

Joint Public Health Board NHS Health Checks Update 16 February 2022

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr M Iyengar, Tourism and Active Health, Bournemouth,
Christchurch and Poole (BCP) Council

Local Councillor(s): All

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Report Status: Public

Recommendations: The Joint Public Health Board is asked to support the following recommendations for the NHS Health Check programme:

- 1) Pause face to face provision of Health Checks in their current form until March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the new prevention service and ICS start-up;
- 2) Begin the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
- 3) Ask the Dorset Health Inequalities Group and ICS Engagement team to help identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

Reason for Recommendation: Allow sufficient time for the national programme recommendations to be further developed, the Dorset ICS to launch, and our local work to identify how best to overcome barriers and inequalities to be developed so that the relaunched check is more effective.

1. Executive Summary

This report provides an update of the current position and thinking for the NHS Health Checks Programme.

2. Financial Implications

The service considered within this paper is commissioned from the recurrent Public Health Dorset shared service budget. Most of the Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements.

None of these contracts currently include any element of incentive or outcome related payment.

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: Health Checks restart plans and local implications

8. Background Papers

1. <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>
2. <https://www.gov.uk/government/publications/nhs-health-check-programme-review>

1. Background

- 1.1 This report provides an update of the current position for the NHS Health Checks Programme, which has been paused ever since the pandemic started in March 2020. Please see Appendices for more detailed on planning and potential local implementation.

2. Current Position

- 2.1 NHS Health Check (NHS HC) remains paused because of COVID-19 restrictions and current vaccination programmes. The November 2021 Joint Board papers gave an overview of the current national position and identified the opportunity to think about delivering the programme differently in collaboration with the Integrated Care System (ICS).
- 2.2 Public Health Dorset (PHD) has been liaising with the Local Medical Committee (LMC), the Local Pharmaceutical Committee (LPC) and Primary Care Clinical Directors about restarting the programme. The priority for Providers to re-start delivery of the HC programme remains low, due to significant capacity pressures.
- 2.3 In preparation for restarting the programme the public health team is reviewing the current NHS Health Check model and are looking to scope and develop options for the future delivery of the programme. Two recent publications will influence the future direction of the programme:
- The health and social care Command Paper *Build Back Better*¹ ;
 - A recent NHS Health Checks review Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations².
- 2.4 These developments present a chance to re-think cardiovascular disease prevention through the NHS HC programme, working with the Dorset Integrated Care System which goes live in July 2022.

3. Summary of the NHS HC Review

- 3.1 In early 2020, the Secretary of State for Health requested a review to identify ways in which the NHS HC programme could support the NHS prevention agenda, and particularly to reduce inequalities in health outcomes. The review (Background Paper 2) was conducted throughout 2020, and in summary found that:

- *NHS HC has been broadly successful in reaching the target population (2 in 5 eligible people)*
- *Multiple opportunities exist to improve the programme across the entire pathway*
- *People's risk sets in early, so behaviour needs to change sooner than the target age invited to the check (currently 40-74 years)*
- *A wider view of health could help address current burden of disease*
- *Better technology might help target, reach and personalise the NHS HC*

3.2 Although the programme has experienced some success, there is potential for further contribution towards reducing cardiovascular disease risk and health inequalities and address the wider determinants of health. The goals of the transformed NHS Health Check will be to engage people in maintaining good health and prevent chronic disease, reduce health inequalities and act as a gateway to wider wellness offers of support through closer integration with other prevention programmes.

3.3 The review makes six recommendations for ways in which the programme could develop to realise these goals.

Build sustained engagement	A shift from a single check to developing an ongoing relationship, backed-up by effective risk communication and behaviour change support.
Launch a digital service	Improve accessibility and efficiency through a digital offer, which will support better integration with other services, improve engagement, uptake and provide patients with more control over their health and shared care.
Start younger	Make the NHS HC available to people from a younger age, when they are 30 to 39. Preventable risk factors such as smoking, high blood pressure, cholesterol and obesity drive the development of CVD and other diseases from early life.
Improve participation	Design the NHS HC to improve participation by all eligible people, but especially the people likely to benefit most – those who live in more deprived areas, those from black and minority ethnic groups who are more susceptible to CVD, and men.

Address more conditions	As a step towards more holistic view of individual health, consider evidence on addressing common mental health risks and musculoskeletal conditions at the NHS HC.
Create a learning system	Launch a rigorous, ongoing independent scientific evaluation of the new NHS HC model.

- 3.4 For people going through the programme, these changes mean they will receive ongoing engagement about health and wellbeing, backed-up by regular interaction, including support for behaviour change along with a digital approach that is more accessible and convenient, giving them the freedom to provide information online without the need for an appointment. It will provide a gateway to wider wellness and prevention services, avoiding the need to duplicate data, and creating an interactive, holistic view of health²

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary of the current position for the NHS Health Check programme. Appendices and background papers include supporting information. The Joint Board is asked to consider the information in this report and to support the following recommendations:
- Agree for physical, face to face provision of Health Checks in their current form to remain paused until the end of March 2023. This allows sufficient time to carry out the engagement, design and procurement for a new service, in line with national timelines for the prevention service and ICS start-up;
 - Agree to support a continued pausing of the programme until March 2023. This will allow sufficient time for the necessary engagement to develop options for alternative delivery models in line with future national expectations.
 - Agree to start the development work for a new local digital health check, thinking about how best to incorporate the LiveWell Dorset behaviour change service with any future population-based cardiovascular disease check.
 - Ask the Health Inequalities Group and ICS Engagement team to support work to identify local barriers to delivery and take up of the check over the past few years – to inform the future model. The BCP Council Vibrant

Communities Board, Local Healthwatch, and Dorset Council Stronger Neighbourhoods teams should also be consulted as part of this work.

Sam Crowe
Director of Public Health