



Doncaster Council

Report

Date: 23rd September 2021

To: **Councillor Nigel Ball**
Portfolio Holder for Public Health, Leisure, Culture and Planning

Re-commissioning of the NHS Health checks service in April 2022

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture and Planning	All	Yes/No

EXECUTIVE SUMMARY

1. The purpose of the report is to support the decision-making process for the future re-commissioning of an effective delivery service for the NHS Health checks programme which ceased on 31st March 2021 and was unable to re-start during covid-19 .The service will be reviewed and re-designed to ensure that the new service is value for money and encapsulates national and regional recommendations and lessons learnt from the pandemic.

EXEMPT REPORT

2. There is no exempt information contained in the report

RECOMMENDATIONS

3. Recommendation 1: The portfolio holder is asked to consider the options for the delivery model for NHS health check services for adults aged 40-74 year olds in Doncaster.

4. Recommendation 2: The portfolio holder is asked to agree to commencement of a tender process to find a suitable provider or providers to deliver NHS health check services for adults aged 40-74 year olds in Doncaster.
5. Recommendation 3: That the portfolio holder approves the delegation of the contract award to the Director of Public Health, after consultation with the portfolio holder and subject to compliance with the Council's Standing Orders.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. The impact of covid-19 has been highlighted in many reports including 'Build Back Fairer: The covid-19 Marmot review' which highlighted how the pandemic has affected health inequalities in England. Covid -19 has further exacerbated inequalities in health particularly amongst high risk groups and the most deprived areas. There are clear socio-economic and ethnic inequalities in risk mortality of a number of long term conditions including coronary heart disease, diabetes, cancer, respiratory disease including long covid alongside the increasing rates of obesity and mental health issues. The well -being of our citizens of Doncaster has been compounded by changes to health services, long waiting lists and issues around financial wellbeing which are all additional contributors to poor physical and mental health. The impact of social isolation and loneliness for our most vulnerable residents has also been highlighted and access to primary care has been reduced due to acute pressures and covid-19 restrictions. The 'Build back fairer' report and recommendations is timely for our Doncaster residents.

BACKGROUND

7. The NHS Health Check programme is a mandated programme that became the responsibility of Local Authorities in 2013. It aims to cover the eligible population over a 5 year period, ie 20% of the eligible population invited for NHS Health Checks each year.¹
8. The purpose of the Health Check is to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia in adults aged 40 to 74 and offer support and advice to help reduce or manage their risk.²
9. One of the aims of the Programme is to reduce health inequalities. The programme should be offered to all eligible people, however Public Health England (PHE) support the prioritisation of invitations to those who have the greatest risk, for instance those living in the most deprived parts of the borough or the BAME (Black Asian and Minority Ethnic) groups. One of the aims of the Programme is to reduce health inequalities. The programme should be offered to all eligible people, however Public Health England (PHE) support the prioritisation of invitations to those who have the greatest risk, for instance those living in the most deprived parts of the borough or the BAME (Black Asian and Minority Ethnic) groups.

¹ Public Health England, *NHS Health Check Fingertips Data*, 06 July 2021.

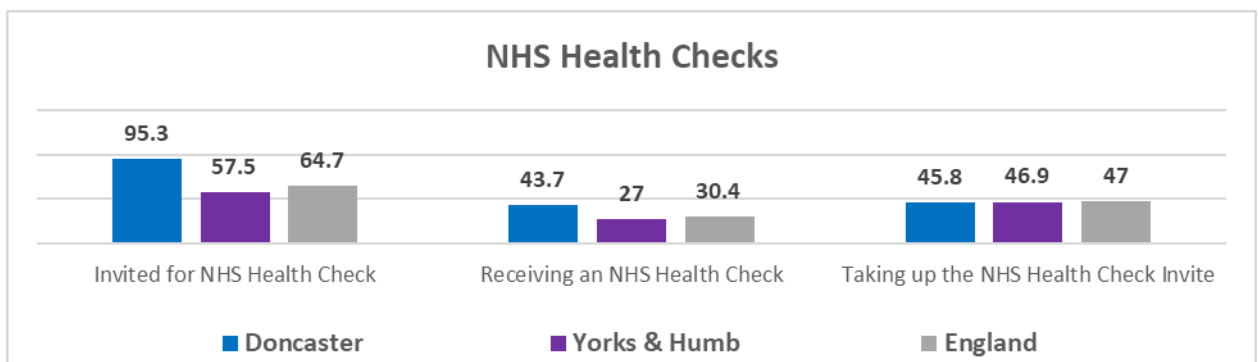
² [NHS Health Check - NHS \(www.nhs.uk\)](https://www.nhs.uk) accessed 21 July 2021

10. COVID-19 has further revealed and amplified these inequalities in health, and there are clear socioeconomic and ethnic inequalities in risk mortality from the disease. During the Pandemic, health stopped improving, and there was high prevalence of the health conditions that increase case fatality ratios of COVID-19.³
11. Prior to COVID-19 the Health Check programme in Doncaster was delivered through a combined GP and community outreach based model. The commissioned provider subcontracted to GP Practices to enable primary care as the entry point for a Health Check for their registered population with opportunistic community outreach provided alongside a systematic call and recall element in the delivery of the Health Check programme in a range of venues across Doncaster.
12. On 7th January 2021, NHS England and Improvement wrote to all the Clinical Commissioning Groups (CCGs) regarding the COVID-19 response. The letter directed all CCGs to 'immediately suspend any local commissioned services and reporting requirements, except where these were specifically in support of the vaccination or other COVID-19 related support to the local system'.⁴
13. Locally Doncaster took the decision to pause the programme and allow the previous contract to expire at the end of its term in March 2021 with a view to commissioning a new service, once a COVID secure NHS Health Check programme can be delivered safely and effectively.

NHS HEALTH CHECK PERFORMANCE DATA

14. There are currently 132,757 40-74 year olds in Doncaster and of those; recent PHE Eligible Population data indicates **88,781 40-74 year olds will be eligible to receive health checks over a five-year period**.⁵
15. Doncaster historically was one of the highest performing local authorities, for the percentage of eligible people receiving an NHS Health Check.
16. Local Authorities data reported to Public Health England shows the number of NHS Health Checks offered and received (uptake). Figures 1 and 2, show an analysis of data prior to the Covid-19 Pandemic, and demonstrate Doncaster's performance as a comparison to regional and national averages.

Figure 1: National Health Checks reported 2016/17 (Q1) to 2019/20 (Q3).



⁴ Public Health England, *NHS Health Check: Restart Preparation*, 09 April 2021

⁵ PHE NHS Health Check Programme Team, *Total Eligible Population 2021-2022*

Figure 2: Comparison of Local and National Performance

Indicator	Count	Value (%)		
		Doncaster	Yorkshire & Humber	England
People Invited for an NHS Health Check	84,749	95.3	57.5	64.7
People Receiving an NHS Health Check	38,825	43.7	27.0	30.4
People Taking Up an NHS Health Check Invite	38,825	45.8	46.9	47.0

Source: Local authorities collect information each quarter and return this to Public Health England. [NHS Health Check - Data - PHE](#) 06 July 2021

17. The data above shows Doncaster were performing better than national and regional average for invites and people receiving, but worse for take-up from an invite. A possible reason for this disparity could be due to the opportunist Health Checks undertaken as part of community outreach.
18. A high take-up of the NHS Health Check programme is important to identify early signs of poor health leading to opportunities for early interventions ⁶
19. Public Health recognise the impact of COVID-19 could potentially be seen in the NHS Health Check data for the next five years.

MODELS OF DELIVERY

20. In 2019, The Yorkshire and Humber Network undertook analysis to understand the local delivery models across the region. Below are the three main delivery models identified, with their highlighted strengths and weaknesses.

Figure 3: Models of Delivery

Delivery Model	Strengths	Weaknesses
Primary Care – GP practices	<p>Easy to identify eligible population from clinical systems</p> <p>Smooth and timely handover of patients who require clinical follow-up</p> <p>Able to target populations with known risk factors</p> <p>Potential for opportunistic checks – practice staff can have a conversation about the Health Check during other appointments.</p> <p>Results of Health Check can be input directly into clinical systems.</p>	<p>Not all practices in the LA may be willing to deliver the service, leaving gaps in coverage.</p> <p>Difficult and time consuming to engage with all providers and communicate information, eg provision of training.</p> <p>Commissioners usually responsible for collating data across delivery sites, which is very time consuming for managing the contract.</p> <p>More difficult to standardise the check and maintain consistency across delivery sites.</p> <p>Consideration needed about how to address inequalities</p>
Community Outreach eg pharmacies	<p>Increased access due to ‘out of hours’ opening</p> <p>Improved quality of Health Check, as longer appointments can be offered and</p>	<p>Difficulties determining eligibility if checks are offered opportunistically.</p> <p>May not be cost effective in some areas, compared to other venues eg if IT software</p>

⁶ [NHS Health Check - Data - PHE](#)

	<p>the time spent with the individual is not 'high-jacked' by other medical issues.</p> <p>Utilised to help address inequalities and / or address seasonal variation.</p>	<p>needs to be purchased.</p> <p>Community outreach will need to determine if delivering the service is financial viable. Payment per check needs to be higher than the cost incurred.</p> <p>Relies on good working relationship with GP practices to ensure clinical follow-up for those that need them and for results to be added to the patient's clinical records.</p> <p>Consideration into ensuring an appropriate private space is needed to conduct the Health Check</p>
<p>Blended Model (GP Practice & Community Outreach)</p>	<p>In addition to the above strengths:</p> <p>Outreach can plug any gaps in coverage where GP Practices do not deliver the Service.</p> <p>Outreach can be delivered in a wide range of venues which enables certain population</p> <p>Very flexible model, outreach service specification written to ensure flexibility so any gaps identified in coverage / reach can be addressed.</p>	<p>Time needed to develop good working relationship between the NHS and outreach provider to ensure clinical follow-ups for those who need them and for results to be added to the patient's clinical records.</p> <p>Can be a more expensive model.</p> <p>May have more than one contract to manage which can be time-consuming.</p> <p>Commissioners may be responsible for collating data from multiple providers, which is time consuming.</p>

Source: NHS Health Check Delivery Models Mapping Exercise, Yorkshire & Humber Regional Network, 2019

21. The models across Yorkshire and Humber differ in terms of chosen delivery method and financial envelope. The majority of services delivered across the areas were through primary care, identifying eligible population through their clinical systems.
22. Age (which is universally recorded on patient systems), continues to be the most common criteria for prioritising NHS Health Check invitations.

Doncaster's Previous Model of Delivery

23. Doncaster previously chose to procure a blended model with one contracted provider that delivered through primary care and some community provision (although this was minimal and usually through targeted community events).
24. The benefit of this mixed model was the ability to have the clinical system in place as a means to be able to invite those who are registered and eligible (across the 37 practices subcontracted) for a Health Check. In addition to offering checks to vulnerable groups, workplaces and within the community in a variety of settings which made it more accessible to some individuals.
25. Limitations with the previous programme included the lack of data provided to show the patient's journey from Health Check to referral for those identified as high risk. This made it difficult to measure prevention / improvement outcomes, only outputs in terms of population invited and Health Checks undertaken.

FUTURE PLANNING AND CONSIDERATIONS

26. Whilst legislative delivery requirements provide an important framework for what must be included as a core part of the NHS Health check, there is flexibility to enable local decisions on promotion, design, delivery and identification and invite of individuals.⁷
27. The analysis of models in Figure 3 has been useful to identify potential considerations for the future development of the National Health Check programme in Doncaster.
28. GP's remain the dominant provider of NHS Health Checks across England. Given the current need for General Practice to prioritise the COVID-19 response and vaccination work. Public Health England are encouraging Local Authorities to consider alternative models of delivery when making local decisions on the future provision of the service.
29. Utilising the 'Public Health England Framework for Community Centred Approaches for Health and Wellbeing'. Doncaster Commissioners believe that 'by focusing on community centred approaches, we have the best chance of closing the health gaps that have only widened through the COVID-19 Pandemic'.⁸
30. However, there needs to be consideration that a non-primary care (community-based) approach could have difficulties identifying the eligible population; meaning increased steps to be undertaken and therefore increased costs as a result.
31. To maximise impact, it is essential individuals having a NHS Health Check should be supported to understand what their risk score means and to consider how and what changes might help them to reduce their risk of ill-health. The intensity of support should be based on individual need. This approach echoes the competencies set out in Making Every Contact Count (MECC).
32. Options considered need to look at the impact on residents, the risks and practicalities and any financial savings made compared to previous years. A model designed on a reduced envelope and comparative with other models which are value for money and cost-effective is the desired solution.

OPTIONS CONSIDERED

A) Option 1: Do Nothing

33. The option not to re-commission a new NHS Health Check Programme.

Risks

34. As this is an NHS Mandatory Service, the risk of not providing a service would be detrimental to Doncaster's Public Health Outcomes, and Local Authority duties.

⁷ Public Health England. *NHS Health Check Best Practice Guidance*. October 2019

⁸ Well Doncaster, *2020-2021 Annual Report*

35. The potential impact to the eligible population. The NHS Health Check is a prevention programme, which aims to reduce the chance of a heart attack; stroke or developing some forms of dementia in people aged 40-74 years; through early identification and management of the risk factors associated with premature death, disability and health inequalities.

B) Option 2: Straight Re-buy. Re-Commission Previous Model of Delivery

36. The option to re-commission the new NHS Health Check Programme, based on the previous model of delivery and service specification.

Risks

37. Although a benefit is delivery of a programme which could be implemented within a shorter timescale due to a faster turn-around in the procurement process. The risk to implementing a model designed prior to the impact of COVID-19; could widen socioeconomic and ethnic health inequalities across the Borough.
38. The previous model was expensive compared to other areas regionally. The risk of re-commissioning the same service model as previous, however this time with a reduced financial envelope, could have a detrimental impact on the quality of the NHS Health Checks delivered to individuals, in order just to achieve target numbers.

C) Option 3: New Buy – Procure New Health Check Programme with a new Blended Model of Delivery

39. The option to re-design and commission a new NHS Health Check Programme using a blended model of delivery.

Risks

40. Insufficient time in the procurement process to commission a new provider that can commence the programme by 1 April 2022.
41. A delay in the recovery from the COVID-19 Pandemic, or the situation deteriorates.

REASONS FOR RECOMMENDED OPTION

42. **THE RECOMMENDED OPTION IS OPTION 3: THE RATIONALE FOR THIS INCLUDES:**

Based on the strengths and weaknesses highlighted in the 'Models of Delivery' section, a blended approach would maximise impact to reach to the eligible population as well as provided a targeted community-centred approach to those who have the greatest of risk for instance those living in the most deprived parts of the borough or the BAME (Black Asian and Minority Ethnic) groups.

It provides the opportunity to investigate and explore good practice, building in more flexibility to the programme by utilising other methods available, such as digital solutions to support efficient delivery to all eligible, and to build in contingency to face-to-face delivery. It would also align with national recommendations which are due to be released in summer 2021.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

43.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>The impact of covid-19 on our local businesses is huge in terms of social and economic factors. Impact on workforce health and wellbeing is also potentially massive and hence the need to provide a workplace health offer which includes NHS health checks and other wellbeing packages.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>The NHS health checks service will support the ambition to keep communities active and well and therefore support communities' growth and wellbeing.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p>	<p>None</p>

	<ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>The NHS checks service is primarily aimed at 40-74 year olds but will have a wider impact on families if carers and parents are in poor health and at risk of long term conditions and consequently have poor quality of life outcomes. . This will impact on parenting and caring responsibilities and life expectancy.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>It is anticipated that the new health checks service will align to more modern digital technology and will provide more up to date digital service options as well as traditional based services where appropriate and in line with covid-19 guidance. The new service will need to reflect current digital inclusion principles and offer a value for money service.</p>

RISKS AND ASSUMPTIONS

44. Failure to fulfil the local authority's statutory responsibility for delivering and commissioning NHS health check services for adults aged 40-74 years. The potential impact to the eligible population.
45. The NHS Health Check is a prevention programme, which aims to reduce the chance of a heart attack; stroke or developing some forms of dementia in people aged 40-74 years; through early identification and management of the risk factors associated with premature death, disability and health inequalities.
46. The previous model was expensive compared to other areas regionally. The risk of re-commissioning the same service model as previous, however this time with a reduced financial envelope, could have a detrimental impact on

the quality of the NHS Health Checks delivered to individuals, in order just to achieve target numbers.

47. The risk to implementing a model designed prior to the impact of COVID-19; could widen socioeconomic and ethnic health inequalities across the Borough.
48. Insufficient time in the procurement process to commission a new provider that can commence the programme by 1 April 2022.
49. A delay in the recovery from the COVID-19 Pandemic, or the situation deteriorates.

LEGAL IMPLICATIONS [Officer Initials SRF Date 11.08.21]

50. The Health and Social Care Act 2012 gives each local authority a duty to take such steps as it considers appropriate to improve the health of the people in its area.
51. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.
52. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.
53. The appointment of any contractor should be carried out in accordance with Contract Procedure Rules and any other relevant requirements.

FINANCIAL IMPLICATIONS [HR 13/08/21]

54. The Council has not yet received notification of Public Health grants beyond the current financial year. In 2021/22 the Council received a ring fenced Public Health grant of circa £24.6m to tackle health inequalities in the borough. The NHS Health Checks contract has an annual budget of £375k which is fully funded from this grant.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 13.08.2021]

55. There are no direct HR implications in relation to this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...11/08/21]

56. There are no direct technology implications. However, as part of the tendering process for the delivery of this service appropriate questions should be included to ensure that any digital solutions utilised by the new provider meet the necessary security standards and requirements.

HEALTH IMPLICATIONS [Officer Initials...LR ..Date ...2.8.2021.....]

57. The health implications of not providing NHS health checks have been

outlined earlier in the report. The case for NHS health checks during a pandemic could not be more evident. The impact on levels of physical activity and obesity rates are explored via the NHS health checks service.

EQUALITY IMPLICATIONS [Officer Initials...LR...Date...2.8.2021]

58. The 'Build Back Fairer: Covid-19 Marmot review' has highlighted the need to address health inequalities particularly in our most deprived areas and high risk groups. The NHS health checks service will support this by promoting a community based service working alongside communities to reach these individuals who meet the defined criteria (which is based on national recommendations).

CONSULTATION

59. Consultation has taken place with neighbouring areas and representatives from Public Health England (PHE) as part of a regional deep dive into current models and practices. As the service ended in March 2021 there have been no opportunities to consult with service users or the previous provider. Evidence of previous performance is provided in the report and provides a base for designing the new service.

BACKGROUND PAPERS

60. None.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

PHE - Public Health England

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Doncaster
Council

EQUALITY, DIVERSITY AND INCLUSION

DONCASTER METROPLITAN BOROUGH COUNCIL

Due Regard Statement Re-commissioning of NHS Health checks

How to show due regard to the equality duty in how we develop our work and in our decision making.

Due Regard Statement

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced needs to reference “Due Regard” in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

<p>Name of the 'policy' and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the 'policy' is to equality.</p>	<p>Name of Contract: NHS Health checks in Doncaster</p> <p>The aim of the Service is to improve the health outcomes of all communities across Doncaster although the service is primarily targeting those aged 40-74 years (national recommendation).</p> <p>The NHS health checks will be delivered by a suitably experienced provider through a comprehensive and rigorous procurement process. To achieve the aims the Contractor will:</p> <ul style="list-style-type: none"> • Deliver a safe and effective health checks programme in the community which reaches out to all those groups within the specified age criteria and eligible population. • Put actions in place that will reduce or remove barriers to make full use of the services available. • Promote the service in an open and accessible way and work with link workers and partner organisations to ensure we reach the high risk and most vulnerable groups • Provide a menu of options around location/times and access to provide choice and a flexible service • Signpost to language support and assistive services where required • Encourage the Service User to access other local services that impact positively on health and wellbeing. • Provide regular engagement with service users and partner organisations to test • Set up a process of evaluation to ensure that the service provision is fit for purpose and can demonstrate the impact it has on the client group.
<p>2 Service area responsible for completing this statement.</p>	<p>Public Health, Adult Health and Wellbeing</p>
<p>3 Summary of the information considered across the protected groups.</p> <p>Service users/residents</p> <p>Doncaster Workforce</p>	<p>It is recognised that the following protected characteristics will be impacted by the above proposal.</p> <ul style="list-style-type: none"> • Race • Sex • Age • Disability

		<p>The service will focus delivery to high risk groups and the wider community as defined by national criteria/recommendations.</p>
4	<p>Summary of the consultation/engagement activities</p>	<p>Information has been gained from a range of sources:</p> <ul style="list-style-type: none"> • Discussions have taken place with neighbouring local authorities regarding different models and methods of engagement. A deep dive was undertaken across the region which has helped inform our options appraisal. • Discussions have taken place with Public Health England (PHE) leads regarding national recommendations and regional models/evidence and approaches to ascertain what works. • As the service has been on hold for almost 18 months there have been no opportunities to undertake any engagement with service users but this will form a key part of the new service moving forward • Discussions are taking place currently with our Equalities and Be Well Doncaster leads regarding the re-design of the service and they will form a key part of the service planning • Lessons learnt from the previous service are being used to inform the new service re-design • There are no immediate plans for a soft marketing event but if required we will facilitate an event in the procurement process • An options appraisal paper has been drafted based on the legacy of the previous service and is available on request.
5	<p>Real Consideration:</p> <p>Summary of what the evidence shows and how has it been used</p>	<p>Reducing health inequalities is at the heart of the Public Health White Paper: Healthy Lives, Healthy People. It advocates an approach that empowers individuals to make healthy choices and gives communities the tools to address their own particular needs.</p> <p>This service will provide an opportunity to engage with all communities living across Doncaster within the parameters of the national</p>

NHS Health checks programme criteria with a focus on improving the health and wellbeing of individuals and their families. The aspiration will be to target the high risk groups and to develop a community based model.

Race

In Doncaster health inequalities can be seen in some of the most deprived communities and it is in these areas that the majority of the ethnic minority population resides. Evidence shows that black and minority ethnic communities are often excluded from services that can seem intimidating due to unfamiliarity, cultural and religious beliefs and lack of language services. The impact of covid-19 has further exacerbated these inequalities as illustrated in the Marmot review: 'Build Back Fairer: The Covid-19 Marmot Review'.

The Gypsy and Traveller population in Doncaster is quite significant and this group of people experience a high level of inequality. There are high rates of limiting long term illness, high smoking rates, poor birth outcomes and low immunisation rates. The new health checks service will work with the relevant organisations and link workers to ensure promotion of the service to these groups.

Language is a barrier to accessing health services therefore the service will address this through links with the community link workers and appropriate language support services where required. The provider will also facilitate health promotion activity for the client group; this work will dispel any myths that present a barrier to accessing the service.

Age

The age criteria for the NHS health checks (40-74 year olds) is defined by national guidance and evidence and was being reviewed as part of the national deep dive and recommendations. We are waiting for the outcomes of this national review and will amend accordingly. There were discussions around whether the age range would change.

Sex

The service is open and accessible to all genders. Work will be undertaken to ensure open access for all.

		<p>Disability</p> <p>The service will aim to provide access for all groups irrespective of physical and learning disability.</p> <p>COVID-19 - The covid-19 pandemic has had a disproportionate impact on all groups and in particular ethnic minority communities, who have experienced higher infection and mortality rates than the white population. The reasons for this are multi-factorial and not fully understood, but there is overwhelming evidence that existing socio-economic inequalities as well as co-morbidities have played a key role. Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in ethnic minority communities.</p> <p>Interventions - The most successful interventions to tackle health inequalities in Gypsy and Traveller communities have taken an asset based approach and relied on outreach and building up trusting relationships over time. For Pakistani women, family and community dialogue is invaluable for sharing knowledge about breast screening. Any lessons learnt from the pandemic and the asset based approach will be used to inform the planning of the NHS health checks service.</p>
6	Decision Making	Dr Rupert Suckling, Director of Public Health, DMBC
7	Monitoring and Review	<p>Monitoring and Review will be completed through:</p> <ul style="list-style-type: none"> • Completion of data recording templates detailing achieved actions and outcomes and also highlighting areas for improvement • Quarterly contract monitoring meetings over the contract period • Reporting into the Public Health Contracts and Finance Group

8	Sign off and approval for publication	Dr Rupert Suckling, Director of Public Health, DMBC
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