Joint Public Health Board

Recovery of Prevention Services for NHS Health Checks and Community Health Improvement Services
15 July 2021

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

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Report Status: Public

Recommendation:
The Joint Public Health Board is asked to note the performance on CHIS services in this report, and consider the next steps for the NHS Health Checks programme.

Reason for Recommendation:
To update the Joint Public Health Board, to consider the future design of the NHS Health Checks programme and to note performance

1. Executive Summary

This report provides an overview of the current performance of Community Health Improvement Services, including the NHS Health Checks programme – currently paused. It provides some initial ideas for future recovery of the NHS Health Check programme for discussion and

agreement on the way forward this year. The Board is asked to note the recovery of most CHIS services as we progress through the roadmap and out of COVID-19 restrictions.

2. Financial Implications

Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Community Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements. None of these contracts currently includes any element of incentive or outcome related payment. Monitoring of performance ensures that we achieve maximum value from these contracts.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

7. Appendices

Appendix 1: Community Health Improvement Services Performance dashboard

8. Background Papers

None

1. Background

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2. NHS Health Checks

Current position

2.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This year the programme has ceased delivery since the start of the COVID 19 pandemic, as the programme was a face to face cardiovascular risk assessment and health improvement programme, which could not be offered or delivered because of COVID restrictions. In addition to this, pimary care and pharmacy providers of Health Checks have been focusing on the delivery of the COVID vaccination programme.

2.2 PHE has agreed that there will be no performance management of NHS HC delivery this year. Instead councils are being encouraged to consider alternative models of delivery when making future decisions about provision, due to the COVID impact. The original mandate that required all 40-74 year olds in the local population to be invited for a check will no longer apply.

Next steps

2.3 The Public Health Dorset business plan for 2021-22 contains a commitment to review the current NHS Health Checks model, and develop options for future delivery of the programme.

2.4 There are several opportunities that could be considered going forwards, particularly because the ability of primary care providers to re-engage with the previous contract is unknown currently. It is also unclear for how long COVID secure restrictions will be in place for health and care settings. Finally, the development of the Integrated Care System by April 2022 presents a

chance to re-think cardiovascular disease prevention in the context of the current priority to reduce health inequalities.

2.5 Primary care was delivering around 90 per cent of checks under the programme before COVID-19. The requirement in the current contract for a 30-minute face to face intervention would need to be re- examined to ensure COVID safe activity.

2.6 There is an opportunity to fully review and develop a new Health Checks delivery model, that is COVID safe, and more integrated, working with ICS providers. This will enable a collaborative and shared approach to develop a more responsive local NHS HC delivery model, that is in line with emerging government guidance, addresses local priorities and ensures a programme that is delivered using COVID safe ways of working.

Ideas and Concepts

2.7 One element of delivery could use innovative **digital approaches**, especially with the innovative online programme developments over the past year, with progress of local on-line services such as LiveWell Dorset, which could support the programme follow up to improve lifestyle health.

2.8 Alongside digital innovation, **community engagement** could be maximised with a well-communicated know your number type approach, working with communities to engage awareness and uptake and key communities. Co-design and production with communities will be key to the success of this approach.

2.9 A **General offer** could be designed and developed with Partners using digital invites, online risk calculators to engage people in heart health and understanding cardiovascular risk (CVD) and what the numbers mean to them, using community engagement approaches.

2.10 A **Targeted offer** could be developed, utilising NHS HC funding, that could offer a more in-depth risk assessment in primary care, in areas where cardiovascular disease is greatest, as an overall CVD prevention opportunity for local communities rather than a stand-alone nationally commissioned public health programme.

3. Other Community Health Improvement services

3.1 During the peak of the pandemic, a number of community health improvement services were interrupted, and significant changes had to be made in response to national guidance, including revised opening hours, social distancing measures, staff absences and the prioritisation of essential services in March 2020. From July 2020 services started a recovery process to look at how they could be provided differently. This section looks at performance since that time – with further details in the appendix.

Emergency Hormonal Contraception (EHC)

3.2 The EHC service followed the expected trajectory of a decrease in activity in April and May as pharmacy providers adapted to COVID-19. Activity levels have since improved and followed a similar pattern to 2019/20 but with slightly less EHC provided than the previous year. Activity is greatest in central areas of Bournemouth, Poole and Weymouth. Change in activity is likely to be due to a possible shift in population behaviours in response to the pandemic and a decrease in demand, as opposed to issues with provider delivery.

Long-Acting Reversible Contraception (LARC)

3.3 LARC has been another priority service for continued delivery that we anticipated would be affected by COVID-19 measures. Given the nature of LARC procedures and inability to socially distance, we were not surprised to see significantly lower levels of activity in quarter one 2020 in GP practices. Following engagement with providers, as part of recovery, all LARC providers are now delivering services and activity is now similar to the same period in 2019/20.

Smoking Cessation

3.4 Stop smoking services have been impacted by COVID and subsequent restrictions. Most of our commissioned providers are now back delivering services and reported quit rates for 2021 (31%) are only marginally lower than 2020 (34%). Smoking cessation enrolments by locality remain lower in 2021 than the previous year. The next quarter for activity data will give a clearer recovery picture. The inclusion of support by LiveWell Dorset has provided additional resilience for the local stop smoking offer.

Needle Exchange

3.5 Local needle exchange provision has been offered through two routes: specialist services and community-based locations (typically pharmacies). All localities are delivering; however numbers are lower than the previous year. Commissioners are keen to ensure there remains access to needle exchange, and to some extent the use of pharmacy-based needle exchange is dependent on the choice of service users. PHD continues to monitor activity and consult with pharmacies, specialist services and people who use drugs to ensure that the offer is accessible and appropriate.

Supervised Consumption

3.6 Prior to COVID-19, most people receiving opioid substitution treatment (OST) took their medication under supervision in community pharmacy. Supervision helps ensure people are taking precisely the prescribed dose of medication and allows regular checks by a trained professional to help ensure they are responding well to treatment and assess other safeguarding risks.

3.7 In-line with PHE guidance, in March 2020, supervision consumption requirements were reviewed and often reduced, where this was considered safe. These metrics have seen no significant change, despite a considerable shift in supervision arrangements. In January 2020, 63% of those who were prescribed methadone in BCP were on regular supervision, whereas this is now closer to 30%. Therefore, the activity seen by pharmacies is considerably less than previously and is likely to continue at this level.

4. Conclusion and recommendations

4.1 This paper provides a high-level summary about recovery for NHS Health Checks and Community Provider Services (CHIS). NHS Health Checks has an opportunity to be reviewed and updated in line with national changes to the programme, primary care recovery, and the formation of the ICS. CHIS services following the recovery plan are all delivering albeit with some at a slightly lower level than the previous years. The Appendix include supporting data and information, with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and consider the next steps for NHS Health Checks and to note the performance on CHIS services.

Sam Crowe
Director of Public Health