ITEM NO: 4(c)

Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	28 July 2014
Reporting Scrutiny Panel:	Health and Wellbeing Improvement Scrutiny Panel
Subject:	**REVIEW OF NHS HEALTH CHECKS IN TAMESIDE**
Report Summary:	To consider and review the levels of uptake of NHS Health Checks across the borough.
Recommendations:	That the Executive Member notes the recommendations in section 9 of the review.
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Supportive Tameside' and 'Healthy Tameside'.
Policy Implications:	Must comply with requirements of NHS constitution
Financial Implications: (Authorised by the Borough Treasurer)	All associated expenditure will be financed within the available funding envelope of Public Health which is £12.600m in 2014/2015.
Legal Implications: (Authorised by the Borough Solicitor)	The Council has statutory responsibility for public health and this report is important in setting out what efforts are being made to tackle health inequalities particularly given poor health outcomes in the Borough.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting Charlotte Forrest: Telephone: 0161 342 2346 e-mail: charlotte.forrest@tameside.gov.uk

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

1.1 As Chair of the Health and Wellbeing Improvement Scrutiny Panel I am pleased to present this review of NHS Health Checks in Tameside.

1.2 Tameside has one of the lowest rates of good health in the country and is ranked in the bottom 10% of all local authorities in terms of health.

1.3 The Health and Wellbeing Improvement Scrutiny Panel were fortunate enough to be provided the opportunity to work in partnership with the Centre for Public Scrutiny (CfPS) in a project funded by the Department of Health (DoH).

1.4 The Panel welcomed the input provided from a range of partners and representatives into the review and appreciate the honest and open information that has been provided.

1.5 The NHS Health Check programme is a national prevention programme. Everyone between the ages of 40 and 74 in England who has not been diagnosed with a condition is offered an NHS Health Check once every five years in order to assess their risk.

1.6 Local authorities took responsibility for Public Health commissioning and NHS Health Checks from April 2013. The recommendations included in this review will help to direct and shape the delivery of NHS Health Checks in Tameside moving forward.

1.7 It is important to recognise the role that both a GP and community based approach can have in the delivery of NHS Health Checks within the borough. In addition to this we need to ensure where low numbers of health checks are being achieved in both settings, this is challenged appropriately.

1.8 Health Checks consider age, ethnicity**,** smoking status, family history, physical activity and alcohol use. In addition to this there are also routine tests on Cholesterol, Blood pressure, Body mass index (BMI) and Diabetes risk assessment**.**

1.9 Moving forward it is important for public health within Tameside to recognise the importance of NHS Health Checks and their role in identifying signifiers of health conditions and diseases. It is also important that in addition to this the appropriate signposting, intervention and support is available to follow up the Health Check.

1.10 On behalf of the Health and Wellbeing Improvement Scrutiny Panel, I would like to thank all those who have participated in this review.

Councillor John Sullivan
Chair of the Health and Wellbeing Improvement Scrutiny Panel
Municipal Year 2013/14

2. SUMMARY

2.1 There are significant life expectancy differences of 10.1 years across Tameside between the highest and lowest areas of the borough based on health conditions.

2.2 Compared to the England average more people die of preventable diseases within Tameside. Lifestyle factors especially smoking, harmful alcohol consumption, poor diet and a lack of exercise are major contributors to these trends.

2.3 In terms of the health outcomes during 2009, Tameside was in the bottom 20% of the UK. Men in Tameside on average die 2.3 years earlier than the UK average whilst women die 1.6 years earlier than the UK average.

2.4 The Health Check programme is in place to help identify potential risks to patients as well as provide the opportunity to educate and signpost patients to lifestyle and health services where necessary.

2.5 The importance of these types of programmes is to tackle the growing concerns around health, wellbeing and lifestyle. Tameside also has high levels of childhood obesity when compared to neighbouring authorities and this will contribute to the conditions around cardio vascular disease (CVD) as the population ages.

2.6 The NHS Health Check was introduced in England in 2009 for a rolling programme to run over a five year period. Those individuals deemed to be a high risk were given help, advice and support.

2.7 Everyone between the ages of 40 and 74 in England who have not been diagnosed with a CVD related disease or are already being managed for a particular risk factor should be offered an NHS Health Check every five years.

2.8 In April 2013 local authorities took over responsibility for Public Health commissioning and with this NHS Health Checks.

3. MEMBERSHIP OF THE PANEL 2013/14 MUNICIPAL YEAR

Councillor J Sullivan (Chair), Councillor H Bowden (Deputy Chair), Maria Bailey, Joyce Bowerman, Margaret Downs, David Buckley, Jim Middleton, Eileen Shorrock, Yvonne Cartey, Jan Jackson

MEMBERSHIP OF THE WORKING GROUP

Cllrs John Sullivan (Chair), Helen Bowden (Deputy Chair), Joyce Bowerman, Margaret Downs, Maria Bailey, Yvonne Cartey, Jan Jackson

4. TERMS OF REFERENCE

Aim of the Review

4.1 To consider and review the levels of uptake of NHS Health Checks across the borough.

Objectives

4.2 To increase the number of NHS Health Checks being delivered across the borough.

To identify and consider how best to utilise a community or GP based approach to the delivery of NHS Health Checks.

To consider the appropriate targeting methodologies being employed within the borough to provide Health Checks for hard to reach communities or groups.

To identify how Tameside is comparing to other boroughs in the delivery of Health Checks over the 5 year programme and identify areas for learning.

To review the monitoring plans, approaches and policies implemented by the Health and Wellbeing Board to help increase the uptake of Health Checks within the borough.

Value for Money/Use of Resources

4.3 This review will support the Tameside Community Strategy priority around 'People' improving the health and wellbeing of residents and "Supportive". The review will also support the outcomes and objectives of the Health and Wellbeing Strategy.

Equalities Issues

4.4 NHS Health Checks are available to anyone between the ages of 40 and 74, who have not already been diagnosed with a condition and/or have certain risk factors. It is a mandatory requirement for local authorities to provide NHS Health Check risk assessments as part of the new role of Public Health.

People and Place Scorecard

4.5 The People and Place Scorecard provides measured targets in relation to health within the borough most notably around all age all cause mortality and premature mortality.

Health	
All age all cause mortality (per 100,000 people)	Male
All age all cause mortality (per 100,000 people)	Female
Premature mortality (i.e. deaths before aged 75 per 100,000 people) from all causes	Male
Premature mortality (i.e. deaths before aged 75 per 100,000 people) from all causes	Female

5. METHODOLOGY

5.1 The Panel undertook a Stakeholder event on the 30th September 2013. The event involved a range of partners and organisations from across the borough who were invited to participate and provide input into their experiences and involvement with NHS Health Checks. A list of those who attended the Stakeholder event can be found in Appendix A.

5.2 The Panel heard from Angela Hardman, Director of Public Health for Tameside MBC who presented the role of public health in relation to NHS Health Checks.

5.3 The Panel met with Dr Gideon Smith, Consultant in Public Health for Tameside MBC who outlined Tameside Council's role around the delivery of NHS Health Checks in the borough moving forward.

5.4 The Panel heard from Alison Lewin, Associate Director of Commissioning for Tameside and Glossop Clinical commissioning Group (CCG) who was previously responsible for the commissioning and delivery of NHS Health Checks in the borough.

5.5 The Panel met with Heather Palmer, Primary Care Quality and Assurance Manager for the Clinical Commissioning Group who outlined the role of the PCT in commissioning Health Checks.

5.6 The Panel met with Lyndsey Whiteside, Service Director for Tameside Sports Trust who highlighted the role Tameside Sports Trust could have in the delivery of Health Checks in the borough and the link to My Active Life.

5.7 The Panel met with Dr Eddie Thornton-Chan, General Practitioner with a specialist interest in cardiology who has been involved in Integrated Care Pilots and how these were developed within the borough.

5.8 The Panel met with Laura Middleton, Regeneration Officer for New Charter Housing Association who highlighted the role New Charter and other similar housing associations could have in the delivery of Health Checks within Tameside.

5.9 The Panel met with Ian Short, Chief Officer for the Local Pharmaceutical Committee, who outlined the role of pharmacies and how they can be involved in the future in the delivery of NHS Health Checks.

6. BACKGROUND TO THE REVIEW

6.1 This review is part of a national programme commissioned by Public Health England to work with five local authorities in England to use scrutiny as a method to recognise the levels of uptake in each authority's area as well as suggesting improvements and the cost benefits of Health Checks using a return on investment model[1].

6.2 There are vast life expectancy differences between lower super output areas across the authority. There is 10.1 years difference across Tameside between the areas with the highest and lowest life expectancy.

6.3 The NHS Health Check programme is a national prevention programme to identify people at 'risk' of developing heart disease, stroke, diabetes, kidney disease or dementia. Everyone between the ages of 40 and 74 in England (almost 15 million people) who have not been diagnosed with vascular disease or already being managed for certain risk factors should be offered an NHS Health Check once every five years to assess their risk.

6.4 Local authorities took responsibility for Public Health commissioning and subsequently NHS Health Checks from April 2013 this year and have a legal duty to make arrangements.

6.5 The Health Check involves a face to face meeting with a trained person such as a nurse, public health worker or pharmacist and uses questions about family health history and checks such as weight, blood pressure and cholesterol. NHS Health Checks are also used to identify alcohol risk assessment and, for people aged 65 to 74 it will be used to raise awareness about dementia. Overall, the programme aims to dramatically increase the potential for improving health and care.

6.6 During 2012/13 Community Health Checks were also available via the T&G Health Improvement Team (HIT), 4,350 Health Checks were delivered by HIT. The completion of these Health Checks required referral to the GP. Approximately 50% of all those Health Checks completed within this period originated as Community Health Checks.

The NHS Health Check

6.7 Those that are invited for an NHS Health Check are asked a set of standard questions as well as being offered a set of routine tests that help to identify their risk of developing heart disease, stroke, kidney disease, diabetes and certain types of dementia. Those patients between the ages of 65 and 74 will be advised of the signs and symptoms of dementia. An

[1] http://www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_379_tipping_the_scales_v4.pdf

NHS Health Check assesses an individual's risk of developing these conditions. The risk of developing these conditions is never fixed and can be improved through their actions.

6.8 Everyone has a chance of developing heart disease, stroke, kidney disease, type 2 diabetes or dementia. The NHS Health Check helps to identify potential risks earlier and provides the opportunity for intervention.

6.9 Following the Health Check, patients are given advice on what actions they can take to lower risk and improve their chances of a healthier life. This advice could include suggestions on changes to an individual's diet or lifestyle and, these take place in instances of low or moderate risk. Those patients identified as being at higher risk, may be offered medicine or offered help with losing weight or smoking cessation.

6.10 Those that are registered with a GP, may be invited for the check by letter, or when visiting their GP for another reason. The Health Check is also being offered in local pharmacies or other community based locations and this varies across the country.

6.11 Once an individual has had a Health check they will be invited for another check every five years until they are over the age of 74. Where a condition is identified and subsequently managed by a health practitioner no further Health Checks are required.

6.12 The purpose of the Health Checks is not only to identify any potential risks or conditions that a patient may have but to also help patients feel more informed about their health, and provide them with the information and understanding to take control of their health.

6.13 Certain factors around an individual's health will be fixed, such as age and a family history of disease. An individual's condition may be influenced by many aspects of their lifestyle including diet, physical activity, weight, alcohol consumption and smoking.

6.14 The NHS Health Check programme offers an opportunity to challenge those deaths that could be avoided whilst helping to reduce health inequalities.

7. REVIEW FINDINGS

Tameside and Glossop Clinical Commissioning Group

7.1 The NHS Health Check was introduced in England in 2009 for a rolling programme to run over a five year period. Those individuals deemed to be a high risk were given help, advice and support with the aim of reducing their risk. The overall aim is to reduce premature death from various related vascular conditions and to increase the rates of identified diseases.

	Invites	**Uptake**
2010/11	3,294	2,150
2011/12	18,242	7,614
2012/13	13,871	7,328
Total	35,407	17,092

Table One outlining the number of patients who were invited and completed NHS Health Checks within Tameside and Glossop

7.2 There was an initial annual target to offer Health Checks to 15,400 patients. During 2010/11 there was minimal engagement in the Local Enhanced Service from GPs. Following this a large push was undertaken by the PCT to increase participation in the levels of invites sent out from the GPs to patients. Although the period 2010/11 only had 3,294 people invited for a Health Check, 2,150 attended and even though numbers are significantly lower than following years there was a high percentage response and uptake.

7.3 The PCT undertook a publicity campaign promoting NHS Health Checks as well as providing increased support for GP practices in order to identify appropriate patients for invitation. The PCT employed a specific payments structure that incentivised the undertaking of Health Checks for GP practices.

7.4 An aspiration payment of £7 was made per patient for 49% of the eligible invited patients following an invite list produced via the PCT. In addition to the aspiration payment, payment rates were made on a percentage rate of a sliding scale as shown in table two below.

0-49%	**50-59%**	**60-69%**	**70-79%**	**80-89%**	**90-100%**
£7 per check	£10 per check	£12 per check	£15 per check	£18 per check	£20 per check

Table Two shows the sliding scale percentage of payments made to GP practices based on the percentage of the eligible patients who undertake a Health Check.

7.5 The payment structure is used in order to "reward" high performing practices. Payments were made based on submissions of the claim forms and payments made in March of each year accordingly.

7.6 Monitoring forms for the number of patients invited to Health Checks and those patients who undertook a Health Check were submitted at the end of each month and circulated to each practice in order to ensure a constant check and update on uptake of the check was monitored.

7.7 The primary purpose behind the Health Checks is to identify potential risks to the patients as well as provide the opportunity to educate and sign post patients to relevant lifestyle and health services. In addition to this Health Checks are used to identify patients who require being added to the primary care disease registers.

Disease Register	No. of Additional Patients
CHD	2
Diabetes	27
Stroke/TIA	1
CKD	5
Hypertension	185
Other (eg obesity and Hyperthyroid)	103
Total	347

Table Three shows the total number of patients added to disease registers as a direct result of NHS Health Checks September 2010-March 2011

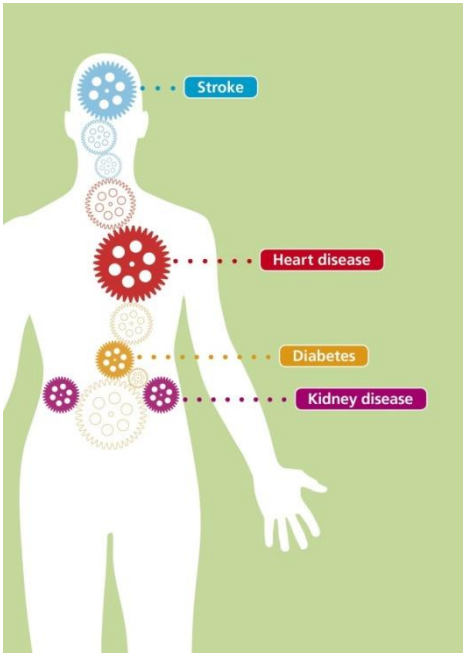


Image One outlining the advertising used to promote NHS Health Checks and the conditions it can be used to identify

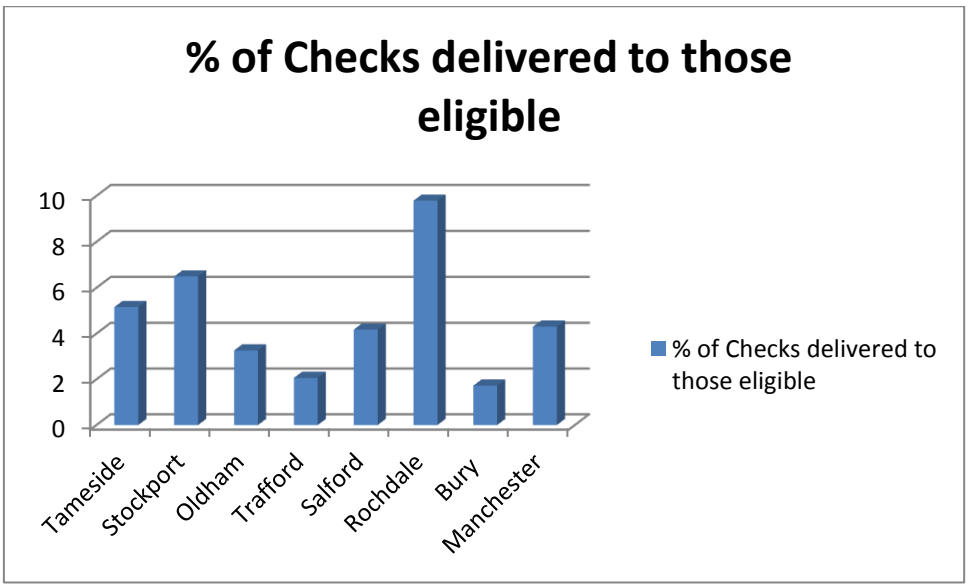
7.8 Moving forward as the responsibility for the delivery of NHS Health Checks moves to Public Health within the Local Authority, Clinical Commissioning Groups (CCG) will have to ensure there is appropriate clinical follow up to the Health Checks, including additional testing, diagnosis, referral to secondary care and on-going treatment. The Department of Health has indicated that funding to cover clinical follow up and management elements of the programme has been factored into the budgets for Clinical Commissioning Groups by the NHS Commissioning Board.

7.9 There remains a large amount of interest from practices around Health Checks as they can be used to bolster the disease registers at the GP practices. The practices are paid based on the number of patients registered on their disease registers and therefore it is in the interests of the practices to continue offering Health Checks.

7.10 The PCT provided specific GP practices in the borough with lists of patients who were identified as being at high risk of developing a disease. These risks were based on varying factors such as age, weight, blood pressure and lifestyle indicators such as smoking and exercise. In addition to targeting priority patients the PCT also commissioned Community Health Checks that identified patients who may not have been identified through other methods.

7.11 The success of the previous delivery of the Health Checks was based on the work undertaken by the PCT in working closely with the GP practices and ensuring that information and data was shared with the PCT accordingly. In addition to this the PCT kept pressure on the GP practices to ensure that they were undertaking the appropriate and required number of Health Checks.

7.12 It should be ensured that Public Health develops these relationships and establishes methods of monitoring the number of Health Checks undertaken by GP practices. In addition to this, those underperforming practices must be challenged.



Graph One showing the % of NHS Health Checks delivered by borough compared to the number eligible for Q1 2013/14. [2]

7.13 During 2011/12 the PCT exceeded the government target of offering the health check to over 15,400 patients. This was achieved through developing good working relationships with the GP practices as well as with the Health Improvement Team and a large amount of marketing and communications. A big contributor to the success was the financial incentives the GPs had in addition to being continually monitored by the PCT.

7.14 The PCT provided clinical input to include patients who had not been to the doctor in 5 years and who met a certain criteria. Through the PCT, the patients who should have been invited for a Health Check were identified.

7.15 A significant change that has influenced the commitment of GP practices to Health Checks has come from a change in the influence of the CCG. New priorities have been placed on the practices, which are financially more rewarding than undertaking Health Checks.

7.16 When the PCT were responsible for the Health Checks some GPs were not supportive of community Health Checks being undertaken. The GPs initially wanted to be able to select those patients who received the Health Check. This resulted in the PCT identifying those patients who needed to have Health Checks and passing this information back to the practices.

7.17 With Public Health having responsibility to identify those who require a Health Check it would be necessary for the GPs to invite the patients for a Health Check based on information they held in their practice databases. In addition to this those community Health Checks undertaken at pharmacies would be required to feed the information back to GPs to ensure the information from the Health Checks is fed back in to the disease registers.

[2] http://www.healthcheck.nhs.uk/learning_network/interactive_map/north_west/

Conclusions

1. The primary aim of the NHS Health Check programme is to reduce the rates of premature deaths.

2. The NHS Health Checks are in place to reduce and identify risks to patients and provide the opportunity for signposting and referral to appropriate intervention, health and lifestyle services.

3. The Commissioning Support Team for the Primary Care Trust identified those patients who should be invited for a Health Check.

Recommendations

1. The Public Health team undertake a publicity and marketing campaign to promote the availability and benefits of receiving an NHS Health Check.

2. The Clinical Commissioning Group need to ensure that there is the appropriate follow up care available to the Health Checks.

3. Public Health needs to ensure that close working relationships are established with GP practices in the borough and those practices not delivering sufficient numbers of Health Checks are challenged.

NHS Health Checks and Public Health in Tameside

7.18 The NHS Health Check programme is a national programme which is delivered locally in ways that address and meets the needs of the residents in the borough. This will allow the authority to be flexible in how and who is commissioned to deliver the Health check programme and in which locations it is delivered. The standards of delivery of the Health Checks will be consistent across all levels of delivery. As there is no uniform approach to the delivery of the programme this could incorporate both a community and primary care approach.

7.19 In addition to highlighting areas where improvements can be made around health and lifestyle, the programme aims to help reduce the levels of alcohol related harm, and to raise awareness of the signs of dementia (people aged 65-74) as well as provide signposting opportunities where appropriate.

7.20 Each year NHS Health Checks can, on average, prevent 1,600 heart attacks, 4,000 people developing diabetes and also detect 20,000 cases of diabetes or kidney disease earlier.

7.21 The commissioning intention of the Public Health Team within Tameside Council is to focus on developing an integrated model for the delivery of NHS Health Checks. This integrated model will encompass the continued use of GP invitations to those meeting the criteria for the Health Check.

7.22 The NHS Health Check programme is in year four during 2013 and runs throughout Tameside and Glossop. This will be split between the two areas at the end of next year and Tameside will be responsible for Health Checks in the area. There are indications that there will be future cycles of the Health Check programme running for another period of five years.

7.23 The intention for Tameside is to re-introduce the Community Health Check programme and to ensure that 100% of those patients that are eligible for a Health Check within the borough are invited.

7.24 The current programme of Health Check delivery within the borough has seen the uptake reach above the England average.

7.25 Previously in Tameside, the 'My Active Life' programme was commissioned through the Tameside Sports Trust to take additional referrals from General Practitioners and from the Health Improvement Team. Over 2,200 referrals were made through the 'My Active Life' programme for Health Checks.

7.26 Monitoring arrangements for the current year are not perfect and plans are in place to improve this. There has been an increase in the information received from practitioners regarding who has been invited for a Health Check. In addition to this service level agreements have been devised between Public Health and General Practitioners. This outlines expectations and targets for delivery of the Health Check programme.

7.27 There have been variations in the level of interaction from GPs within the borough and across practices in the borough and it is their choice to undertake the Health Check programme.

7.28 The Public Health Team are conducting meetings with the appropriate partners such as Pennine Care Health Improvement Team, Tameside Sports Trust, New Charter and the Local Pharmaceutical Committee in order to identify potential areas for the development of Health Checks in the borough.

7.29 Moving forward, it is hoped that anyone who can provide these checks can do so as long as they meet certain criteria. There are practitioners in the community that can undertake blood checks and then share the details/results with the GP.

7.30 Public Health are keen to reinstate where possible, incentives and programmes previously undertaken, that were successful in delivering Health Checks. This includes the 'My Active Life' scheme through the Tameside Sports Trust.

7.31 Public Health will be working with a wide range of employers in the borough to promote the health of employees, not just Council employees, but also housing associations, Tesco, Asda, factory workers and large national companies. They will be looking to work with them to promote Health Checks to employers as well as look to invite Health Check providers into companies.

7.32 The Public Health Team at the authority attend regular meetings with General Practice Managers. Regular feedback is provided around the number of invites that are sent out and the number of Health Checks that are undertaken. The Public Health Team does not currently have access to lists of who is registered at each practice within the borough.

7.33 The savings that could be associated with an effective NHS Health Check programme will outweigh the expenses of the service. Savings to the NHS should be identified as being long-term and there are also savings associated with social care services.

7.34 Councils will have to ensure that the risk assessment element of the NHS Health Check is undertaken. Councils will have to commission public health interventions recommended by the National Institute for Health and Clinical Excellence (NICE), such as weight management services, to support people who need to develop healthier lifestyles. In addition to this Public Health will work to make sure that risk reduction elements of the NHS Health Check such as lifestyle interventions, smoking services, weight management courses and drug and alcohol advice are coordinated with other Council services.

7.35 Health and Wellbeing Boards (HWBB) will have to ensure that the role of the NHS Health Check is identified in Joint Health and Wellbeing Strategies relating to prevention, early intervention, and health improvement and reducing health inequalities.

Conclusions

4. Tameside aim to continue to undertake the NHS Health Check programme in years four and five of the programme.

5. There is a large range of benefits available through the Health Check programme and the potential to prevent a large amount of heart attacks, diabetes and kidney disease.

6. The savings that could be potentially realised as a result of running the NHS Health Check outweigh the costs of programme.

Recommendations

4. Robust and stringent monitoring processes are established to record the number of Health Checks being delivered in both a primary care and community setting.

5. The Public Health Team within the Council ensures that the risk assessment element of the Health Check programme is undertaken

6. The risk reduction element of the Health Check including lifestyle intervention services, weight management, drug and alcohol services are coordinated with other Council services.

7. Both a primary and community based approach is used in the delivery of NHS Health Checks within Tameside.

Tameside Sports Trust

7.36 Tameside Sports Trust has been involved with NHS Health Checks through its 'My Active Life' programme. The main outcome of this programme was to engage with Tameside residents who were not participating in physical activity. Over 2,200 Tameside residents aged 40-74 engaged in a 3 month health & fitness programme with Tameside Sports Trust from January 2012 to March 2013.

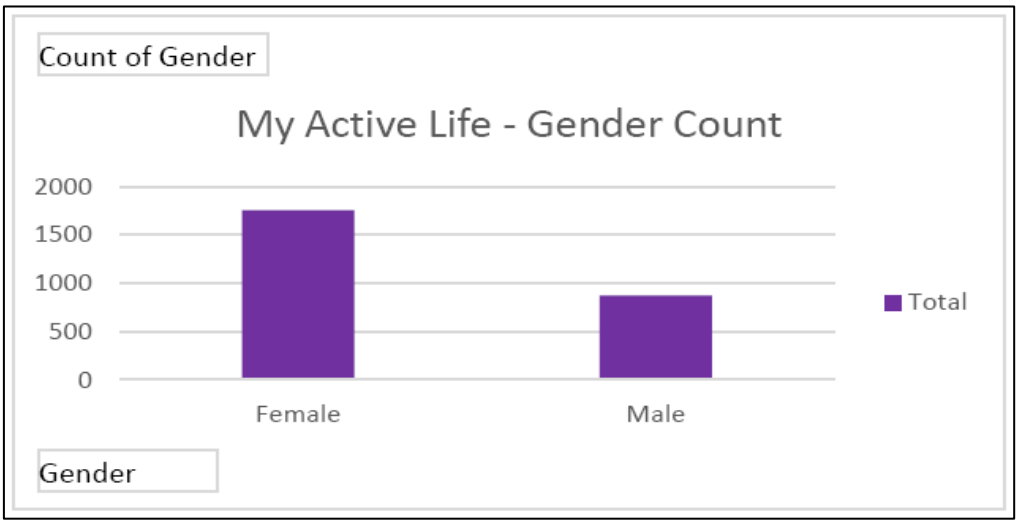
7.37 The Trust successfully designed and implemented a series of bespoke, outcome focussed interventions for commissioners, which have enabled the Trust to build a positive reputation as a high quality deliverer. Recent discussions with the Public Heath Team at the Local Authority indicate that further commissions may be made in the future.

7.38 The Trust in partnership with Public Health hope to refresh and reintroduce the 'My Active Life' programme, which proved to be an extremely successful model for engaging adults in Community Health Checks and provided a successful physical activity service, which, encouraged independence.

7.39 'My Active Life' was an initiative run by Tameside Sports Trust. Over 200 classes a week were delivered across various sites providing different experiences. Two staff were assigned to the scheme. For the 2,200 residents who were signed up to go through the programme, expenditure for the scheme was £130,000.

7.40 The 'My Active Life' scheme provided residents who attended a health check with 3 months of membership for £10. It is hoped that if the scheme is run in the future £20 would be a realistic price to charge. 'My Active Life' acted as an incentive for people to receive a

health check and provided residents with the opportunity to experience the facilities without full commitment.

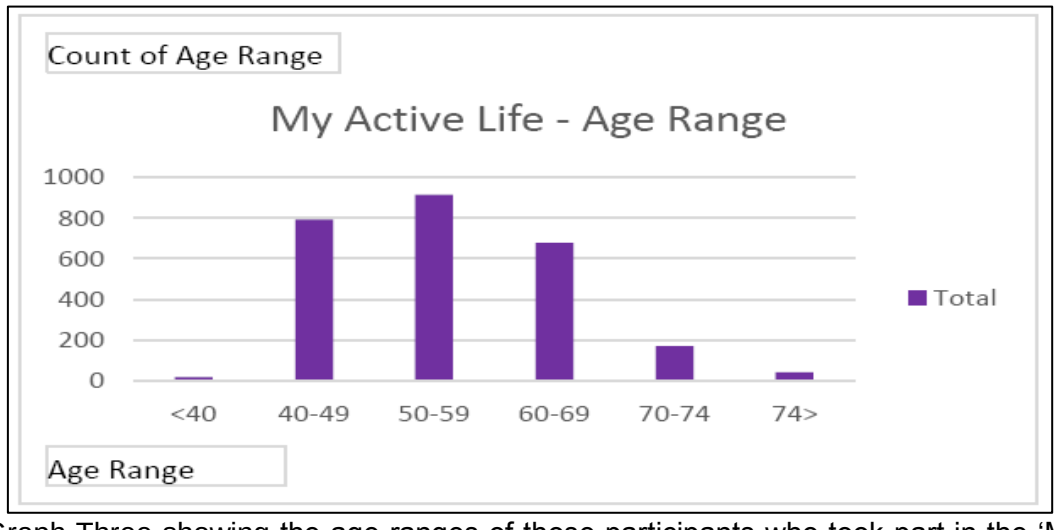


Graph Two showing the differences between male and female participants of the 'My Active Life' programme

7.41 In addition to the 'My Active Life' programme, part of the previous outreach programmes around Health Checks were carried out at community centres, libraries, corporate events, mosques, market places and community events. In addition to this, residents were referred through GPs as well as via self-referral.

7.42 Once a resident who has participated in the active life scheme for three months nears the end of the programme the most appropriate routes are then discussed with them.

7.43 Following the scheme 33% of participants joined the Trust as members. The scheme worked well with focussing on health improvements and there were noticeable outcomes for those involved. Rather than being referred to the GP for treatment or medication the activities helped to maintain an active and healthier lifestyle.



Graph Three showing the age ranges of those participants who took part in the 'My Active Life' programme

7.44 The 'My Active Life' programme was successful in engaging with a range of BME communities.

7.45 There are various benefits to including the Tameside Sports Trust in future programmes for the delivery of NHS Health Checks within the community. The Health and Wellbeing of residents is clearly improved through participation and engagement in sport and exercise which delivers proven health benefits. Improving the Health and Wellbeing of residents in the borough will enable the borough to reduce dependency and demand led spending through NHS and Council services.

7.46 Participants of the 'My Active Life' programme received a large amount of help and support through Active Life Coordinators, motivational behaviour change activities, personality questionnaires, activity challenges, activity records, health challenges, signposting to other health improvement services and advice on physical activity exit routes.

7.47 The outcomes of the 'My Active Life' programme were both variable and positive:

- 57% reported improved Physical Activity behaviour
- 100% enjoyed the programme
- 91% reported that they felt healthier
- 85% reported that they felt like they had more energy
- 32% reported that they lost weight
- 46% reported an improvement in body shape
- 37% felt more confident

7.48 Following the commissioning of the programme 33% of participants who took part in the programme have joined the Trust as pay as you go or monthly paying members. In addition to these positive outcomes for participants, the Trust has introduced a number of positive changes as part of this programme. These changes include an increase in the number of low intensity/beginner workout classes, a review of concessionary pricing to support individuals and families living in deprivation and the introduction of new, low cost membership packages.

7.49 The Trust is also providing staff training to improve expertise in supporting users with specific medical conditions (Level 3 Wright Foundation Exercise referral), an improved working relationship and understanding of other health improvement services and plans to introduce Weight Loss Guru Courses across two sites.

Conclusions

7. The commissioning of Tameside Sports Trust helped to engage those residents who would not otherwise have engaged within physical activity.

8. Over 2,200 residents engaged in the three month health and fitness programme led by Tameside Sports Trust.

9. Over 200 classes were delivered by Tameside Sports Trust as part of the NHS Health Check programme.

10. Following the 'My Active Life' scheme 33% of participants joined the Sports Trust as paying Members and continued to undertake some form of physical activity.

Recommendations

8. Further work with Tameside Sports Trust be undertaken to explore further commissioning opportunities as part of the Community NHS Health Checks programme.

GP Involvement

7.50 An Integrated Care Pilot (ICP) project was run in 2009 for two years and dealt with issues around CVD which was similar to the Health Check programme. The pilot included doctor's surgeries and community based approaches. This programme stopped in 2011 due to a lack of support from commissioners.

7.51 A large proportion of people that die in Tameside do so as a result of CVD. Over half of the deaths from CVD within the borough can be attributed to coronary heart disease.

7.52 During the ICP there were various options for undertaking the pilot these included screening all adults aged 40-74 years of age. A targeted approach was adopted in order to obtain the maximum effect through primary prevention. Targeting individuals at a later age is more results focussed and cost effective than younger ages.

7.53 The importance of these types of programmes both the previous ICP and NHS Health Check is to tackle the growing concerns around health, wellbeing and lifestyle. Tameside has high levels of childhood obesity when compared to neighbouring authorities and this will contribute to the conditions around cardio vascular disease as the population ages.

7.54 It is advisable when the NHS Health Check invites are sent to patients that second reminder or follow-up letters are sent to patients if they do not attend for a health check. This letter should be sent to those patients who are deemed to be highest risk in the first instance.

7.55 In the current economic climate it is vital that costs are kept to a minimum. As a result GP practices should consider inviting patients via email or text to undertake Health Checks in order to keep administration and resource costs to a minimum.

7.56 General Practitioners have various pieces of software available to them that allow practices to calculate those patients most at risk of having various conditions such as high cholesterol.

7.57 The Health Improvement Team has been working closely with pharmacies and supermarkets to provide checks to patients in the community. Those patients contacted in the community are often patients who have little or limited contact with the wider health arena.

7.58 Compared to other programmes and schemes that are available to GP practices at present the NHS Health Check programme does not produce a similar stream of income and in some instances may not be economically viable to undertake.

7.59 The Health checks should be promoted as a matter of course and provided not as an additional check but as a routine check for those individuals who fit into the appropriate criteria. GPs should be used to target specific high risk groups whilst community based models can be undertaken by pharmacies and community schemes.

7.60 In terms of the health outcomes during 2009, Tameside was in the bottom 20%. The UK has 352 Local Authorities and Tameside is ranked 330th for men and 319th for women. Men in Tameside on average die 2.3 years earlier than the UK average whilst women die 1.6 years earlier than the UK average. In addition to this 25% of all Tameside and Glossop deaths are due to cardiovascular disease.

7.61 In Comparison to the England average more people die of largely preventable diseases, particularly CVD. Lifestyle factors especially smoking, harmful alcohol consumption, poor diet and a lack of exercise are all contributing factors. They also contribute to other conditions such as diabetes, high blood pressure, obesity and high cholesterol.

7.62 A study undertaken in 2010 looked at a programme of focussing on just those patients at high risk, identified from electronic medical records. This is compared to the UK government recommended national strategy to screen all adults aged 40-74 for cardio vascular risk. The research found that compared with the recommended government strategy, approach that invited those with Cambridge diabetes risk scores in the top 60% for vascular screening could prevent a similar number of new cardiovascular events annually. A third approach which involved inviting everyone aged 50-74 for vascular assessment, was also similarly effective. This outlines that the more focussed and concentrated the criteria the more effective and positive the results.

Conclusions

11. Over half of the deaths from CVD within the borough can be attributed to coronary heart disease.

12. GP practices have various pieces of information available to them to allow them to calculate those patients most at risk.

13. In terms of health outcomes the UK has 352 local authorities and Tameside is ranked 330th for men and 319th for women.

Recommendations

9. Initial invites for NHS Health Checks are followed up by reminders for those who do not attend.

10. Where invite and administration costs should be kept to a minimum and electronic invites used where possible.

11. The Public Health Team engage with GPs within the borough to ensure that the delivery of NHS Health Checks is continued through GP practices and financial incentives are provided where necessary.

Registered Social Landlords and NHS Health Checks

7.63 New Charter, in addition to other Registered Social Landlords are in a crucial position to be able to provide key support around emerging health agendas. New Charter has been involved in Health Checks previously and has been involved in providing regular events and services. These checks have been carried out with employers and businesses within the borough as well as in community settings.

7.64 New Charter is involved with nine hubs in the borough. Certain areas in Tameside have specific community centres and these centres need to be utilised in order to encourage the undertaking of health checks in hard to reach communities. In addition to this the New Charter can be involved in publicising and advertising the use of these venues within the communities.

7.65 New Charter currently has over 12,000 properties. The key to ensuring hard to reach communities are contacted is through engaging with key community leaders in the borough.

7.66 Improvements cannot be made through primarily targeted approaches and dealing with residents on an individual basis. There is a requirement to change the mind-set and attitudes of residents within the borough and deal with a grass roots community approach to improving health, wellbeing, lifestyle and behaviours.

7.67 New Charter undertakes a large amount of community work and engagement and this could be utilised for NHS Health Checks. In addition to this workplaces are an important aspect of providing multiple opportunities for accessing patients within the community.

7.68 A flexible approach to the delivery of NHS Health Checks needs to be adopted, this can use a community delivered approach as well as those targeted approaches through GPs and medical practitioners. In addition to using a community based approach, community settings also need to be utilised, these could include temples, mosques, churches and other central community based buildings.

Conclusions

14. A flexible approach to the delivery of NHS Health Checks in the borough must be adopted incorporating various community based schemes and settings as well as an invite based approach for high risk groups.

Recommendations

12. Engagement is undertaken with leaders of hard to reach communities to promote the NHS Health Checks and engage with residents in the borough.

13. Community centres, buildings and groups are utilised to promote, advertise and engage with communities within the borough.

Local Pharmacies

7.69 The Local Pharmaceutical Committee (LPC) is a body contracted to the NHS through the NHS Act. The body is charged with representing the interests of local pharmacies throughout England.

7.70 There are 53 pharmacies currently operating within the borough which consist of 20 independent companies. All 53 pharmacies pay a levy to the Pharmaceutical Committee. The LPC is charged with representing all pharmacies within the borough.

7.71 Over 900 million prescriptions are issued a year by pharmacies. 90% of pharmacy income is NHS income. Over six million people visit a pharmacy everyday within the UK, many of those are not sick and do not use other areas of the NHS. Counter staff are often part of the local community and those working in the pharmacies are often well qualified to varying degrees. Pharmacies are working hard to encourage and support self-care and can give advice to patients around health, wellbeing and lifestyle.

7.72 Most adults use pharmacies and 84% of people visit a pharmacy at least once a year, in relation to this, 78% of visits to local pharmacies are for health reasons. Of those who have visited a pharmacy within the last year, 75% have visited within the last 6 months. Excluding those who report never visiting a pharmacy, an adult visits a pharmacy 16 times a year, of which 13 visits are for health related reasons.

7.73 The future vision for pharmacies is for them to become an integral part of the NHS and involved in the planning and delivery of local services. Flu injections can currently be undertaken by trained practitioners within pharmacies. This level of training could be replicated to allow trained practitioners to undertake blood tests within pharmacies and for those results to be shared with GP practices. This would allow GPs to focus on other more specialised treatments, services and programmes that cannot be delivered by partners within the community. It is important to recognise that pharmacies have the potential and

are prepared to take on a wider role than they currently have and that they could be used to allow GPs to undertake a more coordinating role.

7.74 Moving forward, the Community Pharmacy Service in 2016 will offer support to communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions.

7.75 Pharmacies will be fully integrated into the provision of primary care and public health services. Pharmacies will be in a prime position to deliver a wide range of NHS services as well as offering services on equal terms to other primary care providers.

7.76 In addition to NHS Health Checks, local pharmacies will be able to deliver a range of services and intervention programmes, such as:

- Stop Smoking support
- Alcohol screening and support
- Weight management services
- Emergency contraception / Contraception
- Chlamydia / Gonorrhoea / Hep B / HIV testing
- Immunisation – flu, travel health, HPV etc.
- Substance misuse – needle exchange and supervision of consumption of substitute medicines
- Early detection of cancer

7.77 Pharmacies and pharmacists wish to be an intrinsic part of the NHS, helping to tackle long term and acute conditions. Pharmacies are looking to move away from just dispensing medicine to supporting patients to optimise their medicine us and improve their own health and wellbeing.

7.78 There are many advantages to using pharmacies within the community, the locations and positions of community pharmacies can be much more convenient and well positioned to support self-care.

7.79 Signposting is a large part of the contract of local pharmacies. It would be beneficial if a current and up to date directory of services were available relevant to pharmacies for signposting. This would allow pharmacies to enhance the services offered in addition to the health check programme.

7.80 There are a number of barriers for pharmacies to provide NHS Health Checks, these are perception and understanding. The majority of pharmacy services are opportunistic and the Health Check can be delivered on both an opportunistic community basis and on an invite basis.

7.81 PharmOutcomes[3] is a low cost online data recording platform that pharmacists can use to record patient details. The system combines data, providing commissioners and service managers with live activity information. The system can also generate referral letters / e-mails to GPs and other services. It also allows for automatic electronic invoicing and monitoring of governance and performance.

Conclusions

15. Over 6 million people visit a pharmacy everyday within the UK.

16. Pharmacies have the potential to take on a wider role within the health arena in the borough and to provide a range of services to the communities in which they work.

[3] http://psnc.org.uk/services-commissioning/pharmoutcomes/

Recommendations

14. The Council's Public Health team work with local pharmacies to improve the delivery of community based Health Checks in the borough.

15. A current and up to date directory of services is developed and coordinated within the borough by the Public Health Team for signposting to health services and interventions.

8. CONCLUSIONS

8.1 The primary aim of the NHS Health Check programme is to reduce the rates of premature deaths

8.2 The NHS Health Checks are in place to reduce and identify risks to patients and provide the opportunity for signposting and referral to appropriate intervention, health and lifestyle services.

8.3 The Commissioning Support Team for the Primary Care Trust identified those patients who should be invited for a Health Check.

8.4 Tameside aim to continue to undertake the NHS Health Check programme in years four and five of the programme.

8.5 There is a large range of benefits available through the Health Check programme and the potential to prevent a large amount of heart attacks, diabetes and kidney disease.

8.6 The savings that could be potentially realised as a result of running the NHS Health Check outweigh the costs of programme.

8.7 The commissioning of Tameside Sports Trust helped to engage those residents who would not otherwise have engaged within physical activity.

8.8 Over 2,200 residents engaged in the three month health and fitness programme led by Tameside Sports Trust.

8.9 Over 200 classes were delivered by Tameside Sports Trust as part of the NHS Health Check programme.

8.10 Following the 'My Active Life' scheme 33% of participants joined the Sports Trust as paying Members and continued to undertake some form of physical activity.

8.11 Over half of the deaths from CVD within the borough can be attributed to coronary heart disease.

8.12 GP practices have various pieces of information available to them to allow them to calculate those patients most at risk.

8.13 In terms of health outcomes the UK has 352 local authorities and Tameside is ranked 330th for men and 319th for women.

8.14 A flexible approach to the delivery of NHS Health Checks in the borough must be adopted incorporating various community based schemes and settings as well as an invite based approach for high risk groups.

8.15 Over 6 million people visit a pharmacy everyday within the UK.

8.16 Pharmacies have the potential to take on a wider role within the health arena in the borough and to provide a range of services to the communities in which they work.

9. RECOMMENDATIONS

9.1 The Public Health team undertake a publicity and marketing campaign to promote the availability and benefits of receiving an NHS Health Check.

9.2 The Clinical Commissioning Group need to ensure that there is the appropriate follow up care available to the Health Checks.

9.3 Public Health needs to ensure that close working relationships are established with GP practices in the borough and those practices not delivering sufficient numbers of Health Checks are challenged.

9.4 Robust and stringent monitoring processes are established to record the number of Health Checks being delivered in both a primary care and community setting.

9.5 The Public Health Team within the Council ensures that the risk assessment element of the Health Check programme is undertaken.

9.6 The risk reduction element of the Health Check including lifestyle intervention services, weight management, drug and alcohol services are coordinated with other Council services.

9.7 Both a primary and community based approach is used in the delivery of NHS Health Checks within Tameside.

9.8 Further work with Tameside Sports Trust be undertaken to explore further commissioning opportunities as part of the Community NHS Health Checks programme.

9.9 Initial invites for NHS Health Checks are followed up by reminders for those who do not attend.

9.10 Where invite and administration costs should be kept to a minimum and electronic invites used where possible.

9.11 The Public Health Team engage with GPs within the borough to ensure that the delivery of NHS Health Checks is continued through GP practices and financial incentives are provided where necessary.

9.12 Engagement is undertaken with leaders of hard to reach communities to promote the NHS Health Checks and engage with residents in the borough.

9.13 Community centres, buildings and groups are utilised to promote, advertise and engage with communities within the borough.

9.14 The Council's Public Health team work with local pharmacies to improve the delivery of community based Health Checks in the borough.

9.15 A current and up to date directory of services is developed and coordinated within the borough by the Public Health Team for signposting to health services and interventions.

APPENDIX A

Attendees of NHS Health Checks Stakeholder event 30 September 2013

Angela Hardman	Tameside MBC
Sue Crutchley	Centre for Public Scrutiny
Emma Cohen	Tameside MBC
James Gray	Tameside MBC
Alison Williams	Tameside MBC
Paul Radcliffe	Tameside MBC
Annette MacCarthy	Tameside MBC
Tracy Brennand	Tameside MBC
Councillor Helen Bowden	Tameside MBC
Councillor John Sullivan	Tameside MBC
Councillor Margaret Downs	Tameside MBC
Councillor Jim Middleton	Tameside MBC
Councillor Joyce Bowerman	Tameside MBC
Councillor Lynn Travis	Tameside MBC
Dr Gideon Smith	Tameside MBC
Kate Benson	Tameside MBC
Lina Patel	Tameside MBC
Lyndsey Whiteside	Tameside Sports Trust
Mark Tweedie	Tameside Sports Trust
Richard Scarborough	Tameside MBC
Dr Christina Greenhough	Tameside and Glossop CCG
Peter Denton	Manager Healthwatch Tameside
Alison Lewin (presenter)	Tameside and Glossop CCG
Linda Dunn	Pennine Care NHS Foundation Trust
Alan Alker	Alcohol intervention Manager
Heather Palmer	Primary Care Quality & Assurance Manager
Ian Short	Local Pharmaceutical Committee
Anna Hynes	*Health, Care and Wellbeing CVAT*
Tracy Wood	Stockport NHS Foundation Trust
Yvonne Pritchard	Tameside and Glossop CCG
Dr Eddie Thornton-Chan	Stockport NHS Foundation Trust
Gillian Morgan 1	Tameside and Glossop CCG
Kath Bailey	Cottage Lane Surgery Gamesley
Kathryn Ley	Tameside and Glossop CCG
Clare Ley	Tameside and Glossop CCG
Karen Heathcote	Service Delivery Manager-Libraries
Dr Jamie Douglas	Tameside and Glossop CCG