

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

Progress Report on the Health Check Programme in Warwickshire

Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the progress being made with the Health Check Programme in Warwickshire and agrees on contingencies for 2013/14.

1.0 Introduction

- 1.1 Cardiovascular disease (CVD) affects the lives of over 4 million people in England, and is the leading cause of premature death and disability. It is also known that the burden of CVD falls disproportionately on those living in deprived circumstances and particular ethnic groups.
- 1.2 In April 2009, the Department of Health (DH) introduced the NHS Health Checks Programme, a cardiovascular risk assessment, to be offered to 40-74 year olds not currently on specific disease registers – i.e. aiming to identify new vascular disease earlier and treat more proactively.

2.0 Purpose of Report

- 2.1 The intention of this paper was for the Health and Wellbeing Board to be updated on the progress and outcomes of the Health Checks programme as currently being delivered in Warwickshire, and to discuss the resource implications for the Programme to be fully rolled out by March 2013, as per DH requirements.
- 2.2 The announcement re Public Health budgets for 2013/14 has only just been made. Therefore, this report can only describe the potential options for Warwickshire's delivery of Health Checks and a more up to date picture provided in early 2013. However, such is the investment required to deliver Health Checks that a discussion at Health and Wellbeing Board is considered appropriate.

3.0 NHS Health Checks and Warwickshire

- 3.1 NHS Warwickshire has been delivering the NHS Health Checks Programme via an agreement (Locally Enhanced Service – LES) with GPs. The Programme started being offered in September 2010 in Nuneaton and Bedworth. A year later, North Warwickshire practices were able to sign up to

the LES, and since April 2012, the Rugby population has started to be invited to Health Checks via their GPs.

- 3.2 The reason for the gradual roll out of the Health Checks in Warwickshire has been two-fold – firstly, to pilot the LES, and to refine and improve the delivery process and agreement. Secondly, and more importantly, it was identified early on that NHS Warwickshire would use Health Checks as a tool to tackle health inequalities across the county and deliver the Health Checks in the areas with the greatest CVD and the greatest deprivation.

Table 1: Summary of Numbers of Health Checks Offered and Delivered

Period	Locality	Number of Health Checks Offered	Number of Health Checks Delivered	Conversion Rate of Offers
Sept 2010 to March 2011	Nuneaton and Bedworth only	15,635	4,084	26.1%
April 2011 to March 2012	Warwickshire North CCG	10,330	6,393	61.6%
April 2012 to November 2012	Warwickshire North CCG	4,380	2,348	53.6%
April 2012 to November 2012	Rugby	4,480	1,047	23.3%
Overall Total Warwickshire 2010/2012		34,825	13,872	39.8%

4.0 Impact of NHS Health Checks

- 4.1 The investment in Health Checks needs to show that it is supporting the 'preventative' agenda. The Programme was modelled nationally and showed that with 75% uptake of offers that it was cost effective due to the increase in earlier diagnosis of diabetes, hypertension and chronic kidney disease etc.
- 4.2 For Warwickshire, Public Health has worked with Primary Care Intelligence to identify the number of individuals that are added to disease registers within three months of their Health Check. There will always be a time lag between initial Check, further investigations, and confirming a diagnosis. Three months was seen as an appropriate timeframe to use.

Table 2: Additions to Disease Registers Following an NHS Health Check

Disease Register	Warwickshire North (Sept 2010 to October 2012)	Rugby (April 2012 to October 2012)
Diabetes	113	6
Coronary Heart Disease	18	0
Chronic Kidney Disease	72	2
Hypertension	273	12
Atrial Fibrillation	36	0
Total	512	20

- 4.3 It is expected that with earlier monitoring and treatment that patients will have improvements in quality of life, and future use of secondary care services will be reduced.

5.0 Full Implementation Issues

- 5.1 The Health Checks Programme is required by the Department of Health to be fully implemented by the end of March 2013. This will require NHS Warwickshire to start offering Health Checks in the South of the county.
- 5.2 The full roll-out of the Health Checks programme will therefore require additional resources, both for the delivery of the Check, but also in supporting the lifestyle intervention programmes that are required if Health Checks are to make a difference to our population's CVD.
- 5.3 The uplift from the 2011/12 budget (Warwickshire North population only) to the 2013/14 budget requirement (countywide) was estimated to be just under £500,000 and this figure was submitted to the DH in the summer of 2012. Any uplift will be seen in the Public Health budget to be released in January 2013 but the time of writing we have no idea what, if any, additional resource will be available.
- 5.4 The ability to deliver Health Checks countywide, and to commission lifestyle intervention services to support the programme will be influenced by the outcome of the confirmed Public Health Budget

6.0 Options

The Health and Wellbeing Board are asked to consider and provide guidance on their preferred 'contingency' plan should the full budget for delivering Health Checks not be available in 2013/14.

Option 1

To delay the roll out to South Warwickshire for 12 months.

This would provide Public Health time to work with CCGs and service providers to look at ways to reduce the costs of the actual Health Check. It would also allow NHS Health Checks to continue to contribute to reducing the premature mortality from cardiovascular disease seen in the north of the county.

This would mean however, that Public Health in Warwickshire, the Local Authority, who take on responsibility for Health Checks from April 2013 (and partners) would not be delivering the Health Check programme as mandated.

Option 2

To reduce the investment in lifestyle intervention services.

This would allow Public Health to deliver the 'must do' of the mandate – the Health Check. However, there would be much reduced support for individuals to change their lifestyles and the future cost-savings of the Programme would be reduced.

Option 3

To reduce the frequency +/- age that NHS Health Checks are offered.

Modelling could be undertaken to identify what the estimated impact would be if a Health Check was not offered at 40 years old, but delayed until a later age. Similarly, it would be possible to investigate the impact of stopping offering Health Checks earlier than 74 years old.

Other alternatives could be considered, including a 10 year Health Check etc. However, all these variations would still mean that by definition the mandated Health Check Programme was not being delivered.

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