

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 4 November 2014.

**PRESENT:** Councillors Dryden, (Chair), Biswas, Hubbard, M Thompson and J A Walker (as substitute for Cole)

**ALSO IN ATTENDANCE:** T Braun, NHS North of England Commissioning Support Unit  
E Kunonga, Director of Public Health in Middlesbrough  
E Salvati, Nurse Clinical Lead, Tees Valley Public Health Shared Service

**OFFICERS:** E Pout and S Lightwing

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Davison, Hussain and Mrs H Pearson, OBE.

**DECLARATIONS OF INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

**1 MINUTES - HEALTH SCRUTINY PANEL - 25 SEPTEMBER AND 6 OCTOBER 2014**

The minutes of the Health Scrutiny Panel meetings held on 25 September and 6 October 2014 were submitted and approved as a correct record.

**2 NHS HEALTH CHECK**

The Scrutiny Support Officer presented a report to outline the purpose of the meeting. At a meeting in July, Members received a presentation from the Director of Public Health and learnt about the NHS Health Check and it was agreed further information would be brought to the Panel at an appropriate time.

The NHS Health Check programme was a world-leading programme and a key component of the Government's priority to reduce premature mortality. The programme was a national illness prevention programme to identify people at risk of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. The programme was introduced on a phased basis in 2009 and Primary Care Trusts were expected to roll it out over five years. However, when Local Authorities took over responsibility for the NHS Health Check in April 2013, there was considerable variation across the country which meant that local programmes were at different stages of implementation.

Cardiovascular conditions were responsible for a third of deaths and a fifth of hospital admissions in England each year. In the north east, the leading causes of mortality were cardio-vascular diseases, with infections, suicide and murder being a very small proportion. Ischaemic heart diseases (heart attacks) and strokes were two of the most important causes of death that could be prevented via healthy heart checks.

Diseases including stroke, heart attacks and heart failure had a common set of risk factors. Some risk factors such as age, sex, ethnicity, family history and deprivation were non-modifiable. Other risk factors such as smoking, physical inactivity, poor diet, obesity, hypertension, diabetes and raised cholesterol were modifiable. Lifestyle changes could be made to prevent cardio-vascular disease and early signs could be detected and treated effectively.

A chart showing the breakdown of the life expectancy gap between Middlesbrough as a whole and England as a whole, by cause of death was discussed. It was highlighted that there was also a large gap between the most and least deprived people in Middlesbrough. On a positive note, since 1996, coronary heart disease had declined quite rapidly in England and even more so in the north east and Middlesbrough, so the gap was closing.

The Healthy Heart Check was introduced in Teesside in 2008 and the NHS Health Check was

implemented in 2009. It was estimated that the check could prevent up to 1,600 heart attacks and save 650 lives annually in England. The check could also prevent 4000 cases of diabetes annually and lead to early diagnosis of 20,000 cases of diabetes or kidney disease in England.

Reference was made to media reports that the health check was not effective or efficient. However these opinions were mostly based on studies that had taken place outside of England. The view of Public Health England was that there was good evidence for individual parts of the programme but not yet for the whole programme and the outcomes. Teesside University had also carried out an evaluation in 2008 which concluded that the health check was the right thing to do.

Since April 2013 Local Authorities had been mandated to provide the NHS Health Check for the eligible population. It was a national risk assessment and management programme for people aged 40 to 74 years who did not have an existing vascular disease and were not currently in treatment for certain risk factors. It was aimed at preventing disease and providing early diagnosis of conditions that might lead to the development of disease. The check included raising awareness of dementia for people aged 65 to 74. The risk factors for cardio-vascular disease were the same as those for vascular dementias. Those eligible were entitled to have an NHS Health Check once every five years.

The check took approximately twenty minutes and consisted of a standardised risk assessment, and taking measures and information as well as a pulse check and waist circumference. Following collection of the information an individual's risk of having a heart attack or stroke during the next ten years was calculated. If levels were above normal the individual would be referred to their GP for follow-up.

All GP practices in Middlesbrough were signed up to the Healthy Heart Check contract and most checks were performed in GP practices by a clinician. In addition the CVD (Cardio-vascular Disease) nursing bank was commissioned to undertake NHS Health Checks in workplace areas and community venues, in order to widen the individual's choice for a more convenient time and location. A service review was currently underway to examine alternative methods of delivery.

In 2013/2014 Middlesbrough had reached its target of 50% of eligible individuals undergoing initial assessments. In the first two quarters of 2014/2015 the take up in Middlesbrough was slightly higher than in the other local authorities. It was highlighted that more focus was needed in areas of deprivation. Although the conversion rates from invitations to assessments was over 80%; in the more deprived areas, where the need was greatest, the take up was only 35%, whereas in the more affluent areas it was 50%.

It was apparent from discussion at the meeting that there was not a consistent approach by all GP practices to offering the Health Check. Every eligible individual should receive an invite within a five year period, however this was not always the case. Whilst the Health Check needed further promotion, running a public campaign could overwhelm services. It was noted that the issues of inconsistency had been discussed at Clinical Commissioning Group (CCG) level.

**AGREED** as follows:

1. The information provided was received and noted.
2. Panel endorsed the NHS Health Check programme.
3. A representative from the Local Medical Committee (LMC) would be invited to a future meeting to provide further information in relation to consistency in offering the Health Check amongst GP practices.
4. Alternative venues and methods of delivery for the Health Check should be explored.

### 3 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair requested that the Panel note the content of the submitted report which provided an update on business concluded at the Overview and Scrutiny Board meeting held on 21

October 2014, namely:

- Attendance of Executive Member - The Mayor.
- Projected Revenue Outturn 2014-2015 - First Review.
- Tees Suicide Prevention Implementation Plan - Report of the Health Scrutiny Panel.
- Executive Feedback.
- Scrutiny Panel Progress Reports.

**NOTED**

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**ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Ebola

The Director of Public Health provided an update on Ebola, which had received a lot of press coverage recently. The UK was currently a low risk country. However, the Chief Medical Officer had stated that within the next few months there was likely to be a case in the UK. This was due to the fact that humanitarian support had been sent from the UK to assist in countries where Ebola was prevalent.

A regional Major Incident Exercise had been carried out in Gateshead based on a case of Ebola, to test out the response. Any cases of Ebola in the UK would be treated in London. However, if London Hospitals were unable to cope, the RVI at Newcastle was designated as a hospital for treating Ebola. People entering the UK from high risk areas such as Sierra Leone, Guinea and Liberia would be scrutinised on entry to the country. The incubation period for the disease was between two and twenty-one days and a raised temperature was one of the symptoms.

The Director of Public Health confirmed that appropriate systems to deal with any cases of Ebola were in place and had been well-rehearsed.

**NOTED**