

Meeting	Health Overview and Scrutiny Committee
Date	12 December 2013
Subject	NHS Health Checks Scrutiny Review
Report of	Scrutiny Office
Summary	This report provides an update on the seeks the joint Barnet / Harrow NHS Health Checks Scrutiny Review and seeks authorisation for the final report to be reviewed and endorsed by the Committee outside of the meeting
Officer Contributors	Andrew Charlwood, Overview and Scrutiny Manager
Officer Contributors Status (public or exempt)	Andrew Charlwood, Overview and Scrutiny Manager Public
Status (public or exempt)	Public
Status (public or exempt) Wards Affected	Public All
Status (public or exempt) Wards Affected Key Decision Reason for urgency /	Public All N/A
Status (public or exempt) Wards Affected Key Decision Reason for urgency / exemption from call-in	Public All N/A N/A

1. **RECOMMENDATIONS**

- 1.1 The Committee note the update on the joint Barnet / Harrow NHS Health Checks Scrutiny Review and make appropriate comments and/or recommendations to refer to the Member Working Group.
- 1.2 The Committee approve that, once completed, the final report of the Barnet / Harrow NHS Health Checks Scrutiny Review be approved by Committee Members via e-mail to enable the report to be referred to Cabinet in February 2014.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health Overview and Scrutiny Committee, 3 October 2013, NHS Health Checks Task and Finish Group – the Committee noted the update on the review.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2013 2016 Corporate Plan are:
 - Promote responsible growth, development and success across the borough;
 - Support families and individuals that need it promoting independence, learning and well-being; and
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.3 In relation to the **NHS Health Checks Task and Finish Group**, the following outcomes and targets are relevant to the work of the Group:

"To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and

"We will work with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity."

"Increase the number of eligible people who receive an NHS Health Check to 7,200"

4. RISK MANAGEMENT ISSUES

4.1 None.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Equality and diversity issues are a mandatory consideration in decisionmaking in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
 - The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 Detailed financial considerations as they relate to the NHS Health Checks Scrutiny Review will be addressed when the review reports its findings to to Cabinet in February 2014.

7. LEGAL ISSUES

- 7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 7.2 Health and Social Care Act 2012, Section 12 introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

8.1 Council Constitution, Overview and Scrutiny Procedure Rules – sets out the terms of reference of the Health Overview and Scrutiny Committee which includes:

- To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- ii) To make reports and recommendations to the Executive, Health and Well-Being Board and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- iii) To receive, consider and respond to reports and consultations from the NHS Commissioning Board, Barnet Clinical Commissioning Group, Barnet Health and Well-Being Board and/or other health bodies.

9. BACKGROUND INFORMATION

- 9.1 In April 2013, the Centre for Public Scrutiny (CfPS) launched a programme to support local authority scrutiny functions to review their local approach to NHS Health Check and improve take up. A bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Work on this project has been undertaken between June and November 2013. This project has been be managed jointly by Scrutiny Officers from Barnet and Harrow and links directly to each council's overview and scrutiny committees; in the case of Barnet this is the Health Overview and Scrutiny Committee. As part of the offer from CfPS, the review has received support from a CfPS Expert Adviser (5 days total). In addition, the Joint Director for Public Health has been supporting the review.
- 9.2 In accepting the CfPS support offer, Barnet and Harrow have committed to the following:
 - Completing the review by the end of November 2013
 - Using the CfPS Return on Investment (ROI) model
 - Participating in Knowledge Hub online discussions
 - Keeping an Action Log which will be utilised to co-produce a case study
 - Participate in Action Learning Events
- 9.3 NHS Health Checks are a mandatory service which local authority public health functions have been required to deliver from 1 April 2013. Participation in the CfPS Health Checks programme provides both Barnet and Harrow with an opportunity to:
 - Review previous performance;
 - Consider the budget envelope, planned approach and commissioning strategy for both authorities;
 - Utilise the support of an independent expert advisor;
 - Enable engagement with commissioners, health service professionals, communities and service users to understand perceptions and barriers to take-up for Health Checks;

- Enable Scrutiny Members to assist the Director of Public Health to develop the strategic approach Health Checks; and
- Identify the potential impact of improved uptake of the Health Checks by applying the CfPS ROI model to the review.
- 9.4 The Task and Finish Group review has been seeking to:
 - Identify ways in which NHS Health Checks can be promoted within each borough under the leadership of the Joint Director of Public Health;
 - Explore the extent to which NHS services promote the NHS Health Check to eligible residents;
 - Consider the capacity of GPs, local pharmacies or other suitable settings to undertake Health Checks;
 - Determine the extent to which secondary services are available to those who have been identified as having undetected health conditions or identified as being at risk of developing conditions without lifestyle changes;
 - Identify examples of best practice from across England to inform the approach of Barnet and Harrow to commissioning and monitoring the NHS Health Checks Programme;
 - Utilise the CfPS ROI model to undertake an analysis of the cost/benefit of the NHS Health Checks Programme. The outcomes from this will influence the review recommendations; and
 - Explore whether GPs could be organised on a cluster basis to deliver NHS Health Checks in each borough.
- 9.5 The Barnet / Harrow Task and Finish Group met on the following occasions:
- 9.5.1 25 July 2013
 - Approved of the Project Briefing to enable the review work to commence in advance of formal committee approvals
 - Approved the composition of the Task and Finish Group (3 Harrow Members and 3 Barnet Members (Councillors A Cornelius, Old and Rawlings))
 - Approved the consultation / engagement approach
 - Noted resourcing arrangements
 - Agreed an outline plan for the utilisation of the CfPS Expert Advisor support available

9.5.2 **18 September 2013**

- Received a summary of activity to date
- Reviewed and agree the Project Plan
- Received the results of a data mapping exercise undertaken by the public health team (including trend analysis)
- Agreed the approach to engaging with key stakeholders and residents / patients

9.5.3 2 October 2013

- Received a presentation from the CfPS Expert Adviser on the ROI approach
- Agreed the format of the Stakeholder Workshop

9.5.4 **1 November 2013**

Stakeholder Workshop attended by Public Health England (London), GPs, Practice Managers, Healthwatch, Diabetes UK, Cabinet Members, Barnet / Harrow Public Health and Barnet CCG. Key themes emerging are below:-

Theme	Area Reviewed
Health Checks Promotion	Proposed a national awareness campaign (to promote awareness and advantages of Health Checks), supported by local campaigns.
Providers / Flexible Delivery	Deliver Health Checks through alternative providers and at alternative times, and in different locations to make Health Checks more accessible.
Treatment Package	All checks to be delivered in a single session to streamlined the process and make the experience more attractive.
Referral Pathways	Consideration needs to be given to the next steps for those identified as having risk factors and requiring treatment.
Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that this is regularised and both boroughs are paid on completion.
Resources	Health Checks are currently an add-on for GPs meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Funding available for Health Checks may be insufficient to address total costs (i.e. additional costs arising from managing risk factors or treatments).
Targeting	A 'whole population' approach should be complemented by targeting of specific groups or communities to raise awareness. For example: men (who have a lower up-take then women); religious groups (who statistically have a high prevalence of certain diseases); and deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks).
Screening Programme	People may be concerned that the Health Checks

Anxiety	programme has negative connotations. The positives of Health Checks need to be promoted.
Barriers to Take-Up	Commissioners need to understand from non- participants what the barriers to take-up are. Targeted engagement with this group is recommended.

- 9.6 The final meeting of the Group is scheduled to take place on 4 December 2013 to consider the following:-
 - Results of an online questionnaire on Health Checks (promoted via Engage Space, Twitter / Facebook, Older Adults Partnership Boards and Members)
 - Results of community engagement exercise which includes focus groups (generic, men and deprived areas) and 1:1 interviews
 - Outline report, co-authored by LB Barnet and Harrow Scrutiny Officers
- 9.7 Outstanding actions:-
 - Instruct CfPS Expert Advisor to develop ROI costings for incorporation into final report.
 - Participate in Action Learning Event (January 2014)
 - Draft final report for review by Task and Finish Group
 - LB Barnet and LB Harrow Health Scrutiny Committee endorsement
- 9.8 Key decision points:-

Date	Action
Nov – early Dec 2013	Outline Report to be drafted
4 December	Final meeting of TFG to review draft report and agree recommendations
12 December	Update report for presentation to the Barnet HOSC on 12 December seeking agreement for report to be finalised via e-mail
25 February 2014	Report to Cabinet

- 9.9 Officers will report any further updates verbally at the meeting.
- 9.10 Due to the reporting timelines for this review, authority is being sought for Member of the Health Overview and Scrutiny Committee to endorse the report for onward referral to Cabinet via e-mail.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	LC