Public Audit Committee

Keep Well

Background

In 2006 Keep Well was developed as part of activity to tackle health inequalities in Scotland. As part of an anticipatory care approach, Keep Well aims to increase the rate of health improvement in 40-64 year olds who are registered with participating GP practices from the most deprived areas across Scotland. The aim is to identify those people who are at particular risk of preventable, serious ill health, and offer health checks, screening and advice. The focus is on cardiovascular disease (CVD) and its main risk factors, especially blood pressure, cholesterol, smoking and diabetes. Well North was developed with similar aims to Keep Well, but focused on tackling health inequalities in remote and rural areas of North Scotland, with a particular focus on early intervention for 40-64 year olds at higher risk of coronary heart disease and diabetes. From April 2012, Well North falls under the banner of the Keep Well initiative.

In May 2010, the Scottish Government announced that Keep Well was to be mainstreamed across NHS Scotland from April 2012. The Keep Well Extension Board was established to oversee the development of delivery arrangements from April 2012, drawing on the experience gained from delivering Keep Well to date.

More information on Keep Well can be found on the NHS Health Scotland website.

Funding

In 2011/12, the Keep Well programme was allocated £11.4 million as part of the Health Improvement and Health Inequalities level 3 programme budget. Tackling health inequalities is a key priority of the Scottish Government, with this targeted funding aimed at supporting measures outlined in the Equality Well Implementation Plan. In Scotland’s Spending Plans and Draft Budget 2011-12 the Scottish Government states:

“Building on the success of the Keep Well/Well North programme of health checks, we will extend a programme of inequalities-targeted, high risk primary prevention to all NHS Boards’ activities from 2012-13. Evidence tells us that this is an effective and efficient approach to delaying the onset of cardiovascular disease and to
tackling excess premature mortality within deprived communities.”
(p.115)

The Keep Well Extension Programme Guidance for NHS Boards provides information on financial allocations for 2011/12 and 2012/13. It states:

“For planning purposes, we are assuming the Keep Well budget for 2012/13 will be similar to current levels of funding. This would allow the Scottish Government to allocate approximately £11[million] to [Health] Boards in 2012/13. Boards should note that this figure is indicative only and is subject to the outcome of the forthcoming Spending Review. Depending on the outcome of the Spending Review, we would expect to allocate the available funding for Keep Well in 2012/13 in line with the percentages indicated in the table below.”

**Keep Well Financial Allocations for 2012-2015**

The total amount earmarked for the Keep Well programme is £11.3m, of which 11m is allocated to NHS Boards with the remainder allocated to NHS Health Scotland for programme support and evaluation and to ISD for data collection and analysis.

In calculating the formula, account was taken of the discussions at the Keep Well Extension Board about the need for funding allocations to reflect the dispersed nature of deprivation beyond urban areas. The formula therefore allocates:

- 50% of the available funding according to a Board’s share of the 15% most deprived SIMD data zones.
- 50% on the basis of the proportion of individuals in a Board area who are income deprived.¹

For NHS Orkney, Shetland and Western Isles, the formula has been set to provide a minimum level of funding.

The allocations, percentage wise and monetary amounts, given to each NHS Board across 2012-15 are set out in Table 1 below.

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¹ This formula takes account of adults receiving income support, children dependant on a recipient of income support, adults receiving Guaranteed Pension Credit, adults receiving Job Seekers Allowance, children dependent on a recipient of job seekers allowance and adults and children in Tax Credit Families on low incomes.
Table 1: Keep Well Allocation by NHS Board

<table>
<thead>
<tr>
<th>HEALTH BOARD</th>
<th>% total allocation</th>
<th>2012/13 allocation (£000)</th>
<th>2013/14 indicative* allocation (£000)</th>
<th>2014/15 indicative* allocation (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>8.3%</td>
<td>913</td>
<td>913</td>
<td>913</td>
</tr>
<tr>
<td>Borders</td>
<td>1.0%</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1.9%</td>
<td>209</td>
<td>209</td>
<td>209</td>
</tr>
<tr>
<td>Fife</td>
<td>5.8%</td>
<td>638</td>
<td>638</td>
<td>638</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>4.1%</td>
<td>451</td>
<td>451</td>
<td>451</td>
</tr>
<tr>
<td>Grampian</td>
<td>4.7%</td>
<td>517</td>
<td>517</td>
<td>517</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>38.1%</td>
<td>4,191</td>
<td>4,191</td>
<td>4,191</td>
</tr>
<tr>
<td>Highland</td>
<td>3.6%</td>
<td>396</td>
<td>396</td>
<td>396</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>12.0%</td>
<td>1,320</td>
<td>1,320</td>
<td>1,320</td>
</tr>
<tr>
<td>Lothian</td>
<td>10.9%</td>
<td>1,199</td>
<td>1,199</td>
<td>1,199</td>
</tr>
<tr>
<td>Orkney</td>
<td>0.9%</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Shetland</td>
<td>0.9%</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Tayside</td>
<td>6.8%</td>
<td>748</td>
<td>748</td>
<td>748</td>
</tr>
<tr>
<td>Western Isles</td>
<td>1.0%</td>
<td>110</td>
<td>110</td>
<td>110</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>£11m</strong></td>
<td><strong>£11m</strong></td>
<td><strong>£11m</strong></td>
</tr>
</tbody>
</table>

*Allocation figures for 2013-14 and 2014-14 are indicative and will be subject to Parliamentary approval of the draft budget for each financial year.

The intention is for this funding to be “ring-fenced” for years 2012/13 and 2013/14 and then to become part of the NHS Boards’ general allocation from 2014 onwards.

**Monitoring and Evaluation**

Keep Well was established with the aim of building knowledge about the feasibility and challenges of delivering this project, and the success of different approaches to engagement and service redesign, with a view to incorporating the lessons from pilots into subsequent waves of implementation and/or policy roll out.

One measure of progress of this activity is the **HEAT target**, which is currently: “NHS Scotland should deliver 26,682 inequalities targeted cardiovascular health checks across Scotland during 2011/12”. The **most up to date data** on the number of health checks by Health Board area is for the period 1 April 2011 to 31 March 2012. This shows that there were a total of 47,766 health checks delivered across Scotland’s 14 Health Boards in financial year 2011/12. In the 2010/11 financial year 41,107 health checks delivered across the 14 Health Boards. The report on this activity shows that there was considerable variation in the number of health checks completed in different territorial Health Boards, from 120 in Orkney to 19,466 in Greater Glasgow and Clyde.
To reflect on broader lessons about this activity a national level evaluation of the Keep Well programme was undertaken in 2010. A number of publications were produced from this, including those focusing on lessons learned about targeting and engagement, models of delivery and implementation and on information and data management. The link above provides access to the reports from these activities.

**Eligible Populations**

The Keep Well programme targets those people living in the 15 per cent most deprived areas within each Health Board area. In addition, there are high risk populations who are targeted irrespective of location across all NHS Health Boards, this includes:

- Offenders.
- Specific ethnic groups, gypsy travellers and homeless people.
- Those affected by substance misuse.
- Carers (living in areas of multiple deprivation).

For high risk populations, it may be appropriate to lower the age range from 40 years where empirical evidence indicates that specific populations are at a systematically greater risk of premature cardiovascular disease (CVD) and other long term conditions sharing similar prevention opportunities. It is anticipated that CVD risk among high risk groups should be identified either as part of on-going assessments or the core target population uptake.

There is specific awareness of the need for health checks undertaken as part of the Keep Well programme to include screening for anxiety and depression, followed by appropriate support and treatment. Funding was allocated within the Keep Well budget between 2009 and 2011 to assist in implementing both screening and treatment.

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**SPICe Research**

**15 August 2012**

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