

**Open Report on behalf of Glen Garrod,
Executive Director of Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	11 April 2018
Subject:	Adult Care and Community Wellbeing Quarter 3 2017/18 Performance

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2017/18. It also continues the theme of a focused look at the performance of a function of the Directorate. In this quarter the performance focus is on the health checks programme. The programme is at the end of its current cycle and has over-performed during this time. The focus on this is timely as the programme will shortly be re-commissioned.

Actions Required:

The Committee is requested to consider and comment on the Quarter 3 performance and the performance focus on Healthchecks.

1. Background

The report continues the theme of performance reporting to the Committee in a concise report which a) focuses on performance in a specific area of work of the Directorate b) provides an overview of all measures. This approach is with a view to ensure that performance across the wide remit of the Directorate area is understood and explored by the Committee.

A summary of Quarter 3 performance across the full set of council business plan measures is attached at Appendix A to this report. This gives the performance status of all Council Business Plan measures relevant to this Committee.

It should be noted that three of the measures under the Carers commissioning strategy are dependent on a survey of carers experience. There is a statutory requirement to undertake this survey every two years, however Lincolnshire County Council has run the survey locally in early 2018, with the intention of better understanding the experience of Carers in the county. The results from this will be available in the Quarter 4 2017/18 performance report to the Committee.

NHS Health Check – Performance Focus

The NHS Health Check programme is one of the largest public health programmes in the world, with nearly five million people in England receiving an NHS Health Check since 2013. It offers preventative checks to people aged 40-74 years to assess their risk of vascular disease (heart disease, stroke, diabetes and kidney disease) followed on by appropriate management and intervention. Eligible people are invited for their health check every five years. People already on a cardiovascular disease (CVD) register are excluded from the programme as they are already being managed by primary care.

Reducing avoidable premature mortality is a government priority. Through early identification and management of risk factors and early detection of disease, the NHS Health Check will help achieve the ambitions set out in 'From evidence into action: opportunities to protect and improve the nation's health', the 'NHS Five Year Forward View' and the 'Cardiovascular disease outcome strategy'.

The NHS Health Check is mandatory for local authorities to provide for their eligible residents under the Health and Social Care Act 2012. There are mandatory guidelines for how the health check should be conducted. The national programme includes a MDS (Minimum Data Set) that looks at over 100 pieces of patient information e.g. age, ethnicity, gender, BMI, blood pressure, cholesterol, family history of cardiovascular disease and any medications the patient is taking, to assess eligibility. The software also calculates the patient's risk score using the data already on their patient record and the data collected at the NHS Health Check assessment.

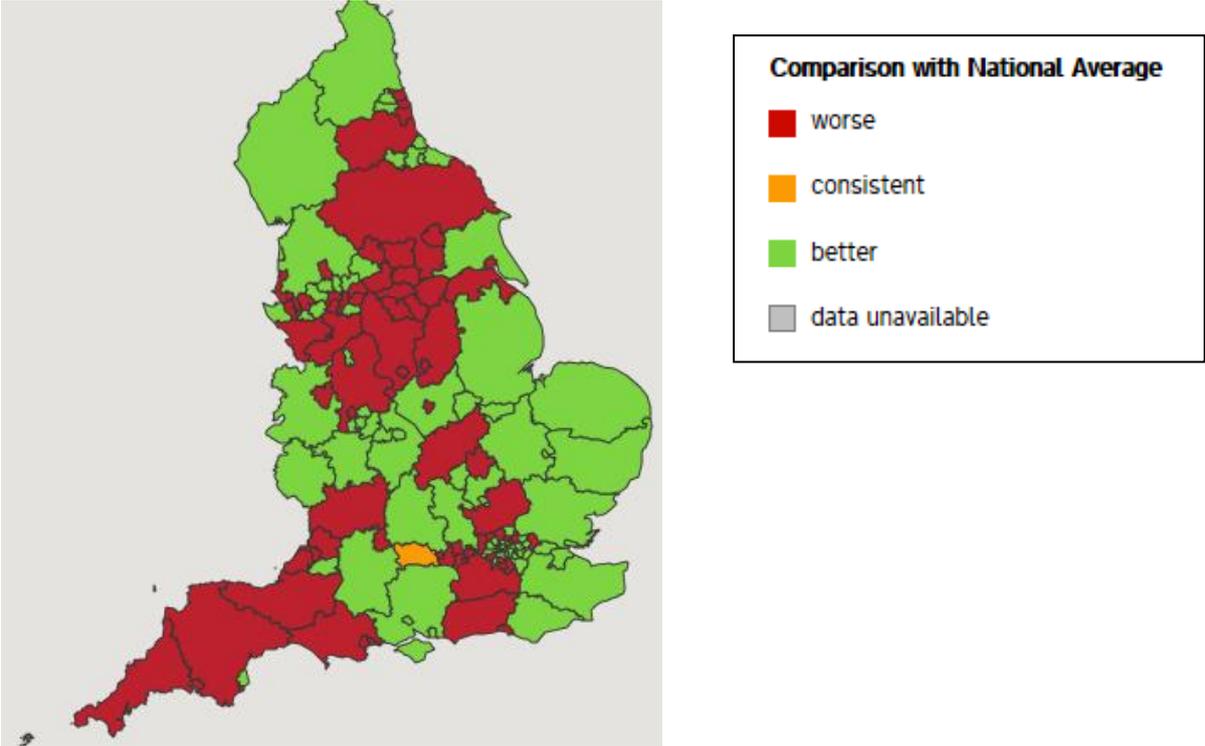
Additional testing and clinical follow up, for example, where someone is identified as being at high risk of having or developing vascular disease, remains the responsibility of primary care and is funded through NHS England.

Lincolnshire County Council has targets to meet of the number of patients to be invited and the percentage of those assessed. 100% of eligible residents are to have been invited by the end of each five year cycle and a continuous year on year improvement in uptake to be achieved. The programme is now in the fifth year of the first five year cycle and is meeting targets on numbers invited and increased uptake.

How we compare against the National picture:

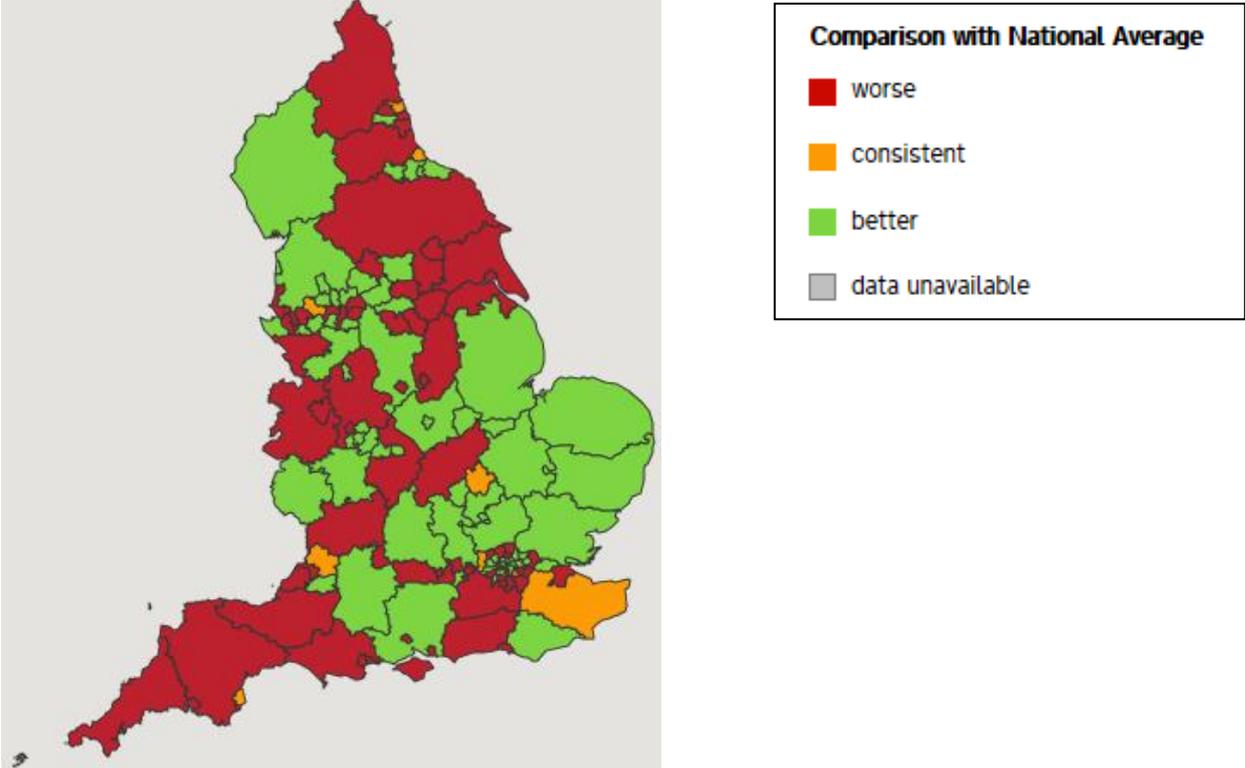
The national picture shows that we continue to perform better than the national average for both people invited, people receiving their NHS Health Check and uptake of the offer. The following maps show that more areas nationally are performing well offering health checks but fewer are performing well for patients receiving a health check and uptake to the offer. Lincolnshire is doing better for all three.

Figure 1: People Invited for an NHS Health Check Cumulative 2013-2018:



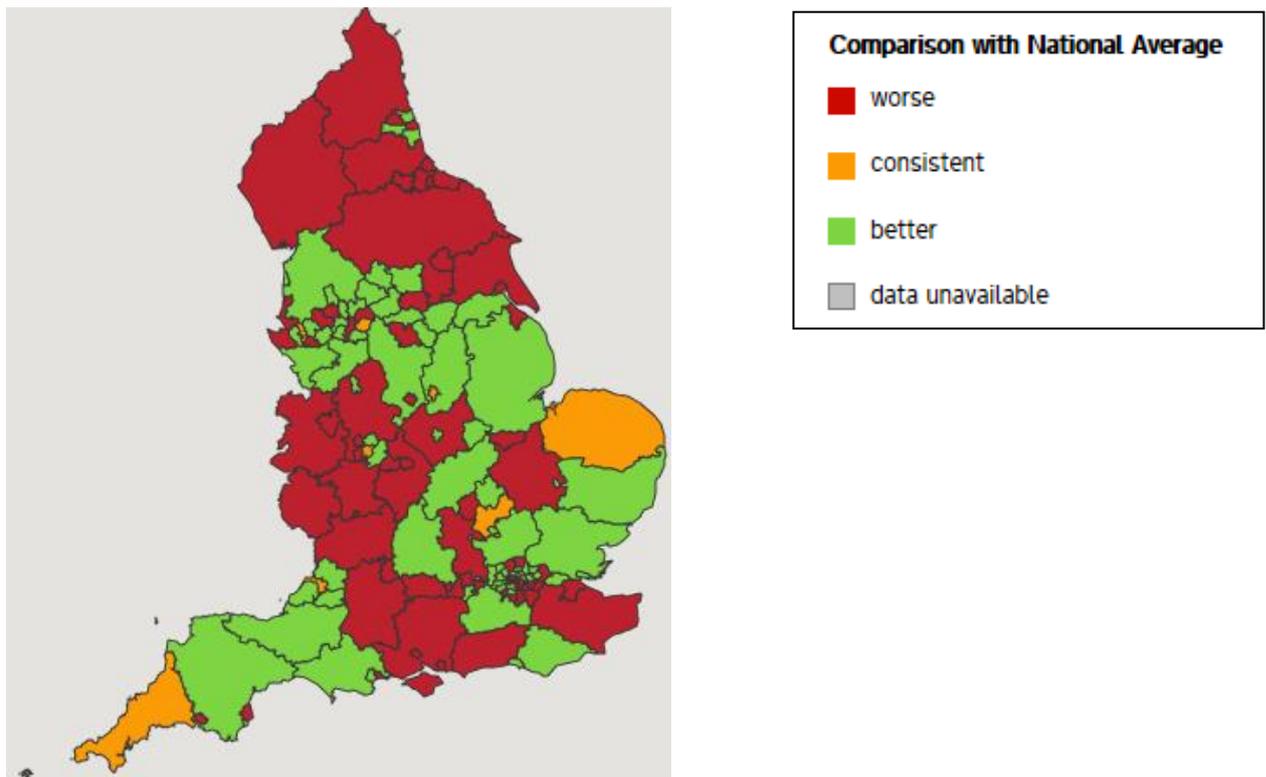
Data source: <http://healthierlives.phe.org.uk/topic/nhs-health-check>

Figure 2: People Receiving an NHS Health Check Cumulative 2013-2018:



Data source: <http://healthierlives.phe.org.uk/topic/nhs-health-check>

Figure 3: Uptake of the NHS Health Check Cumulative 2013-2018:



Data source: <http://healthierlives.phe.org.uk/topic/nhs-health-check>

At the end of this first five year cycle 100% of the eligible population should have been offered an invitation to attend for their NHS Health Check. In Lincolnshire we are on track to meet that target ahead of England and the East Midlands. Uptake to invitations is also higher than that of England and the East Midlands.

Table 1: 2013-2018 (5 year cumulative)

	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	82.5	78	96.9
Received NHS Health Check % (Uptake)	48.4	54.7	60

Data source: www.healthcheck.nhs.uk/commissioners_and_providers/data

Table 2: Numbers of patients invited and assessed

2013-2018 (5 year cumulative)

Total eligible population 2013-2018	207739
Number of people who were offered a NHS Health Check	201338 (96.9%)
Number of people that received a NHS Health Check	120837 (58.2%)
Percentage of people that received an NHS Health Check of those offered	60%

Data source: http://www.healthcheck.nhs.uk/commissioners_and_providers/data/

Table 3: 2016/17 (Annual data)

	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	17	15.5	18.5
Received NHS Health Check % (Uptake)	49.9	58.1	67.9

Data source: www.healthcheck.nhs.uk/commissioners_and_providers/data

How we compare against other Local Authorities in the East Midlands Cumulative 2013-2018:

The following table shows how well Lincolnshire is performing against England, East Midlands and neighbouring local authorities in the East Midlands. England is highlighted in amber. Those areas performing better are highlighted in green and those that are not performing as well are highlighted in red.

Only Lincolnshire and Rutland are performing better than England for both invited and assessed, although Rutland population is just over 5% of Lincolnshire's.

	Total Eligible Population	% Invited	% Uptake
England	15,503,796	82.5	48.4
East Midlands	1,404,229	78	54.7
Lincolnshire	207,739	96.9	60
Derby	87,046	64.9	47
Derbyshire	241,412	75.8	53.8
Leicester	80,449	71.6	100
Leicestershire	206,998	106.9	43.3
Northamptonshire	217,304	73.9	50.8
Nottingham	77,607	51.2	47.9
Nottinghamshire	273,949	59.7	56.6
Rutland	11,725	97.3	52.4

Leicester reports an uptake of 100%. This has been queried and the reason for this is that the programme is run via verbal invitation but only invitations for those patients attending for their assessment are recorded.

Leicestershire are showing as having invited 106.9% of their population. This is not an error and Lincolnshire will probably be in a similar position at the end of this year. Each year LAs confirm their total, five year, eligible population with PHE. This is then divided by five to give an annual baseline that LA budgets and providers can work to. The numbers fluctuate each year. If in year five the previous year's targets have been higher, then this can lead to an invitation over the five years of more than 100%.

Patient case studies provided by Lincolnshire GP practices

Case Study A:

'A patient first attended for her NHS Health Check in January 2016, following an opportunistic invitation by a nurse at a routine appointment.

On attendance, she weighed 83.4kg, and had a BMI of 31.4kg/m². This placed her in the obese category. She was given advice about what she could do to reduce this, and offered a referral to Weight Watchers for a free 12 week programme. However the patient declined this referral, saying she would prefer to attend the surgery which she was familiar with and receive support from the health care assistants.

She was sent home with advice on a weight reducing diet, and increasing her daily exercise, although she did not think she would be able to accommodate much exercise due to her currently lifestyle and commitments.

At her first weigh in, four weeks after her NHS Health Check, her weight was 79.2kg, and her BMI had already reduced to 29.8kg/m², meaning she was no longer classed as obese. With this success the patient was encouraged to continue and be supported by the practice staff. She continued to visit the practice every four weeks for a weight check and support.

As of February 2017, our patient weighs 61.2kg and her BMI is now down to 23 kg/m². With the help of the practice team, and instigated by her NHS Health Check, this lady has lost a total of 22.2kg, which is 27% of her original body weight and she feels wonderful. Her lifestyle has changed for the better to incorporate healthier choices for her and her family.

She continues to attend the surgery for monthly weigh-ins as she relies on the support given by the practice team in order to maintain her new healthier weight and lifestyle.'

Case Study B:

Picking up cases of diabetes; CKD [Chronic Kidney Disease] and hypertension is expected, but occasionally the NHS Healthy Check leads to a much more serious diagnosis:

'A 57 year old man presented with an earache, he otherwise appeared fit and healthy. As he was in the eligible population for an NHS Health check he was verbally invited. The NHS Health Check states that cholesterol must be completed for everyone. Other bloods tests only need to be done when patients hit certain criteria, however, the majority of practices in Lincolnshire run a range of blood tests at this appointment.

A blood test came back that raised major concern and the patient was admitted to hospital immediately. After further investigation a diagnosis of pancreatic cancer was made.

The patient was completely asymptomatic and the cancer was picked up only because he was offered an NHS Health Check and related bloods'

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Q3 Adult care & Community Wellbeing Performance Summary

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Theo Jarratt, who can be contacted on 01522 555177 or theo.jarratt@lincolnshire.gov.uk .

This page is intentionally left blank