

Decision Maker: Portfolio Holder for Care Services

Date: Pre Decision Scrutiny by Care Services Policy, Development & Scrutiny Committee
29th October 2013

Decision Type: Non-Urgent Non-Executive Non-Key

Title: NHS s.256 Funds Approval to Use Carry Forward – Bromley NHS Health Check Programme

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Chief Officer: Terry Parkin Executive Director, Education and Care Services

Ward: Boroughwide

1. Reason for report

- 1.1 In the final budget outturn report presented to Care Services PDS in June 2013 it highlighted social care funding via the PCT under s256 agreements, the report requested that £583k be drawn down so that it could be carried forward into 2013/14. This report requests that £44k be approved from this funding to support two projects identified within this report to maximise the effectiveness of the NHS Health Check programme.
- 1.2 The first project will focus on the prevention of diabetes and the second will evaluate the NHS Health Check Programme against the Pan London quality standards and achievement of specific health outcomes.

2. **RECOMMENDATION(S)**

- 2.1 The Members of the Care Services PDS committee are asked to note and comment on the contents of this report
- 2.2 The Portfolio Holder is asked to approve the drawdown of £44k to undertake the two projects outlined in section three of the report.

Corporate Policy

1. Policy Status: Existing Policy: Mandatory Public Health Programme for Health Improvement – (Department of Health (Jan 2012). Improving outcomes and supporting transparency Part 1a: A public health outcomes framework for England, 2013-2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf
REFERENCE The Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 No. 351 Part 2 Regulation 4 and 5
<http://www.legislation.gov.uk/ukxi/2013/351/regulation/4/made>)
 2. BBB Priority: Promoting Independence: Diabetes is a Health and Wellbeing Strategy Priority
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Financial

1. Cost of proposal: Estimated Cost: £43, 920 for 2013/14
 2. Ongoing costs: None:
 3. Budget head/performance centre: Budget for the NHS Health Check Programme within Public Health (800120). This budget includes staff costs, Third Party payments, Supplies and services and transport. Nurses do spend time on other Public Health programmes so only proportion of their time is spend on implementing NHS Health Check programme
 4. Total current budget for this head: £751,700 of which estimate £614,235 on NHS Health Checks programme
 5. Source of funding: Section 256 Agreement in March 2013 underspend from Public health whilst still Primary care Trust
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Staff

1. Number of staff (current and additional): Current allocation for NHS Health Check Programme; 1.00 WTE Co-ordinator, WTE 2.8 Public Health Vascular Nurses time for NHS Health Checks (additional 0.8WTE for other Public health programmes totalling 3.6 WTE allocation) However vacancy currently exists in 1.00 WTE Nurse. 1.00 WTE Admin and Secretarial Assistant. Additional staff: The improving Diabetes Prevention Project will be in collaboration with staff from the Providers of the NHS Health Checks. The Evaluation of the NHS Health Checks project will require additional staff 0.4WTE short term for 3months.
 2. If from existing staff resources, number of staff hours: 400 hours
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Legal

1. Legal Requirement: Statutory Requirement to deliver the NHS Health Check programme: The Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 No. 351 Part 2 Regulation 4 and 5
<http://www.legislation.gov.uk/ukxi/2013/351/regulation/4/made>)
 2. Call-in: Applicable:
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
92,080 people in Bromley are currently eligible for an NHS Health Check so could benefit from improvement in quality as a result of a comprehensive evaluation.
19,725 NHS Health Checks performed 2010 – 2013
9,028 NHS Health Checks to be performed this year
Estimated 5,667 people at increased risk of diabetes (2011-2013) and of those an estimated 2,819 will be identified from the project as requiring blood testing and of those an estimated 280 people will additionally be found to have raised blood glucose levels.
Already identified are 276 people who have raised blood glucose levels (2011-13) indicating very high risk of diabetes requiring intensive intervention to date and estimated to be 289 per year going forward.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The Bromley NHS Health Check programme is a risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia and helps them to take action to avoid, reduce or manage their risk of developing these health problems. The NHS Health Check includes a filter pathway to identify people at increased risk of diabetes due to obesity or raised blood pressure.
- 3.2 For 2013-14, 92,080 people in Bromley are eligible for an NHS Health Check over the next five years. Each year one fifth (20%) are offered an NHS Health Check. This year 20% equates to 18,416 invitations in Bromley. It is a national requirement to increase the percentage uptake each year. Detail of figures completed 1st April to end of March 2013 is shown in Table 1.

Table 1. Performance figures complete to March 2013

	Total numbers of patients eligible for an NHS Health Check	Number of patients invited to have an NHS Health Check	Percentage of eligible population invited	Number of patients who received an NHS Health Check	Percentage take up of NHS Health Check of those invited
2011-12	99,949	20,995	21%	7,617	36%
2012-13	100,037	23,033	23%	8,958	39%
TOTAL		44,028		16,575	

- 3.3 The aim is to ensure that the NHS Health Check programme in Bromley is achieving a high quality regardless of where it had been completed. Annual data collection provides some information about the completeness of the data collected for each patient. This data suggests good quality across Providers for the initial measurements however suggest gaps where the patient is eligible for the diabetes filter or identified as high risk of cardiovascular disease. There is a need to explore this in more detail and put mechanisms into place to improve consistency and quality of the NHS Health Check programme.
- 3.4 Underspend in Public Health spending was moved from PCT to LBB in March 2013 using a Section 256 Agreement. The previously agreed proposal summary outlined key elements of two projects to improve diabetes prevention element of the NHS Health Checks and perform a comprehensive evaluation of the NHS Health Checks programme. Drawing down the money from the Section 256 agreement Public health underspend, will enable these two projects to be undertaken. Further detail below:
- 3.5 **Improving Diabetes Prevention in Bromley – background**
- 3.5.1 Diabetes is a priority in the Bromley Health & Wellbeing Strategy and links into a programme developed and at implementation stage by the GPs (reported to the July Health and Wellbeing Board) due to the increasing prevalence. The effectiveness of the NHS Health Check programme is essential in the identification of people at high risk of diabetes and taking interventions to help people to reduce their risk of diabetes.
- 3.5.2 Evidence shows that the growing burden of type 2 diabetes is due to obesity, sedentary lifestyles, dietary trends and an ageing population (Yorkshire and Humber Public Health Observatory 2010). Diabetes is now the most prevalent chronic disease in Bromley, with **13,307** people on the diabetes register in 2010. This reflects a continuous rise in prevalence over the last 8 years from **1.6% to 5%**. (Bromley Health and Wellbeing Strategy 2012-15)
- 3.5.3 There is evidence that lifestyle interventions targeting these risk factors have reduced the incidence of diabetes by about 50% among high-risk individuals (Gillies et al. 2007 cited by

NICE Guideline PH38 2012). People with raised blood glucose, who have not yet developed Diabetes (referred to as having Non-diabetic hyperglycaemia (NDH)) are at significant risk of developing Type 2 diabetes. There is further evidence to show the progression from NDH to Type 2 diabetes can be slowed or reversed through intensive lifestyle or pharmaceutical intervention (UK National Screening Committee 2012).

- 3.5.4 The NHS Health Check programme is key in Bromley's for identifying these individuals with Non diabetic hyperglycaemia and taking steps to help them prevent or slow the progression to diabetes. However audit has shown gaps in the data which suggest patients may not always be receiving the diabetes assessment element of the NHS Health Check. However there may have been good reason for this which is not always apparent looking at summary data only. It is therefore necessary to perform more in-depth audit using a notes review approach to fully understand if there are gaps, how many patients have been effected , reasons for the missing data. From the findings of the audit patients can be identified for further review if required and processes can be put in place to improve this element of the NHS Health Check for the future.
- 3.5.5 Identifying and assessing people at risk of, or with existing (but undiagnosed), diabetes is already part of an integrated approach to preventing vascular diseases through the NHS Health Check programme. If they are at increased risk of diabetes, they will be offered a blood test (either fasting blood glucose or the glycated haemoglobin [HbA_{1c}] test). People identified as being at high risk of diabetes following blood test will receive intensive intervention to reduce their risk in accordance with NICE guidance (PH38 2012)
- 3.5.6 The plan is to perform an Audit to inform improvements in this element of the NHS Health Check Programme. The stages of the Diabetes prevention project will include: The audit will be performed by Primary Care staff, supported by Public Health. Initially computer searches will be performed to:
- Identify patients who have had an NHS Health Check and met criteria for the diabetes filter indicating they needed further assessment for diabetes.
 - Initial information will be through computer searches and exploration of notes to look for presence of appropriate blood testing and identify those patients who were missed and require review.
 - Further in depth audit, using a notes review approach, will be applied to those patients whose blood tests show them to be at high risk of diabetes. This indepth notes review will look at the management of these patients and ascertain if they followed the recommended care and appropriate diagnoses added to their record.
- 3.5.7 These comprehensive audit results will then be used by each Practice to follow up and review patients identified as having gaps in care.
- 3.5.8 The audit results will also be used to inform key stakeholders of the current position and used to inform care pathway development.
- Key stakeholders will develop a care pathway showing a smooth referral processes.
 - Computer template development can act as a practical guide to support clinicians in their consultations and are commonly used in Primary Care.
- 3.5.9 Education of Primary Care teams and other Providers of NHS Health Checks will be provided to highlight potential problems and promote the care pathway and template. Following implementation, a further audit to identify whether improvements have been made

3.6 To perform comprehensive evaluation of the NHS Health Checks programme

- 3.6.1 The NHS Health Check programme is a relatively new Public health programme which is still developing. There are national requirements identified in Department of Health Best Practice Guidance which should be included in any programme (DH 2009). However the model of

implementation has been for local areas to decide what best fits the needs of the local population.

- 3.6.2 It is necessary to perform local evaluation to ensure the Bromley model is of high quality, meets the national requirements and the needs of our local population and early health outcomes.
- 3.6.3 There are three main Providers of NHS Health Checks in Bromley, GP Practices, Community Pharmacy and Mytime Active. The majority (76%) are performed in the patients' GP Practice. All the data from the NHS Health Checks regardless of where performed is saved in the patients clinical record in the GP Practice. Some audit of the Bromley NHS Health Checks programme has been performed, but now the programme is established it is proposed that further comprehensive evaluation should be performed.
- 3.6.4 There is evidence base for all the interventions included in the NHS Health Check and there are national evaluation projects in progress to assess the effectiveness of the programme. (Public health England 2013). A study highlighting differences between individual programmes has recommended the need for a formal quality assurance programme to be implemented locally. (Nicholas et al 2012). Public Health England has published a implementation review and action plan, one of the actions is to ensure consistency in quality across all areas. (PHE July 2013). The areas to be evaluated in Bromley are summarised in table two below. More detail is can be seen in Appendix 1.

Table 2. PAN London Quality Standards

Objective 1:	To ensure NHS Health Checks have leadership
Objective 2:	To invite all eligible persons to attend a NHS Health Check
Objective 3	Maximise uptake
Objective 4	Providing the NHS Health Check
Objective 5	Additional activity following NHS Health Check
Objective 6	Monitoring of quality within programme

- 3.6.5 Proposal - to evaluate the performance of Bromley NHS Health Checks programme against the Public Health London Quality Standards for NHS Health Checks by recruiting an external company/institution to support this project.

4. LEGAL IMPLICATIONS

- 4.1 Under the requirements of The Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 No. 351 Part 2 Regulation 4 and 5
- 4.2 The Local government has health protection duties and must have in place an efficient health protection system
- 4.3 Local government will work with local partners to ensure that threats to health are understood and properly addressed in an efficient integrated streamlined system.

5. FINANCIAL IMPLICATIONS

The total value of the diabetes prevention project is £24k and the comprehensive evaluation against the Quality Standards is £20,000 which is the estimated cost of a consultancy fee for undertaking this work. This is broken down further in the following table

Action	Cost implication	Estimated Costs £'000
Primary Care audit – Patient notes review	Staff time 3,514 patient notes to be reviewed	18
Computer template development	Staff time - EMIS trainer Rollout to all GP Practice	2
Follow Up Audit of identified as high risk of Diabetes only	Staff time 870 patient notes to be reviewed	4
Evaluation Project		20
TOTAL		44

The total expenditure is estimated to be £44k. Funding is available from the carry forward of S256 funding of £583k.

Non-Applicable Sections:	POLICY and PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	<p>Executive Report Title, DATE, No</p> <p>References and further reading http://www.healthcheck.nhs.uk/local_government/ http://www.healthcheck.nhs.uk/news/nhs_health_check_frequently_asked_questions/ UK National Screening Committee (2008) The Handbook of Vascular Risk Assessment, Risk Reduction and risk Management (2008) University of Leicester UK National Screening Committee (2012) UPDATED: Handbook of Vascular Risk Assessment, Risk Reduction and Risk Management (2012) (PDF document, 904KB, 14/12/12) University of Leicester Department of Health (2009) Best Practice Guidance for the Assessment and Management of Vascular Risk (PDF 920.5KB) – April 2009 NICE (2012) Preventing type 2 diabetes: risk identification and interventions for individuals at high risk http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38 http://www.healthcheck.nhs.uk/news/nhs_health_check_implementation_review_and_action_plan/</p>