e-Bulletins with up-to-date-information about the programme.

10 questions for a scrutiny review

- ✓ Do you know how many people in your area have died from or suffer with vascular disease (heart disease, stroke, diabetes, kidney disease and certain types of dementia)? And how does this data compare to other data on health inequalities within your area?

- ✓ Do you know how effective your NHS Health Check programme is? Do you know how many of the people that your programme has seen have been identified at risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia?

- ✓ Who does the council commission to deliver the NHS Health Check within your area? Have other providers been considered by commissioners? If there is a mix of providers, how do their success rates compare with each other?

- ✓ Is adequate data available to make a judgement about how successful NHS Health Checks have been in your area?

- ✓ How is the NHS Health Check publicised within target communities? Do those targeted communities match the strategic priorities within the Joint Strategic Needs Assessment, and deliver the aspirations that have been planned for?

- ✓ How is take up of the NHS Health Check being linked to other preventative interventions such as availability and accessibility of services to help people to make lifestyle changes e.g. stopping smoking, being more physically active, weight management etc?

- ✓ Are there variations in take-up between GPs or cluster groups and if so, what are the reasons? How do commissioners plan to cover any gaps?

- ✓ Does the council have a plan to improve the take up of NHS Health Check? Are there particular groups that need attention; or are commissioners going for the volume of interventions?

- ✓ To what extent are NHS Health Checks followed up and are non-attendees followed up?

- ✓ What is the success rate of follow-up interventions (e.g. numbers of statins prescribed, attendance at clinics, community prescription take up - if provided in your area)?

About CfPS' Return on investment model of scrutiny

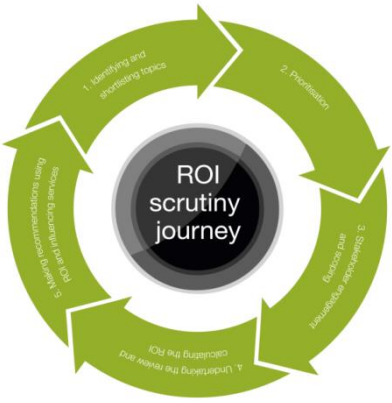
Council scrutiny – a powerful tool for improving health!

CfPS' work has highlighted a pro-active role for scrutiny – not just moving in when things go wrong. Council scrutiny can have an active and vital role in helping the council and its partners to understand the inequalities that communities face and suggest solutions. Scrutiny can:

- Develop local understanding – of the area, the data and the people – helping with the development of the joint strategic needs assessment.
- Engage the community – the right people at the right time in the right place – getting to understand the local picture to build an effective health and wellbeing strategy.
- Improve partnership working – by being a bridge across barriers.
- Improve leadership and ownership – improving health and wellbeing lies with all of the council and its partners.

As mentioned above CfPS has helped the five areas to review NHS Health Check using its specially developed return on investment model that helps to:

- Identify topics -*understanding the health inequalities in your area.*
- Pick the right topic to review – *using impact statements linked to the policy objectives of the Marmot Review.*
- Engage with all stakeholder engagement – *involving all stakeholders in the review.*
- Undertake the review and measure impact - *estimating and evaluating the impact and calculating the potential return on investment.*
- Make qualitative and quantitative recommendations – using potential 'costed and consequential' saving to influence service change.



For more information on this model, please log on to our website www.cfps.org.uk or contact su.turner@cfps.org.uk