

Report subject	NHS Health Checks Update
Meeting date	18 December 2023
Status	Public report
Executive summary	<p>This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:</p> <ul style="list-style-type: none"> • Our programme changes for 2023/24 • Mobilisation and implementation of the new universal and targeted models • Performance Quarter One and Two for primary care and LiveWell Dorset • Challenges. <p>Overall there has been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> 1) Members note the programme changes and mobilisation of the new service 2) Members note activity increases among those communities in most need 3) Members consider performance phase one
Reason for recommendations	<p>The Director of Public Health report identified that the delivery of the health checks programme had been challenging. It recommended a continued focus to ensure that delivery of checks improves, especially in the most deprived areas, where risks are higher. This update is part of that continued focus, to keep the board sighted on an important area of improvement work.</p>

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
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Contributors	Sophia Callaghan, Consultant in Public Health
Wards	All Wards
Classification	For Recommendation

1 Introduction

- 1.1 Cardiovascular disease (CVD) accounts for a quarter of deaths in the UK and is a significant cause of premature deaths in people aged under 75 years. CVD death rates vary with age, gender, and socioeconomic status; with higher levels of morbidity and mortality being seen among people living in the most deprived communities compared to those in more affluent areas.
- 1.2 Local authorities are mandated by the Department of Health and Social Care to provide an NHS Health Check (NHS HC) programme. Locally this is commissioned by Public Health Dorset and provides a cardiovascular risk assessment, to help identify individuals (aged between 40 and 74), who are at risk of CVD. The checks are free and can spot early signs of stroke, kidney disease, heart disease or type 2 diabetes. The programme aims to invite one-fifth of the eligible population every year over a 5-year period. Thus, everyone should receive a check once every 5 years.

2. NHS Health Check Programme Changes 2023/4

- 2.1 The NHS HC Programme was paused during COVID, giving the opportunity to review performance and refresh the programme. Activity data highlighted that across BCP, communities from the least deprived areas were more likely than those more deprived areas to receive an invite and have a check. Looking forward, PHD wanted to:
 - a) Increase provision in communities where CVD risk is higher, to better align NHS HC work towards reducing inequalities;
 - b) Re engage primary care providers to send out NHS HC invites and deliver checks in communities with higher CVD rates;
 - c) Provide additional capacity to the system to increase NHS HC numbers, especially amongst those most at need.
- 2.2 The programme was redesigned and options for a local delivery model were approved at the Joint Public Health Board in February 2023. These changes included changes to payment for invitations to incentivise activity, asking practices to invite patients with key risk factors as a priority, with incentives for targeting to higher risk, and developing a new outreach service via LiveWell Dorset.

3. Mobilisation of the new NHS Health Checks model

3.1 Primary care

This year the re start programme successfully mobilised within primary care networks (PCNs) on 1st April 2023. In March, new specifications were shared through our existing contract and service level agreement mechanisms. Providers were supported with information briefs by contracts teams.

We have worked with PHD locality leads to coordinate communication and any queries with practices. We also developed an NHS HC dashboard to monitor and evaluate activity. We are now reviewing the first two quarter's data, to assess delivery and activity gaps. Supporting providers where needed to get started and keep them updated with progress.

To start the evaluation programme a September campaign will help us understand why some people haven't responded to their NHS HC invite, and support more targeted communications. In October, "lunch and learn" sessions alongside NHS Dorset took place to help providers understand new data recording and payment processes.

3.2 LiveWell Dorset (LWD)

LiveWell Dorset NHS HC delivery model targets communities with higher risk factors for CVD, as well as supporting PCNs with limited or no provision. The mobilisation plans included team recruitment, NHS HC training, equipment purchasing, and standard operating processes. We worked with PHD locality teams to introduce and connect PCNs to the new offer and identify the areas to focus, starting with delivery in Bournemouth East and North Bournemouth. The programme launched in June 2023.

The LWD team also deliver NHS HC to selected workforces across the county (see Appendix one), systems are in place for easy NHS HC direct booking for people via the LWD website along with resource materials to promote checks.

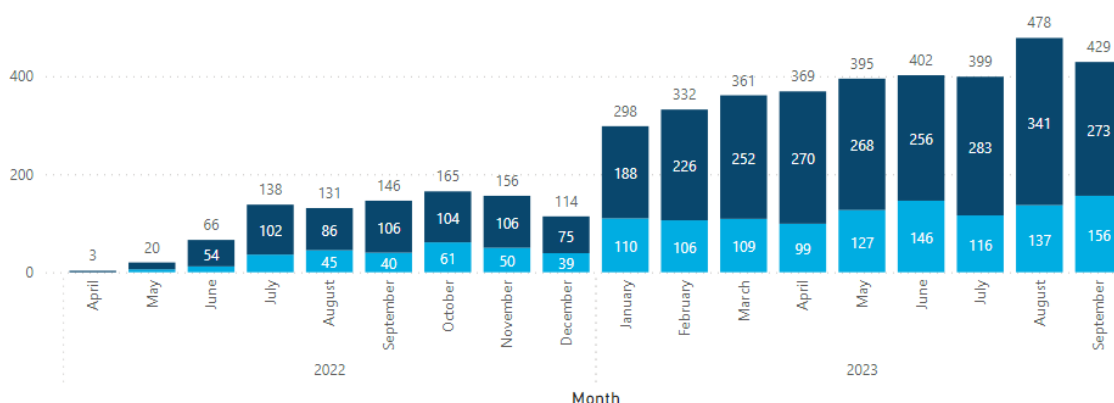
Uptake of LWD NHS HC has been extremely popular, showing that already there is demand for an outreach offer from different communities across BCP.

4. Performance 2023/24

- 4.1 Quarter one and two activity levels for BCP are the highest since the programme re-launched after the Covid-19 pandemic, for both the number of NHS HC invitations sent and NHS HC completed.

Health Checks By Month

Part of Target Group ● No ● Yes



- 4.2 The dashboard shows 11,994 NHS HC invitations were sent across BCP, and 2,647 NHS HCs were delivered in primary care settings (1691 of these met the criteria for CVD risk factors). This equates to 22% uptake.

	Invites sent	Checks delivered	% uptake
BCP	11,872	2,492	21%

- 4.3 This level of activity is higher than observed levels of activity pre-covid and under the previous programme model. Our ambition for this year is to match pre-covid activity levels, so this is positive start during quarters one and two (Appendix two shows comparison with 2019/20).
- 4.4 Health Checks are now being offered in almost every locality across BCP Council area, at varying levels. South Coast Medical PCN, Christchurch PCN, Poole North PCN and Poole Central PCN have sent higher numbers of invitations and completed more checks (see Appendix three).
- 4.5 Gaps in primary care activity have been identified across a range of PCNs including Central Bournemouth, North Bournemouth and Poole Bay. They will be key communities for LiveWell Dorset to target over the coming year.

5. LiveWell Dorset Activity

- 5.1 Since June LWD have delivered 635 checks, with further checks in the pipeline across a range of communities (see appendix one for examples). Of these completed checks, 291 checks were carried out in the BCP Council area.
- 5.2 Quarter one data records suggest an increase in people having NHS NC with CVD risk factors identified (e.g., blood pressure or overweight) and attendance from those in more deprived communities. It is early in the programme to identify changes in relation to the new delivery model, evaluation next year will see whether the programme changes have been successful at reaching higher risk patients.

6. Challenges

- 6.1 There are several challenges for the NHS HC programme to overcome throughout the remainder of this year. One of the biggest challenges remains unequal access to the programme. Provision is limited in some high CVD risk areas. Increasing primary care provision in these areas will remain an area of focus for the programme.
- 6.2 Another challenge this year will be to increase uptake across the Council area. Great work has been happening sending out invitations, but so far uptake rates haven't improved. Understanding access barriers for people will help increase the number of invitations that result in a completed check.

- 6.3 A further challenge for the programme will be to encourage people from black ethnic communities to engage with the programme who are typically less likely to attend than others within the community. Early data from quarter 1 shows this little change in the percentage of people accessing NHS Health Checks of black ethnicity.

Summary of financial implications

7. To enable the addition of a new provider, the NHS HC budget (£600,000) has been split in the following way:
- Allocated £400,000 to primary care (to deliver the programme across primary care settings)
 - Allocated £200,000 to LiveWell Dorset (to deliver to people at risk of CVD)

Summary of legal implications

8. There are no legal implications to note.

Summary of human resources implications

9. There are no human resources implications to note.

Summary of environmental impact

10. The peripatetic element of the targeted LWD delivery model will embed low carbon transport measures. We will do this by:
- running events, rather than one to one sessions
 - utilising local staff in each of the areas to minimise transport
 - looking at an incremental development plan to keep emissions low.

Summary of public health implications

11. Improving delivery approaches and targeted access will improve health and wellbeing for those with greatest need.

Summary of equality implications

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

Summary of risk assessment

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

Current Risk: LOW
Residual Risk: LOW

Background papers

Appendix One: BCP case study and example of LWD targeted events

Appendix Two: Activity comparison pre/post COVID

Appendix Three: Invitations and NHS HC numbers by PCN

Appendix One: Case study examples

“At BCP Council we take wellbeing seriously, when Learning & Development heard about LiveWell Dorset’s NHS Health Checks we jumped at the chance to create a partnership to enhance our colleague’s physical health.

Lucy and her expert team carried out health checks at our satellite offices and buildings that enabled busy colleagues access to much needed advice and guidance at a venue and time suitable to them. For many this was key as it gave reassurance and the opportunity to gain valuable information from the assessments carried out. Colleagues feedback was full of gratitude and praise for LiveWell Dorset and this enhanced emotional and physical wellbeing within our teams.

Following their checks, many of our colleagues realised that changes needed to be made to their lifestyles and this has prompted healthy choices and good habit forming. The difference LiveWell Dorset has made to our colleagues at BCP is profound. Not just in terms of their health but mental wellbeing, confidence and moral.

The staff at BCP cannot speak highly enough about the checks impact on their lives and the peace of mind it has given them. Due to its success, health checks are being rolled out at the Civic Centre to enable even more colleagues to benefit.”

Community Events in BCP

- Boscombe engagement hub monthly events
- GATHER shop Dolphin shopping centre
- Henry Brown centre West Howe monthly events
- ST Gabriel Church Turlin Moor

Workforce Events in BCP

- Townhall extension
- Customer service centre
- During Benefits week
- UHD and DHUFT roadshows

Appendix Two: Comparison to 2019/20 Q1 activity

The data available for quarter 1 2019/20 is by CCG locality rather than PCN. When comparing data from 2019/20 to 2023/4, we can see overall activity is very similar to 2019, which is our ambition for 2023/4.

Locality	2019/20 Q1	2023/4 Q1
Bournemouth Central	0	169
Bournemouth East	25	257
Bournemouth North	15	11
Christchurch	308	365
Poole Bay	72	165
Poole Central	49	38
Poole North	323	153
Total	792	1166

Appendix Three: Activity levels by Primary Care Network:

Health Checks are being offered in almost every locality across BCP council area. Work is ongoing to ensure residents in North Dorset are also able to access the programme.

PCN	Invited	Completed	% uptake
Bournemouth East Collaborative Network Total	159	94	59%
Central Bournemouth Primary Care Network Total	325	22	7%
Christchurch Primary Care Network Total	1591	530	33%
North Bournemouth Primary Care Network Total	189	37	20%
Poole Bay and Bournemouth Primary Care Network Total	111	18	16%
Poole Central Network Total	1852	212	11%
Poole North Primary Care Network Total	1279	360	28%
Shore Medical Total	560	138	25%
South Coast Medical Total	5806	1081	19%
Grand Total	11872	2492	