

**NHS Health Checks: Performance Summary for the Cabinet Committee on Performance Improvement, 28<sup>th</sup> November 2013**

**Background**

The NHS Health Checks Programme is a national programme to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through primary prevention and early diagnosis. It is aimed at everyone aged between 40 and 74 years who has not already been diagnosed with one of these conditions or is known to have risk factors. The NHS Health Check involves a lifestyle questionnaire, blood tests, advice to help reduce risk and, in appropriate cases, referral to wellbeing services.

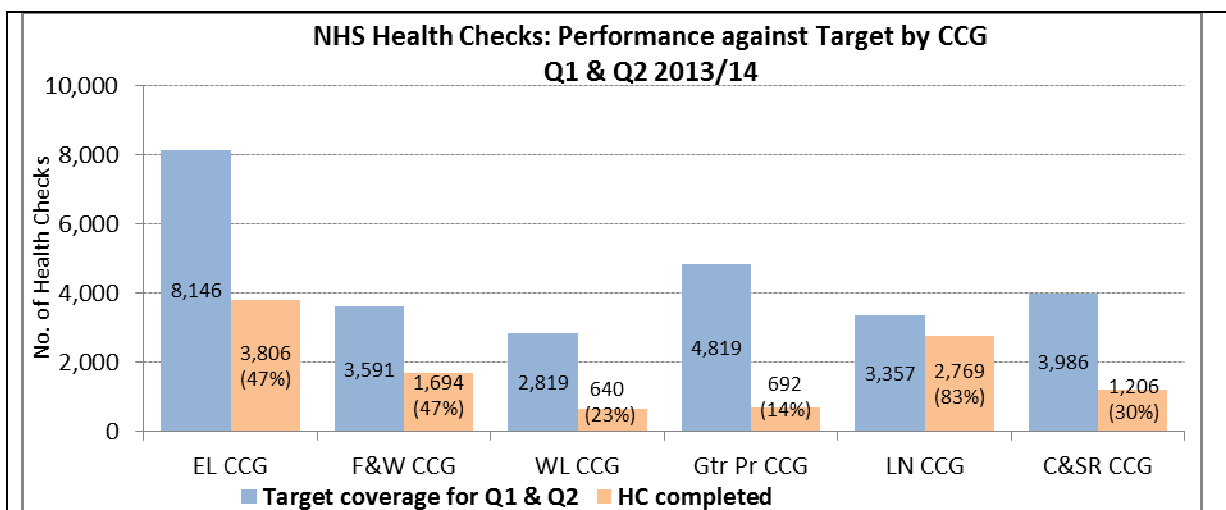
The NHS Health Checks Programme commenced in 2009 and is being rolled out over 5 years, such that 20% of the eligible population is invited every year. The aspirational uptake target is for 75% of those invited to attend.

Following the introduction of the Health and Social Care Act 2013 in April 2013, the responsibility for the commissioning of NHS Health Checks passed from Primary Care Trusts to Public Health in Lancashire County Council. To date, the service has been provided almost exclusively by general practices. In June 2013, Lancashire County Council issued a new contract to all general practices. One of the main changes was the removal of payments for follow up for NHS Health Checks, to conform to the national specification.

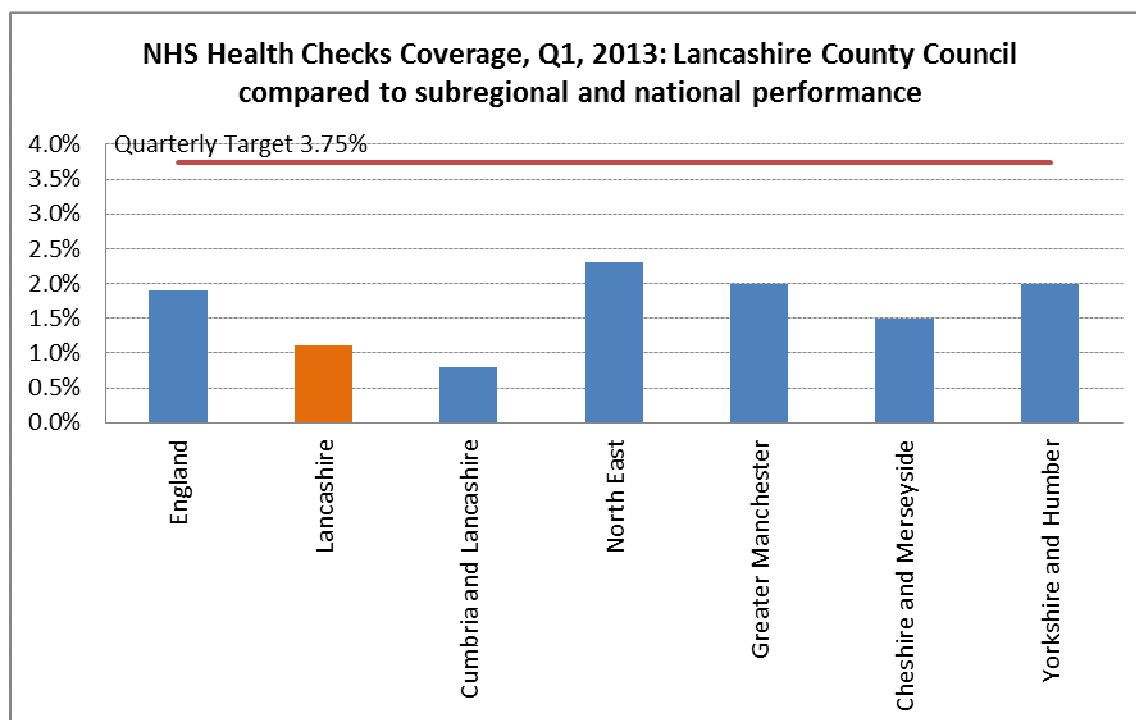
**Performance (April - September 2013)**

The Department of Health have produced an NHS Health Check Ready Reckoner tool which indicates that, across Lancashire County Council, 359,143 people are eligible for an NHS Health Check.

The Public Health Business Plan 2013-4 sets out a target of 15% coverage for NHS Health Checks for this financial year (which translates to a quarterly coverage target of 3.75%). Between April and September 2013 Lancashire County Council needs to have undertaken 26,753 NHS Health Checks for eligible people living in Lancashire. Over this period the actual number of NHS Health Checks undertaken was 10,913, which is 40.8% of the target number. Performance varies geographically, ranging from 14%-83% across the six Lancashire CCGs (see figure below).



Official statistics have not yet been published for quarter 2. However, official statistics for quarter 1 indicate that all areas of the country are underperforming (see figure below).



Based on performance to date, predicted coverage for Lancashire County Council in 2013-14 will be 6%.

#### Reasons for current underperformance

- Only 72% of general practices have signed up to the contract to provide NHS Health Checks. Some practices are not undertaking any NHS Health Checks.
- It is not currently known how many of the 359,143 eligible people in Lancashire have already received their NHS Health Check prior to 2013. If a large proportion have already received an NHS Health Check, then the stated performance targets may not be appropriate.

- Low uptake by the population is a likely explanation but cannot be substantiated as we are not currently able to interrogate practice data to get a firm understanding of the number of NHS Health Checks offered and the proportion of people who accept the invitation for an NHS Health Check.

### **How performance is being addressed**

#### **At a strategic level:**

1. Commissioning NHS Health Checks is a priority within the Lancashire Public Health Business Plan 2013/14
2. A Lancashire NHS Health Checks Steering Group (including representation from Public Health England, NHS England, the Local Medical Committee, Clinical Commissioning Groups and Practice Managers' Forums) was established in July 2013 to improve the performance and quality of the local NHS Health Checks Programme. The steering group has developed an action plan which is closely monitored and updated on a monthly basis.
3. The Public Health Team in Lancashire County Council is being closely supported by Public Health England to improve performance, quality and performance monitoring for NHS Health Checks, through the newly established Lancashire and Cumbria NHS Health Checks Network.

#### **At an operational level, the Public Health Team is:**

1. Working closely with CCGs and practice managers to encourage 100% sign up and increase the numbers of NHS Health Checks being offered by practices.
2. Listening to the views of providers and other stakeholders and reviewing the contract and specification to support effective delivery of the programme.
3. Working with the Commissioning Support Unit to strengthen contract monitoring with respect to NHS Health Checks.
4. Exploring options to enable us to interrogate practice data to gain a better understanding of uptake and demographic variation in uptake to inform targeted campaign work.
5. Implementing a communications strategy to promote the uptake of NHS Health Checks to the general population and in particular to men from deprived areas (as they have characteristically low uptake according to national evidence).
6. Progressing commissioning intentions for NHS Health Checks including procurement of services from a range of alternative providers (see table below)

Commissioning Intention	How to be commissioned	Estimated additional Health Checks Delivered	
		In year (2013/14)	When fully implemented
Progressing commissioning NHS Health Checks from Prison Healthcare.	Contract variation	500	1000-1200
Progressing commissioning NHS Health Checks from Healthy Living Pharmacies.	Framework agreement/contract	500	9000
NHS Health Checks in communities and workplaces	Contract variation	2000	25000
Encourage GP sign up	As existing	3000	10000
<b>TOTAL</b>		<b>6000</b>	<b>45,000</b>

A report with recommendations for procurement will be submitted in December 2013 to the Cabinet Member for Health for approval to progress the commissioning intentions. Some performance improvement will be possible in quarter 4 if approval is given to arrange contracts and services are quickly mobilised. Increased capacity in the commissioning team is being sourced to manage the procurement and contracting exercise, as well as additional specialist procurement support.

These developments will ensure Lancashire County Council is better placed to deliver on NHS Health Checks performance in 2014/15.

Paper written by Dr Karen Slade (Consultant in Public Health, Lancashire County Council and Chair of the Lancashire NHS Health Checks Steering Group)

### Children and Young People's Safeguarding Pressures

The last 18 months have seen a significant increase in safeguarding activity. The number of referrals to children's social care, which had previously been falling, rose by more than one third over this period and the rate of referrals, at around 790 per 10,000 population, is running at more than 50% above the national rate (521 per 10,000). Much of the increase in referrals is attributable to increases in child in need and domestic abuse referrals. The rate of referrals within 12 months of a previous referral is below the national average and suggests that the majority of cases are new to children's social care.

Alongside the increase in referrals we have seen substantial increases in the numbers of initial and core assessments of children in need. In addition, we have seen an increase in section 47 investigations into cases where children may be at risk of significant harm.

There have also been substantial increases in the numbers of children on child protection (CP) plans and children looked after (CLA). However, despite these increases, Lancashire's rates per 10,000 are now only a little above national average rates having been some way below these rates historically. Both national and local data on CLA and CP rates show a clear link with deprivation with the most deprived areas tending to report the highest rates and vice versa. Analysis of the CP and CLA rates of all the children's services authorities in the country suggest Lancashire's rates are around the norm when taking deprivation into account.

There may be a number of factors contributing to this increase in safeguarding activity. Economic factors including welfare reform may be having an impact. In addition, a greater understanding of safeguarding issues and a greater awareness of and a determination to address issues such as neglect and domestic abuse may be contributing to the higher workload.

We are investing resources in developing a greater understanding of safeguarding issues. The Social Research Unit has been commissioned to undertake research around children coming into care. The new social care information system to be implemented in 2014 will enable us to develop a greater understanding of risk factors such as the so-called 'toxic trio' (parental mental health, substance misuse and domestic violence) which are highly prevalent features in child protection cases.

A great deal of investment is also being made in initiatives to help us identify and address issues sooner thereby avoiding the need for statutory intervention (e.g. Multi-Agency Safeguarding Hub, Working together with Families, Best Start Lancashire, placement of social workers in schools, 'Edge of Care' services, early support etc.).

A presentation will be made at the CCPI meeting to provide a more detailed overview of the increase in activity.

Ann Pennell  
Director of Targeted and Assessment Services