1. **NHS Health Checks Introduction**

1.1 For the 2016/17-year **5,177** health checks were delivered in Barking and Dagenham; this is an improvement on 2015-16 when **4,844** health checks were delivered.
The number of health checks completed is comparable with London but the number of referrals for support to other services is low. For Q1 of the 2017/18, 1,179 health checks were delivered in Barking and Dagenham. Of the above number,

- 293 residents were identified as smokers and given advice, though only 4 were formally referred to services and 11 signposted to services.
- With physical activity, 230 residents had an intervention, 155 were signposted and 20 were formally referred to services.
- With weight management, 263 were given advice, 147 signposted to services and 8 were formally referred.

1.2 Also of concern that there is a large variation between practices in the number of health checks being done. Details are provided in the HASSC paper of 3 May 2017 and can be accessed via the link below [http://moderngov.barking-dagenham.gov.uk/documents/g9025/Public%20reports%20pack%20Wednesday%2003-May-2017%20Health%20and%20Adult%20Services%20Select%20Committee.pdf?T=10](http://moderngov.barking-dagenham.gov.uk/documents/g9025/Public%20reports%20pack%20Wednesday%2003-May-2017%20Health%20and%20Adult%20Services%20Select%20Committee.pdf?T=10)

1.3 Trend data does show that there are some consistently poor performers, however two of the practices currently in the worst performing list were not in the group of worst performers at 16/17-year end.

1.4 Given the emerging concerns about the overall delivery of Health Checks in the borough the Cabinet Member for Adult Social Services and Health supported by Officers met with the CCG Chair Dr Mohi and the Accountable officer, Conor Burke to discuss how performance could be improved.

2. Improvement Plan

2.1 Proposals to improve the Health Checks programme, with partners are summarised below: more detail on the progress against the actions in point 2.2.

- Introduce a stepped audit & systematic monitoring of outcomes.
- Support sharing and implementation of good practice between GP practices and localities.
- Put in place compliance monitoring that better tracks underperformance
- Improve the patient journey from health check to lifestyle services.
- To promote healthy lifestyle services as a route to supporting residents to develop a healthier lifestyle.
- To link Health Checks to the healthy weight behaviour change approach
- Potentially centralising the sending out of Health Check invitations

2.2 Progress against Proposals

A detailed and robust improvement plan is in place which includes the following:

- GP practices are currently completing an audit which will run till the first week in August – this will give LBBD and CCG baseline information about how they are delivering their health checks
- An agreed specification has been written and shared with the GP Federation to host a nurse specialist for Health Checks; the project will run for one
calendar year and will support struggling practices to improve their performance.

- An operational work book to aid practices has been put together that will provide detailed and step by step guidance for practices in how to complete the health check fully and correctly, including follow up processes.
- Public Health has engaged GPs in network meetings, where practice performance has been raised on a regular basis, and through which the network and CCG will support performance improvement.
- Health checks is included in the performance dashboard developed by Public Health that incorporates other prevention indicators like immunisation and which will encourage activity to prevent long term conditions.
- A partnership steering group with GPs and Primary Care meets on a regular basis to oversee and monitor progress with each of the actions.
- The steering group is working through each stage of the patient pathway, identifying issues and formulating actions to redress the problems.
- Visits to GP practices by the Primary Care Engagement Officer to address issues improvement locally are on-going.

3. **Financial Implications**

   Implications completed by: Katherine Heffernan, Group Manager - Finance

3.1 The Public Health Grant provides funding for the NHS Health Check Programme. The 2016-17 Public Health budget includes £350,000 for the NHS Health Check Programme. Primary care providers are paid on a performance basis, with payments based on activity levels. The proposals for the health check programme in this report aim to provide a more effective and value for money service that will improve links healthy lifestyle services and promote these services as a route to developing a healthier lifestyle. The health check budget for 2017-18 is £350,000. It is anticipated that expenditure for this service will not exceed the budget for 2017-18.

4. **Legal Implications**

   Implications completed by: Dr. Paul Feild Senior Governance Solicitor

4.1 There are no direct legal implications arising from this report.

5. **Other Implications**

5.1 **Risk Management**

   The Council is working closely with the CCG in order to manage its relationship with Primary Care positively and to continue to foster the good relationships that have existed between it and Public Health.

5.2 **Contractual Issues:** The current contract with Primary Care is not due to finish until March 2019, by which time a procurement process will have been undertaken to award a contract going forward.
5.3 **Safeguarding Children:** No direct link with safeguarding children but through practitioners using their training in safeguarding they have the skills to detect an issue which needs querying or raising with families.

5.4 **Crime and Disorder Issues:** impacted by alcohol brief interventions (as part of the Health Check) Practitioners are required to discuss alcohol intake with patients and depending on the patient’s response, they give brief advice or may need to signpost the patient to dependency services.

**Background Papers Used in the Preparation of the Report:**


Report to HASSC on 3 May 2017

**List of appendices:**

None.