

Checking the Nation's Health

The Value of Council Scrutiny



Contents

Foreword 03

Introduction 04

Accountable – Improving leadership and whole system pathways for health 06

Inclusive – Developing relationships and cultural understanding 08

Transparent – Understanding information and getting communication right 10

The value of good scrutiny 12

Summary and further recommendations 14

Appendix one – Case studies 15

Appendix two – 10 questions 21

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Public Health England

Public Health England's (PHE) mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

About NHS Health Check

The Global Burden of Disease 2012 Study highlighted the need to tackle the increasing trend in people dying prematurely from non-communicable disease. The UK is falling behind other countries and we need to take urgent

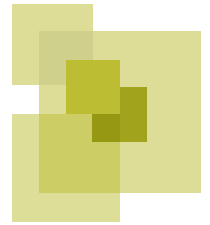
action. The NHS Health Check programme systematically addresses the top seven causes of preventable mortality by assessing the risk factors: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. We know that there is a huge burden of disease associated with conditions such as heart disease, stroke, type 2 diabetes and kidney disease and that many of these long term conditions can be avoided through modifications in people's behaviour and lifestyles.

Commissioning and monitoring the risk assessment element of the NHS Health Check is one of the small number of public health functions that are mandatory and detailed in the Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013. Supporting local authorities to implement this programme is one of Public Health England's priorities.

Acknowledgments

This publication has been written by Su Turner, Principal Consultant at the Centre, and Rachel Harris Expert Adviser for the Centre. We are very grateful to the councillors, officers, partners and their Expert Advisers from the five Scrutiny Development Areas for their hard work and commitment to the programme.

Foreword



The NHS Health Check programme is a world-leading programme and a key component of this Government's priority to reduce premature mortality. It gives us an unprecedented opportunity to tackle the UK's relatively poor record on premature mortality by focusing on the risk factors that are driving the big killers. We know that high blood pressure and cholesterol, smoking, obesity, poor diet, physical inactivity and excessive alcohol consumption increase the risk of diseases that we can – and should – do more to prevent, such as heart disease, stroke, type 2 diabetes and kidney disease.

The NHS Health Check programme is the first approach this country has taken to address these risk factors at a population level, and in a systematic, integrated way. We believe it could also be a powerful way to reduce health inequalities, because we know that the burden of chronic disease tends to fall more heavily on those who are most deprived.

If NHS Health Check is going to realise this potential, it will require highly effective implementation. This report from the Centre for Public Scrutiny marks a valuable contribution to this effort, by providing a process for how local areas can undertake their reviews of local NHS Health Check programmes. The five case studies in this report illustrate local scrutiny in action; namely the opportunity it gives local councillors, commissioners and GPs, among others, to ask tough and practical questions: how will the NHS Health Check programme improve outcomes for those with the worst health? How will NHS Health Check be integrated with the work of health and wellbeing boards? What does best practice look like?

These challenges are the local counterpart to the national challenge set out in last year's NHS Health Check implementation review and action plan, which was led by Public Health England. This plan identified the need for greater consistency of delivery, the need for new governance structures and evaluation as well as the importance of data flows across the health and social care system.

Independent reviews can play an important role in meeting these challenges, by encouraging stakeholders to search for practical solutions that are adapted to local circumstances – how best to collect data, for instance, or how best to explain to users the aims and benefits of the programme. We need to make sure that these insights are shared, and that the questions prompted by these reviews are useful to others, who may be embarking on their own reviews of local NHS Health Check programmes.

Ultimately, though, the power of these reviews is not in coming up with a uniform set of recommendations, but in providing a forum, in which local clinicians, public health professionals and elected officials can develop a shared understanding of how to improve the health and wellbeing of their communities. The hope is that these reviews will help them to find their own way of working together. It is these relationships that will be vital to the success of NHS Health Check implementation.

I am delighted to introduce this report, which I hope will prove a valuable resource to all those who commission, deliver and support the NHS Health Check programme.

Jane Ellison MP
Parliamentary Under Secretary of State for Public Health

Introduction

NHS Health Check is a national illness prevention programme to identify people 'at risk' of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. It was introduced on a phased basis in 2009 and at that time Primary Care Trusts were expected to roll it out over five years. However, there was considerable variation across the country which meant that when local authorities took on responsibility for NHS Health Check in April 2013 they took on local programmes at different stages of implementation.

Early in 2013, a review of the lessons learned from the programme's implementation was used to develop a 10 point action plan. The implementation review and action plan set out the work that will be undertaken with key partners to support effective implementation across the country and realise the programme's potential to reduce avoidable deaths, disability and inequalities. The 10 point action plan covers:

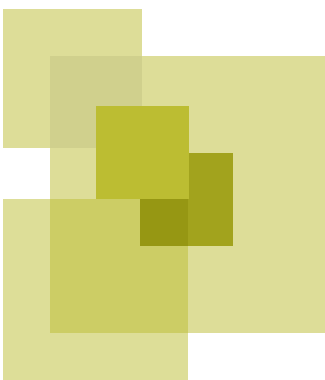
- Leadership
- Improving take-up
- Providing the Health Check
- Information governance
- Supporting delivery
- Programme governance
- Provider competency
- Consistency
- Proving the case
- Roll-out

Councillors' scrutiny role can be a powerful lever for improving local health services, alongside other incentives in the system. Recognising this, the Centre for Public Scrutiny (CfPS) was identified as a key partner in delivering the 10 point action plan and was asked to support some local areas to undertake scrutiny reviews of their local NHS Health Check programmes to:

- Understand the benefits of the NHS Health Check programme to local areas (costed and consequential benefits).
- Understand the barriers to take up and how it can be improved.
- Promote the role of scrutiny to all councils and NHS Health Check teams.
- Increase the use of scrutiny reviews to assess NHS Health Check programmes.

CfPS worked with the following five areas to help them to carry out a scrutiny review of their local NHS Health Check Programme:

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



This publication contains the learning gathered from these areas – collectively via the outcomes of a national learning event and individually via short case studies at the end of this publication. It provides useful insight for councils and for NHS and Public Health colleagues.

Public Health England, CfPS and the five areas were aware from the outset that reviewing NHS Health Check was set against a backdrop of structural changes to the health system:

- The new health landscape created by the Health and Social Care Act 2012 was being implemented – including the creation of Public Health England.
- Public health responsibilities, including the commissioning of the NHS Health Check programme, were moving from the NHS to Local Authorities.

Using CfPS' return on investment approach (see details at appendix one) has reinforced the value of scrutiny as a way to build relationships. The case studies in this publication illustrate that there are significant opportunities for improving understanding and working relationships between councillors and primary care practitioners. Reviews of NHS Health Check programmes have led to closer working between GPs and councillors – two groups that are fundamental partners in improving the health and wellbeing of local communities.

The lessons from the five reviews chime really well with the actions that are being taken forward nationally by the NHS Health Check programme. As you will read, opportunities for improved leadership, quality, consistency and integration that are identified within the 10 point action plan have been confirmed by the CfPS support programme.

The five areas found that there were challenges and opportunities around leadership, culture and relationships; and information and communication. This publication looks at these through the lens of CfPS' principles of:

Accountable - improving leadership for whole system pathways.

Inclusive - developing relationships and cultural understanding.

Transparent – understanding information and getting communication right.

The recommendations within this publication are equally applicable to local areas as they seek to improve local population health; or to national health organisations who support and advise (including how councillors and council scrutiny have a valid role in health improvement).

The five areas also suggested questions that other councils may find useful (see appendix two).

Accompanying this publication is a series of briefings for council scrutiny:

- Improving take-up.
- Barriers and solutions to delivery of effective NHS Health Check.
- Understanding data (launched December 2013).

Accountable – Improving leadership and whole system pathways for health

Improving leadership

All five areas reported confusion about responsibility for leading local NHS Health Check arrangements. Although professionals in the system are aware of their responsibilities for delivering a NHS Health Check Programme, it is not clear to the wider health and wellbeing sector or local populations.

All areas were interested in improving take up of the NHS Health Check, however they found that variations in commissioning and the commitment of GPs were local barriers to take up.

They concluded that whilst attention is placed on inviting and carrying out NHS Health Checks, it is important for leaders of local programmes to ensure that there are effective follow-up procedures in place – either to ensure that people attend a NHS Health Check appointment or that if they are identified at risk – follow up action is taken.

Areas also reported a desire to work with NHS England as the commissioner of primary care but were unclear how to best engage local area teams.

Recommendations

- Further clarify roles and responsibilities within the health system (including the NHS Health Check programme - nationally and locally).
- Emphasise the quality of follow-up action to reap the benefits of early interventions.

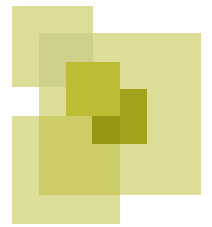
Whole system pathways – embedding NHS Health Check

What became clear is that the NHS Health Check programme as a health improvement tool needs to be ‘plugged in’ to a wider ‘improving health’ pathway. Areas found that some GPs chose not to engage with the programme because the validity of the NHS Health Check as part of the whole system remained an issue of debate.

“GPs are geared up to deal with the unwell whereas NHS Health Checks are for people who are apparently well.”

Quote from programme participant

Concerns also surfaced about the clarity, consistency and quality of feedback to patients following NHS Health Checks. Questions arose about how NHS Health Check can be used to encourage and support people to make lifestyle changes. Programme participants felt there were opportunities to maximise the impact of NHS Health Checks by embedding them within the work of health and wellbeing boards.



Recommendation

- The NHS Health Check programme needs to be ‘plugged in’ to the local health system, the preventative agenda and the work of health and wellbeing boards.

What practical steps helped?

Devon’s review helped to develop the local approach to NHS Health Checks. Their approach to the review strengthened both their internal and external relationships and flagged up their intent as community leaders to embed public health improvements for their most socially isolated groups. The strong leadership focus of the review also helped to kick start relationships with local area teams.

London Borough of Newham found that whilst public health professionals understood lines of accountability there was not a shared understanding across the wider system. The transfer of public health allowed for clarity of this and the review and its recommendations have gone some way towards plugging this gap. The review took an asset based approach - supporting GPs to improve their NHS Health Check programme via their Clinical Effectiveness Group and using their expertise, adding to the clinical collaboration perspective of the review.

Inclusive – Developing relationships and cultural understanding

Developing relationships

In some areas, the reviews were pivotal to changing and enhancing the relationship between council scrutiny and local public health teams. For many, there had not been the opportunity for councillors and public health teams to work together and scrutiny provided a catalyst.

Focusing together on improving the outcomes and effectiveness of a new area of council commissioning has highlighted how closer working and sharing data and insight can move services forward. All areas reported the positive impact of outcomes and recommendations from scrutiny on commissioning of preventative interventions.

All areas agreed that the approach to identifying and hearing from stakeholders was a very effective element of the CfPS support. The approach leads scrutiny to move beyond its traditional audience and thematic workshops produced a better understanding of issues to be tackled by commissioners. Further details are included within the case studies.

Three areas recognised the need to foster relationships across tiers of local government and between councils to support health improvements. The return on investment approach was a good way to achieve closer working with robust recommendations.

Recognising the contribution of other organisations and partnerships can also help share learning about ideas for future working. The Community Hub model developed by Devon & Cornwall Probation Trust inspired a recommendation about developing a whole person 'one stop' approach for socially isolated and hard to reach groups.

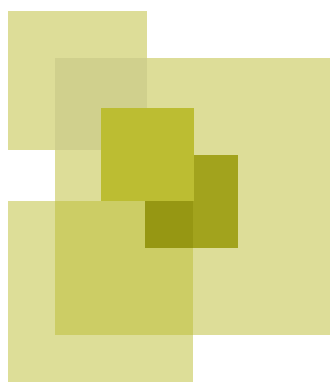
Recommendations

- A commitment to develop relationships constantly and consistently can help local areas achieve better health outcomes.
- Moving beyond traditional stakeholders can strengthen the outcomes and value of scrutiny.

Understanding cultural differences

Evidence emerged in some areas that the cultural differences between the NHS 'clinical model' and councils' 'social model' need to be better understood so that a shared health and care improvement culture can be developed.

Areas found that the natural focus of clinicians and GPs is the patient and the symptoms that present to them (the clinical model); whilst the council and councillors naturally focus on what is impacting on poor health – the causes of the causes and the wider determinants of health (the social model). By blending these skills (as advocated by the Institute of Health Equity's Fair Society, Healthy Lives (Marmot) review on health inequalities) a better understanding of communities can be gained leading to better action to support health.



Scrutiny has been shown to be an effective way to build on the common ambition of GPs and local councillors to improve the health of local people. Scrutiny of the NHS Health Check programme can be a catalyst to strengthen relationships between councillors and primary care.

Recommendations

- Develop a universal language for health locally that all partners can understand.
- The knowledge and experience of councillors can enhance the work of health partners and commissioners to improve health and health services.

What practical steps helped?

Tameside Metropolitan Council's stakeholder event provided the vehicle to get everyone together to look holistically at improving a service. It allowed for open and honest dialogue between public health professionals, GPs and the commissioners – something that wouldn't have taken place without the review. Using the CfPS approach helped scrutiny to move at a pace which led to massive benefits. They will be using the model again within future reviews.

Transparent – Understanding information and getting communication right

Understanding information and data

All areas encountered challenges with the collection, consistency or analysis of data to help them explore issues and support their findings. Inconsistent data collection by different agencies, particularly at general practice level, was highlighted as a barrier to understanding the financial value of care pathways. This translated in to a lack of confidence in some areas about the validity of data.

An important lesson from the programme was that clinicians and health professionals are used to working with absolutes whereas scrutiny is more comfortable with possibilities and insight. For example, public health professionals wanted to provide detailed, statistically accurate information and data (which could take longer to produce) but councillors were happy to receive less academically robust figures, together with strong experiential evidence and public health team insight. The reviews generated considerable learning about which partners held useful information, for example:

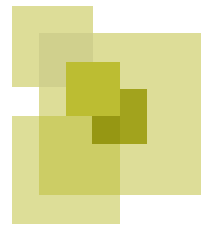
- Clinical Commissioning Groups understand and have access to national acute care costing information as well as GP practice information. It is essential that scrutiny develops contacts with their CCGs and general practices so that they work alongside each other.
- Information about public health outcomes is often available from national organisations and charities that hold robust data banks based on specific areas of interest that can be useful for return on investment calculations.

Some areas used particular methods to test performance data. Examples included: commissioning a community researcher; direct questionnaires to GPs to establish take up levels; concentrating on gathering in depth information from a few sources.

All the areas recognised the validity of financial return on investment as a proven and important demonstrator of the effectiveness of the NHS Health Check programme. But they also found ‘softer’ qualitative return on investment is equally important and gave weight to the potential of the NHS Health Check programme as a key tool to improve public health. For example, the actions that can move people towards recognising their own responsibilities for improving or maintaining their personal health is an essential part of the improvements that the NHS Health Check programme is seeking to make. The drivers for changes in personal behaviour may include improving neighbourhood interactions or bringing services into one place to improve accessibility and outcomes from the NHS Health Check programme.

Recommendations

- The variation in the quality and nature of data held at GP practices needs to be reviewed at a national level alongside consideration of how population statistics could be standardised. There is a need for consistent data collection, particularly around quantifying hard to reach groups and clearer standard measurements of comparable performance and NHS Health Check take up rates. They need to be readily available and usable by local authority commissioners.
- Review and revise local data sharing protocols and consider easily accessible mechanisms to pool partners own knowledge about alternative information sources.
- Commission services from a variety of sources including ‘drop-in’ services for people unable to attend their GP during working hours and monitor follow-up.



Communication

Communication was a key feature that emerged at the learning event – both with the public about the NHS Health Check programme and within and across stakeholders about how to best incorporate NHS Health Check in to local actions to improve health. Improving communication across the partners in the local health system would allow for a better sharing of information leading to improved services.

Most reviews sought to gather public views on the NHS Health Check programme, and concluded that, despite national publicity, there remains a lack of public awareness about the aims, objectives and benefits of the programme. Feedback from some people indicated an awareness of the NHS Health Check programme but an anxiety that it might identify medical conditions that could not be treated.

Recommendations

- Provide clear public information about the benefits and process of a NHS Health Check and the support available to participants with health issues and consider targeted promotion.
- Consider a NHS Health Check scrutiny review to see who does what, to generate a local understanding of the breadth of the programme.

What practical steps helped?

London Boroughs of Barnet and Harrow tested public opinion about their NHS Health Check programmes by commissioning an engagement specialist and concluded that there was not a great understanding by the public on what NHS Health Check is and how to access it.

Lancashire County Council and South Ribble Borough Council created an effective “drill-down” questionnaire that generated a new set of qualitative information about GPs’ views of their experience with the NHS Health Check, and why many GP practices do not feel it worthwhile to engage with the programme. This review also demonstrated the value of district council scrutiny and the added dimension that district councillors can add to scrutiny.

The value of good scrutiny

Good scrutiny and accountability involves different people in different ways – citizens, patients and service users, elected representatives, service providers and commissioners, inspectors and regulators. Four mutually reinforcing principles, leading to improved public services, need to be embedded at every level:

- Constructive ‘critical friend’ challenge.
- Amplifying the voice and concerns of the public.
- Led by independent people who take responsibility for their role.
- Drive improvement in public services.

Using these principles, CfPS has again highlighted the benefit that scrutiny can bring to other partners seeking to improve health and health services.

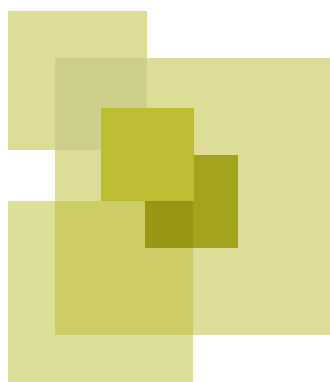
Why scrutiny - what's the added value?

- Scrutiny is independent.
- Scrutiny adds value to councils' corporate leadership and it supports health improvement by taking a proactive approach.
- Can bring the NHS / GPs and councils / councillors together by providing a neutral space to work through issues and identify solutions.
- Uses councillors' unique democratic mandate as a ‘conduit between the public and their services’, enables them to test whether what is provided meets community needs and aspirations.

The added value of a return on investment approach

In addition to the value described above the return on investment approach:

- Allows areas to move away from a traditional ‘committee meeting’ approach and explore an ‘action learning’ approach.
- Involves a wider group of stakeholders from across the whole system bringing more ideas and contributions to the review process.
- Uses quantitative and qualitative outcomes to provide evidence for improving joint working and the pooling of resources.
- Keeps scrutiny focused on outcomes when scoping and undertaking a review.
- Provides an opportunity to use return on investment to demonstrate the value of scrutiny, alongside internal council performance measures.



The added value of scrutiny to public health

All five reviews secured the involvement of their local public health teams, and as you have read contributed to improved understanding and working relationships. Below are quotes from public health professionals involved with the programme.

Tina Henry, Consultant in Public Health and NHS Health Check lead, Devon County Council commented:

“ *The work undertaken by scrutiny on NHS Health Checks has been very timely and has raised the profile and understanding of the programme. The process allowed independent engagement with a wide range of stakeholders and providers to determine next steps in rolling out the programme. The intelligence work and feedback from the focused sessions will be used to inform the model of delivery to increase take up.* ”

Gideon Smith, Consultant in Public Health Medicine, Tameside MBC

“ *The Tameside Health Checks Scrutiny Review has been extremely timely and supportive to the process of rethinking the local programme within the context of transition from NHS to local authority commissioning responsibility. The Stakeholder Workshop was particularly helpful in gauging the concerns, commitment and potential contributions of interested parties, and facilitating the development and delivery of a re-invigorated local programme.* ”

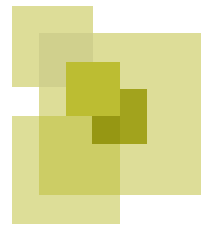
Summary and further recommendations

This programme demonstrates the diversity of good scrutiny to tackle local health inequalities in the best way suited to localities. The reviews have gone some way to overcome some scepticism regarding the validity of the NHS Health Check programme. We believe that council scrutiny has been a valuable way to independently review the roll-out of the NHS Health Check programme – with findings that can be used locally and nationally to inform commissioning decisions.

Specific recommendations have been made throughout this publication. In addition to these, below are some wider final recommendations from our observations:

- Council scrutiny can be an effective public health tool and can help areas to fully understand the health of their population and how services can improve to meet this need.
- Council scrutiny can be the bridge in developing effective working relationships – combining the knowledge of the health community and councillors in developing solutions to improving community health and wellbeing.
- The NHS Health Check programme needs to be accepted as part of a whole system review of the abiding problems of health inequalities, self-responsibility and the prevention agenda. This would enable commissioners to co-operate and to develop improved services that encompass both health and social care and continue to integrate patient pathways at all stages of their interaction with the system.
- Areas need to develop clear lines of accountability to ensure effectiveness across councils' public health role, Clinical Commissioners and general practice.
- There needs to be a continued drive towards integrated working between public health, health and wellbeing boards, council scrutiny and local Healthwatch.

Information flow is critical across all sectors of the health economy (including people who use services), with public health retaining a vital source of data and information. Partners should aspire to transparent data that can be understood by professionals and people who use services.



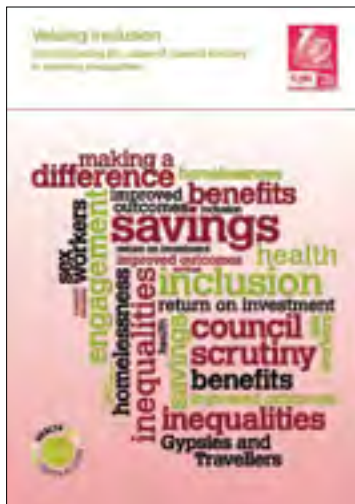
Appendix one – Case studies

Tipping the Scales



<http://cfps.org.uk/health-inequalities>

Valuing Inclusion



<http://cfps.org.uk/health-inequalities>

CfPS' return on investment approach to scrutiny

In 2011 CfPS developed an approach to council scrutiny that captures the potential return on investment of a review and its recommendations. This approach has been published in our previous publications.

Each area that took part in the programme was supported to use the return on investment approach to ensure that their review was outcome focused and realised 'costed and consequential' benefits.

Over the following pages you will find out more about the scrutiny reviews that each of the areas undertook.

The case studies particularly focus on:

- Why the issue was important
- Successes and challenges
- Learning points
- Qualitative benefits
- Measuring return on investment

One of the main benefits of reviewing NHS Health Check using the return on investment approach was the opportunity to involve all stakeholders in designing the review and the key lines of enquiry. Whilst stakeholder engagement is not a new concept, in a return on investment approach it focuses the review on the policy objectives of the Institute of Health Equity's health inequalities review (Marmot) – evidence based objectives to reduce inequalities.

In assessing the potential return on investment, changes in ways of working and a focus on health inequalities will no doubt realise a financial saving both in terms of joined up delivery and less money spent within the health service, however this is difficult to quantify and assign credit to the review alone. Therefore in order to determine the potential return on investment that the review could realise, a number of assumptions need to be made.

CfPS' return on investment approach it is not an exact science. The five areas did not use health economists or finance professionals, but they did use information, data and costings that were either available nationally, provided locally or collected by themselves. The calculations (summarised in the case studies) represent the potential return on investment if the recommendations are accepted and implemented.

The case studies have been provided by the areas themselves.

Case Study: London Boroughs of Barnet and Harrow

The London Boroughs of Barnet and Harrow have had a joint public health service from April 2013 which is hosted by Harrow. The review provided an ideal opportunity to transfer knowledge from the two areas and ensure that the NHS Health Check programme develops appropriately.

Successes and qualitative benefits

- Testing public views of the NHS Health Check programme within specific community groups.
- The review identified differences in how the programme has been commissioned and delivered within the two Boroughs.
- The review helped to develop relationships between scrutiny and public health services, the two scrutiny committees and their communities.

Challenges

- The review highlighted some challenges for public health and the local authorities in dealing with issues relating to a transferred shared service.
- The complexity of the issue and its role within a wider pathway could have caused the review to be unwieldy.
- The financial modelling using the ROI model was difficult with the lack of availability of data.
- Engagement with GPs was difficult.

Learning points

- ROI is an excellent tool for demonstrating the economic benefits that scrutiny can deliver.
- The opportunity to look to other boroughs and alternative delivery models brought useful insight to local discussions.
- Public health faces a new challenge operating in a political environment.
- The scrutiny review highlighted that the public are not aware of NHS health checks.
- A balanced approach needs to be taken – people need to be encouraged to make lifestyle changes.

Key Recommendations

The review has made clear recommendations to influence the future commissioning of the NHS Health Check programme:

- Accessibility, promotion and take up.
- Aligning financial incentives.
- A whole system scrutiny of care pathways.

ROI question and calculation

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

Invest :	Harrow – £93,225
Cost of additional checks	Barnet - £81,575
	Total - £174,800
<hr/>	
To save :	Harrow = £1,262,105
Potential savings	Barnet = £2,834,882
	Total = £4,096,987
<hr/>	
Potential return on investment	£3,922,187

Assumptions

Average cost of a NHS Health check = £25 (local data on spend for Barnet) – using this as the basis:

Harrow (12/13) 3729 checks cost £93,225 (Of those 65 cases of those at risk of a heart attack).

Barnet (12/13) 3263 checks cost £81,575 (Of those 146 cases of those at risk of a heart attack)

The British Heart Foundation report cost of treating heart attacks as £19,417 per case.

Calculation uses a doubling of costs and cases to illustrate ROI

For more information use this link to the review report:

<http://committeepapers.barnet.gov.uk/documents/s12062/NHS%20Health%20Checks%20Scrutiny%20Review.pdf>

Case Study: Devon County Council

The NHS Health Check programme in Devon was in its infancy, and the committee saw the opportunity to actively contribute to policy development using the ROI model. The committee pursued their instinctive observation that the NHS Health Check programme should be of most benefit to people in groups with the poorest health outcomes and framed their review around rural and urban socially isolated groups.

Successes and qualitative benefits

- Raised awareness of the role of scrutiny and the value it can bring.
- Strengthened relationships with public health colleagues, including monthly meetings with the Director of Public Health.
- Had a high response rate to a qualitative GP survey that was developed with assistance from the two Clinical Commissioning Groups in Devon.
- Gained insight in to the take up of NHS Health Checks in rural areas via the Farming Community Network Devon.
- Heard from a range of expert witnesses including local Veterans groups, the Probation Trust, drug and alcohol service providers and outreach health services for homeless people.
- Synthesised all the information in to a template to engage with hard to reach groups across Devon.
- Structured short 'deep dive' reviews can produce locally relevant policy insights.

Challenges

- The availability of comparable local quality data and discrete service costing's to use for measurement. They endeavoured to meet this challenge by balancing and using conflicting or small sample data to widen their understanding of the evidence.

Learning points

- NHS Health Check programme is a gateway to realising the potential of health improvement and ensuring that marginalised groups are included.
- Mental Health should be integral to the consideration of health and wellbeing and included in the Health Check programme.
- There needs to be a whole person approach in considering the health and wellbeing of everyone, particularly vulnerable or hard to reach groups.

- NHS Health Checks need to be accessible - timing, location, information and trust.
- The ROI model gave a framework and a rigour that could be shared with key stakeholders and used to include them and members together from the beginning.

Recommendations:

The task group put forward nine recommendations backed by their findings covering:

- The importance of whole system approaches from all agencies to commissioning strategies.
- Improvements to the understanding and systems approach to the NHS Health Check programme for vulnerable groups.
- The County Council visibly taking up the role of health promotion and Health Check take up.

ROI question and calculation

What would be the ROI of improving the access to NHS Health Checks for our less accessible and most isolated groups?

Invest : Cost of targeting NHS Health Checks (based on 1000 smokers)	£183,000
To save : Potential savings	£323,500
Potential return on investment	£140,500

Assumptions and caveats

Review costs calculated 165 hours x £9.81 (Devon median wage) ; In 2013, NHS expenditure on care on smokers will be £39.7 million (122,724 smokers with av. care cost of £323.50 per person per year). <http://www.ash.org.uk/localtoolkit> ; Each NHS Health Check costs £24 ; Smoking cessation costs are £159 <http://www.smokinginengland.info/stop-smoking-services>

Therefore cost of intervention per person is £183.

Calculation based on targeting 1000 smokers with a 100% success rate.

For more information use this link to the review report:

<http://www.devon.gov.uk/loadtrimdocument?url=&filename=CS/13/35.CMR&rn=13/WD1206&dg=Public>

Case Study: Lancashire County Council and South Ribble Borough Council

The Review sought to identify the value of greater targeting of the NHS Health Check programme on those whose health and wellbeing could benefit most, as opposed to randomly selecting 20%. As data was discussed with the DPH and GPs, it became apparent that increasing the take-up was a factor at least as important as targeting the invitation; and that middle aged men are generally the highest risk group, being the least likely to look after their health or attend a NHS Health Check.

Successes and qualitative benefits

- High involvement of councillors.
- Developed 2-tier collaboration of county and district councils working together on a health scrutiny review - demonstrates districts can influence health.
- Engaging public health created a practical example of the kind of data that health scrutiny wants to use - a model for further projects.
- Created a way to gain engagement of GPs and general practices.
- Developed an effective “drill-down” questionnaire to seek the views of GP’s.
- Generated a new set of qualitative information on GPs’ views of their experience with the NHS Health Check programme, and why many GP practices do not feel it worthwhile to engage with the programme.

Learning points

- Need to “front load” information more extensively - need to think more at the start about what information is needed and the context.
- Public health teams are used to working to longer timescales and want to provide accurate data.
- This approach to generating data illuminated understanding of the choices that GPs make, and why there are the tensions in aspirations between the GP practice as a small business model versus centrally-chosen NHS policies.
- GPs have interesting and helpful views on the best ways to increase take-up.

Key recommendations

- Undertake a deeper study to generate more robust data and ROI calculation, and a transferrable model.
- Commission the NHS Health Check programme focusing on widening the range of locations for delivery (e.g. football matches) and providers commissioned to deliver.
- NHS England be asked nationally to calculate whether it would be cost-effective to pay GPs more to carry out a NHS Health Check.
- NHS England calculate the benefits of extending the age range to say 35 (perhaps particularly for men) so as to maximize the benefits of early prevention.

ROI question and calculation

What is the ROI of targeting 50% middle aged men (40-55) instead of the 20% random targeting?

Invest : Cost of targeting NHS Health Check	£552,000
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To save : Potential benefits est. by QALYs & ready reckoner	£575,000
<hr/>	
Potential return on investment	£23,000

Notes caveats and assumptions

NHS Health Checks cost £21 whether delivered by GP or outreach: extra costs to reach an extra 26,297 more men is therefore £552k.

Assuming take up is increased this means 26,297 more men are checked; on average x 0.09 QALYs per person (this underestimates value for particular cohorts), this generates 2331 QALYs. Each QALY costs (is worth) £247, so the value of these QALYs is £575,668 (based on average populations). QALY = Quality adjusted life year.

For more information use this link to the review report:

www.southribble.gov.uk/scrutiny.

Case Study: London Borough of Newham

Newham has a high prevalence of preventable illness such as diabetes and had been heavily involved in early stages of the NHS Health Check programme. As a result of this involvement their programme had been front loaded (invested in early), so as the NHS Health Check programme implementation progressed nationally, statistics appeared to show that they were falling behind. Research from the pilot had also identified variations within the GP clusters.

Successes and qualitative benefits

- A strong collaborative approach between scrutiny and public health resulting in excellent support to this project.
- Local Healthwatch enthusiastically engaged with the review and ran own patient forum.
- Engagement with the Clinical Commissioning Group allowed for patient feedback, which correlated the views of the patient forum.
- A short, sharp questionnaire to those who administered the NHS Health Check programme allowed front-line feedback.
- The review has prompted a more detailed cost benefit analysis of health checks to inform future commissioning of the NHS Health Check programme.
- A good example of how scrutiny can add value to health and wellbeing boards and influence commissioning decisions.
- Strengthened partnership relationships.

Challenges

- Discrepancies in how data was collected and reported by the different agencies meant that it was difficult to correlate and gain meaningful conclusions.
- Obtaining clear financial information on the cost of providing health services was a considerable challenge.

Learning points

- Clinicians work with absolutes whereas scrutiny is more comfortable with possibilities and insight. Bridging that gap so that both are comfortable with the outcomes is essential.
- The “softer” qualitative ROIs are equally as important as quantitative ROIs.

Key recommendations

At the time of writing the final conclusions and recommendations had not been determined, but emerging issues include:

- The need to complete a review of options and funding for NHS Health Check as part of the wider preventative agenda.
- The need to reduce practice variation.
- That a collaborative partnership agreement is required.
- Statin prescribing increase in line with Clinical Effectiveness Group guidelines.

ROI question and calculation

What is the ROI of supporting the GP clusters in improving NHS Health Check take up and follow through?

The review also focused on the qualitative nature of ROI which is harder to quantify. This included the benefit of developing new relationships with the commissioners and providers to create a new vision for the future commissioning and delivery of NHS Health Checks locally.

The review did notionally model a potential financial return on investment with a focus on strokes.

Invest : Cost of targeting NHS Health Check	£35,000 (1000 additional checks)
To save:	£75,000 3 people identified at risk
Potential return on investment	£40,000

Assumptions and caveats

Cost of treatment for a stroke = £25K (British Heart Foundation average) ; Cost of undertaking a NHS Health Check £35 (excl. admin fees) ; Research shows for every 10,000 checked 30 are identified as having risk factors for stroke (verified by the Clinical Effectiveness Group at Queen Mary University of London). Based on a crude calculation and the cost of acute medical care and rehabilitation will vary depending on the patient and other variables – including other interventions.

For more information use this link to the review report:

<https://mgov.newham.gov.uk/ieListMeetings.aspx?Committeed=1227>

Case Study: Tameside Metropolitan Borough Council

Tameside MBC had already achieved above average take up of NHS Health Check programme across the Borough but wanted to develop its community model of delivery. The public health team were undertaking a series of reviews of their services and through working closely with the Health and Wellbeing Improvement Scrutiny Panel wanted to identify and consider how best to utilise a community or GP based approach for the delivery of NHS Health checks.

Successes and qualitative benefits

- Held a stakeholder event attracting over 40 delegates from 14 organisations connected to NHS Health Checks. The event enabled participants to discuss the benefits, opportunities and challenges in the delivery of integrated GP and community based models.
- The review helped to create new and improve existing partnerships between the Council, CCG and a range of other partners and stakeholders.
- In addition to supporting the review process the stakeholder event also benefitted public health directly in allowing them to make contact and connections with the lead officers from relevant organisations in relation to the delivery in Tameside.
- The review helped to raise the profile of the NHS Health Check programme and identify areas where take-up could be improved, e.g. through publicity and marketing.

Challenges

- A significant challenge identified during the course of the review was the need for further development around communication between partner organisations linked to NHS Health Checks.

Learning Points

- The event required financial and staff resources – but this investment led to a successful outcome.
- The need for data to accurately calculate the ROI.
- The review of NHS Health Checks was undertaken following a level of transition from the Clinical Commissioning Group to the Public Health Team at Tameside Council and this caused some concerns around the sharing of information.

Key recommendations

At the time of writing the final report had not been approved but review recommendations are likely

to include:

- A marketing campaign to promote the availability and benefits of NHS Health Checks.
- Utilising community centres and engagement with leaders of hard to reach communities.
- The use of electronic invites and reminders.
- A primary and community based approach to the delivery of NHS Health Checks in the borough.
- Work with local pharmacies to improve the delivery of community based Health Checks in the borough.
- Further work with Tameside Sports Trust to explore further commissioning opportunities.

ROI question and calculation

Identifying and considering how best to utilise a community or GP based approach to the delivery of NHS Health Checks and appropriate targeting?

Invest : Cost of 10% increase in NHS Health Checks	£5,708
To save : Potential savings	£28,500
Potential return on investment	£22,792

Assumptions

Total cost of NHS Health check programme 12/13 £567,412 including delivery in community settings

In Q1/Q2 (6 mths) of 2012/13 there were 3,976 delivered assuming therefore 7,952 over 12 mths.

Cost of a NHS Health Check £71.35

Calculation based on 10% increase 80 patients (80 x £71.35 = £5,708). Of 8000, 11.4% identified as being at risk of stroke

Cost of treatment for a stroke = £25K (British Heart Foundation average)

1.14% out of 80 would give a £28,500 saving

Reports once approved will be available at:

<http://www.tameside.gov.uk/scrutiny/reports#pers>

Appendix two – 10 Questions for council scrutiny about NHS Health Check

Interested in carrying out your own review of NHS Health Check? Here are 10 questions to consider before you start. You will also find additional questions in the supplementary briefings sitting alongside this publication.

- 1 How has the NHS Health Check programme been commissioned so far and who measures outputs and outcomes from it?**
- 2 What do we understand about the NHS Health Check programme, how and where they happen, and the intended positive benefits for our population?**
- 3 How is data about outputs and outcomes collected? Are there local systems for collecting as well as national? Can we learn anything from the experience of NHS Health Checks elsewhere?**
- 4 Do we understand which sections of our local population have the poorest health outcomes and how the NHS Health Check programme will improve them? If not, who can tell us about this?**
- 5 How is the commissioning of the NHS Health Check programme intended to contribute to improving the content of the Joint Strategic Needs Assessment and how does it contribute to joint health and wellbeing strategic outcomes? How is this aspect monitored and by whom?**
- 6 Who has actually taken up the NHS Health Check so far and what impacts have been observed? Do we have evidence to hand about the effectiveness of the current or intended programme from existing providers and clinical commissioners?**
- 7 Who provides the NHS Health Check and how does this currently relate to population coverage and the Public Health Outcomes Framework?**
- 8 To what extent are clinicians and service users currently involved in commissioning the NHS Health Check programme locally? How is their contribution used?**
- 9 Are there any national or local organisations and charities with specific focus on health conditions that the NHS Health Check programme seeks to prevent, that might provide an external critical friend or specialist knowledge that could be useful?**
- 10 How does the baseline information we have in front of us compare to other local authorities; and what ideas do they have for taking this programme forward? Have we got comparable best practice examples to consider?**

Notes

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The Centre for Public Scrutiny
Local Government House
Smith Square
London SW1P 3HZ

44 (0) 20 7187 7362

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 www.cfps.org.uk