Record of operational decision

Decision title:	Workplace Cardio Vascular Disease Health Checks Pilot
Date of decision:	16/09/2024
Decision maker:	Cate Carmichael, Director Public Health, Community Wellbeing Directorate
Authority for delegated decision:	Authority is granted under the Chief Executive scheme of delegation SA04: To discharge any functions in relation to the corporate public health duties of the council authorised to the director of public health under the NHS Act 2006 and the Health and Social Care Act 2012, including responsibility for: • The annual report on the health of the local population; • Improving public health, including commissioning alcohol and drug misuse services, sexual health services, child health services, smoking cessation services; • Planning for, and responding to, emergencies that present a risk to public health; • Promoting safer communities by working with local criminal justice partners and police and crime commissioners, the probation service and the prison service; • The council's public health response to licensing applications; • Developing wellbeing, implementing the health and wellbeing strategy NHS Health Checks (b) Authority is delegated to the Director of Public Health, in consultation with the s151 officer to take all necessary operational decisions to implement the above recommendation
Ward:	Countywide
Consultation:	Cabinet Member for Adult Health and Wellbeing
Decision made:	To accept national grant funding to pilot Work Place Cardio Vascular Disease Health Checks (£200,000); adding to existing s75 agreement with Herefordshire and Worcestershire ICB to enhance NHS Health Checks and Talk Wellbeing services. To delegate all operational decisions to the Corporate Director for Community and Wellbeing and Director of Public Health
Reasons for decision:	Cardio Vascular Disease (CVD) deaths, still account for 1 in 4 of all deaths in England - the equivalent to 1 death every 4 minutes. In 2016, heart disease was the leading cause of death for men and the second biggest cause of death for women after dementia. And in 2017 one of the most common underlying causes of mortality in Herefordshire were diseases of the circulatory system (589 deaths – 28.2%) (Understanding Herefordshire). There is a huge opportunity to make a difference in improving CVD outcomes, given that the majority of CVD cases are preventable. Risk factors, such as obesity, physical inactivity, smoking and drinking at unsafe levels, can all be modified to help reduce a person's risk of developing CVD. Improving the detection and treatment of the high-risk conditions of Atrial Fibulation (AF), high Blood pressure (BP) and high cholesterol has the potential to unlock considerable health gains.

These common conditions can cause CVD, which includes heart attacks and strokes, and many cases of dementia. Although treatment of these conditions is very effective at preventing cardiovascular events, late diagnosis and under treatment is common.

In England, high BP is the number 1 risk factor for CVD preventable illhealth and death. It affects more than 1 in 4 adults and was responsible for around 64,000 deaths in 2015. The Global Burden of Disease (GBD) shows that, in England, high BP causes over 1 million disability-adjusted life years and 179,857 years of life lost.

High BP also places a considerable burden on the NHS, where it is responsible for 12% of all visits to GPs with an estimated annual cost to the NHS of over £2 billion. There are over 5 million more people expected to have undetected high BP. (CVD Health Matters, 2019)

Ranking of risk factors for mortality between 2011 and 2021 and comparing Herefordshire to the UK. High blood pressure continues to be the highest-ranking risk factor in Herefordshire. (GBD report 2021)

CVD is 1 of the conditions most strongly associated with health inequalities. People living in the most deprived areas, are almost 4 times more likely to die prematurely than someone in the least deprived. Furthermore, CVD is more common where a person is male, older, has a severe mental illness or ethnicity is South Asian or African Caribbean.

Detecting CVD risk through Health Checks can have a positive impact on achieving reductions in the gap in avoidable CVD mortality and morbidity between the most and least deprived areas.

NHS Health Checks are a public health service for early identification, treatment and interventions to prevent the onset of CVD and development of long term conditions, which would otherwise take up a high level of health and social care resources.

Councils are required to ensure that all residents between the ages of 40 and 74, other than those already on certain disease registers, are invited to attend a health check every five years, with 20% of the eligible cohort invited each year (approximately 11,500 people). The actual health check is delivered by a nurse or health care assistant and comprises a lifestyle questionnaire, complemented by measurement of height, weight, cholesterol, blood pressure and blood sugar. Advice is given, based on the health risks identified through this process and where appropriate clinical intervention is followed up

In Herefordshire, the Council delegates the NHS Health Check function to Herefordshire and Worcestershire ICB through an agreement pursuant to s75 National Health Service Act 2006 to align the current delivery model with other prevention and early intervention focused work streams to maximise the investment and increase reach of these interventions – such as Talk Wellbeing. It also provides an opportunity, through effective partnership working and increased engagement, for the local health system to take shared ownership of the NHS Health Check Service improving integration and patient outcomes.

Talk Wellbeing provides a hub and spoke prevention programme to support health and wellbeing across Herefordshire. It has several elements, which combined provide both a clinical model to identify and prevent CVD through Health Checks, which importantly is supported by wider holistic support and signposting to our population.

The hub and spoke model provides a health on the high street presence within Hereford city centre. This ensures a permanent base to provide both booked NHS Health Checks as well as drop in health checks. The hub also provides a site for covid vaccinations with the potential to increase

	the vaccination offer over time as required by Herefordshire. In addition, the hub provides a collaborative space for partner organisations to collocate and offer both medical and non-medical interventions to patients, addressing wider determinants of health. The service also provides a flexible outreach offer which through the additional national funding will be expanded and enhanced to provide a more extensive Health Check offer to targeted workplaces across Herefordshire. The CVD Workplace Health Check funding will be added to the existing s75 agreement with the H&W ICB to expand on the local Talk Wellbeing and NHS Health Checks services already in place. The aim is to deliver upto 4000 health checks in workplaces across Herefordshire before the end of the financial year.
	Following the pilot, evaluation and pending continuation of the government funding will inform future delivery models.
Highlight any associated risks/finance/legal/ equality considerations:	Continuation of funding beyond 2025
Details of any alternative options considered and rejected:	Not to accept – this option was not recommended due to CVD being a high risk factor for population health in Herefordshire, and the pressure on current services.
	Procure a new service – due to timescales of the grant funding, it would not have been feasible to conduct a procurement exercise within timescales. An existing service has already been established in Herefordshire to deliver the pilot (Talk Wellbeing).
	Following the pilot and pending continuation of funding a
Details of any declarations	commissioning exercise will take place. None declared.
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