



# NHS Health Check Expert Scientific and Clinical Advisory Panel Terms of Reference

<b>Programme/Policy Area</b>	Cardiovascular Disease Prevention
<b>Directorate</b>	Programmes and Priorities
<b>Date Completed:</b>	February 2014 Reviewed July 2016 Reviewed March 2018 Membership and governance structure reviewed June 2019
<b>Version</b>	1.80
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<b>Document Type</b>	
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## 1. Committee Accountability

The NHS Health Check Expert Scientific and Clinical Advisory Panel (ESCAP) are accountable to the NHS Health Check National Advisory Committee (NAC). The panel has been established to advise the NAC on relevant matters related to the NHS Health Check programme, as set-out in *The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013*.

## 2. Objective and Scope of Activities

ESCAP will provide an expert forum for the NHS Health Check programme and other related cardiovascular disease (CVD) topics, upon request. It will act in an advisory capacity to support successful roll-out, maintenance, evaluation and continued improvement of NHS Health Checks based on emerging and best evidence. ESCAP will play a critical role in ensuring the programme's content is frequently reviewed and in line with the best available evidence. It will also be fundamental in bringing strong scientific and clinical grounding and steer to the programme.

## 3. Description of Duties

ESCAP will be responsible for keeping the overall content of the NHS Health Check programme under review, and advising the NAC of potential content changes. More specifically, ESCAP will act as a review panel for future content change proposals. It will oversee the development of a robust governance process for removing, adding or changing content, which will include clear steps for



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evidence and economic appraisal, in addition to feasibility and implementation testing. ESCAP will not be responsible for making content changes but will be responsible for advising the NAC on their findings and recommendations.

Additionally, ESCAP will provide expert advice on CVD topics to other organisations upon their request.

ESCAP will play a key role in ensuring that the NHS Health Check programme is grounded in evidence. As such, it will advise the NAC and more widely the Department of Health (DH) and Public Health England (PHE) on the existing and future priorities for a national research and development programme .

ESCAP will also play an advisory role in the production/revision of the NHS Health Check best practice guidance and wider related guidance. In addition, it will also be responsible for reviewing the programme’s delivery and quality indicators and to make recommendations based on these findings to influence future programme priorities and national support.

The Chair of the ESCAP will act as the main spokesperson for the group, with all media related activities being managed by the communications team in PHE. Group members will be asked to peer review any communications related to the group’s activities and recommendations which are then used in external communications.

## 4. Frequency and Description of Meetings

ESCAP will routinely convene every three months with a minimum dispatch standard for agenda and supporting papers one week ahead of the meeting. The chair and vice-chair will also have the authority to request that members attend additional meetings should urgent agenda items present which pose significant risks to the NHS Health Check programme.

There will be a group members e-mail facility which can be used by the Secretariat and committee members to communicate any key programme information between formal meetings to ensure members are informed of relevant programme developments.

The meetings will be closed to members and the secretariat, unless prior approval is granted by the Chair or Vice Chair for additional membership.

The duration of this group will be open and continuing whilst the programme remains active.

## 5. Membership and Designation

The group membership will initially be agreed by the Department of Health and Public Health England but later agreed and modified in consultation with the full panel.

ESCAP membership will be driven by the topic and knowledge expertise requirements as set out in, table 1. This topic expertise will be reviewed every two years and will inform changes to membership.

Table 1. Topic knowledge required

NHS Health Check commissioning
NHS Health Check implementation
Individual and population level behaviour change
Risk factors assessed as part of an NHS Health Check
Management of risk factors assessed as part of an NHS Health Check
Local government NHS Health Check commissioning
Community pharmacy



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NHS Health Check implementation by NHS providers
NHS Health Check implementation by non-NHS providers
Health equity and inequality
Primary Care
Primary and secondary research
Screening
Heart disease
Stroke
Renal
Type 2 diabetes
Digital
Dementia
Older people
NICE guidance (clinical and public health)
Implementation science
Behavioural science

## 6. Subcommittees

Subcommittees composed of members and non-members of the parent committee may be established with the approval of the chair or his/her designee. The subcommittees must report back to the parent committee who will be responsible for advising on significant policy recommendations. The NAC will be notified upon establishment of each subcommittee and will be provided with information on its name, membership, function, and estimated frequency of meetings.

## 7. Recordkeeping and Risk Management

The secretariat of the panel, established subcommittees, or subgroups of the committee, shall be responsible for producing records of their activities. These records should be available for public inspection and copying, subject to the Freedom of Information Act. The ToR and summary records of the Panel's activities will be made publically available via the NHS Health Check website.

The panel may also be made aware of the national programme risk register and asked to contribute to this as and when required. However, this risk register will be managed through Public Health England's Corporate reporting process to ensure timely and effective management of risk is achieved.

## 8. Ways of working

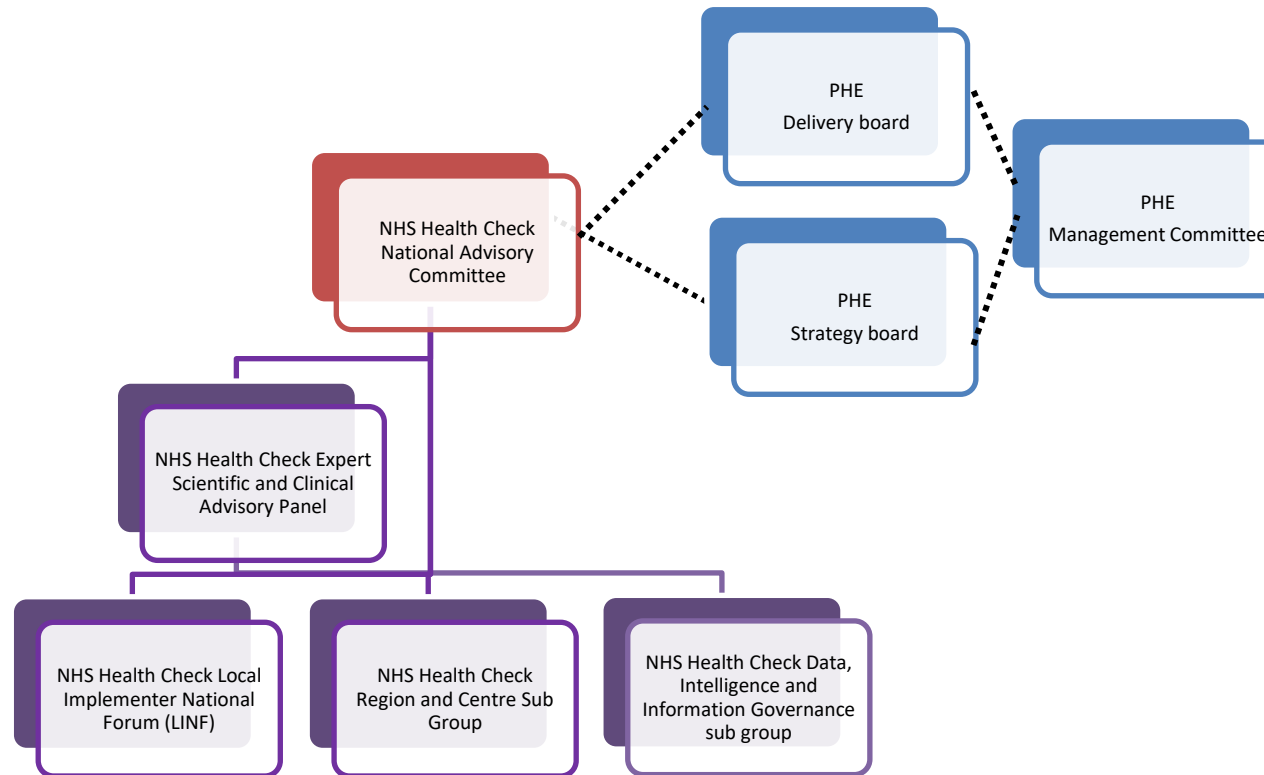
The following principles will be adopted by ESCAP and its members in delivering its role and responsibilities.



<b>C</b> ommunicate	<ul style="list-style-type: none"><li>→ communicate openly, honestly and clearly, avoiding jargon</li><li>→ seek out and share knowledge, suggest solutions</li><li>→ encourage, listen and be receptive to others' views</li><li>→ invite, offer and respond to feedback</li></ul>
<b>A</b> chieve together	<ul style="list-style-type: none"><li>→ work together towards PHE's objectives</li><li>→ nurture open relationships and build trust</li><li>→ work collaboratively with all customers, internally and externally</li><li>→ empower each other and hold each other to account</li></ul>
<b>R</b> espect	<ul style="list-style-type: none"><li>→ treat colleagues and customers as they would wish to be treated</li><li>→ value difference by embracing diversity and inclusion</li><li>→ look after our own wellbeing, and support each other</li><li>→ recognise and celebrate our successes, large and small</li></ul>
<b>E</b> xcel	<ul style="list-style-type: none"><li>→ provide excellent service to colleagues and customers</li><li>→ drive personal development and suggest ways to improve</li><li>→ lead by example, acting as a role model internally and externally</li><li>→ maintain professionalism at all times</li></ul>



## 8.1 Appendix One – Programme Governance Structure





## 8.1 Appendix Two – Membership by name and job title

1. **Alistair Burns**, National Clinical Director for Dementia, NHS England
2. **Anne Mackie**, Director of Programmes UK National Screening Committee, PHE
3. **Anthony Rudd**, National Clinical Director for Stroke, NHS England
4. **Ash Soni**, Vice Chair, English Pharmacy Board
5. **Charles Alessi**, Senior Advisor and Lead for Preventable Dementia, PHE
6. **Rachel Clark**, Head of evidence and evaluation, PHE
7. **Gillian Fiumicelli**, Head of Vascular Disease Prevention, London Borough of Bromley (Representative of the Local Implementer National Forum)
8. **Huon Gray**, National Clinical Director for Heart Disease, NHS England
9. **Jamie Waterall**, National Lead CVD Prevention and Deputy Chief Nurse, PHE
10. **Secretariat** **Katherine Thompson**, Deputy National Lead CVD Prevention, PHE
11. **Julia Hippersley Cox**, Professor of Clinical Epidemiology and General Practice, Univeristy of Oxford
12. **Chair** **John Newton**, Director of Health Improvement, PHE
13. **Vice chair** **John Deanfield** British Heart Foundation Vandervell Professor of Cardiology at University College Hospital, London
14. **Jonathan Valabhji**, National Clinical Director for Obesity and Diabetes, NHS England
15. **Lynda Seery**, Public Health Specialist, Newcastle City Council (Representative of the Local Implementer National Forum)
16. **Monica Desai**, Consultant Public Health Adviser – NICE
17. **Martin Vernon**, National Clinical Director for Older People, NHS England.
18. **Matt Kearney**, National Clinical Director for CVD prevention NHS England
19. **Michael Soljak**, Clinical Research Fellow, Imperial College London
20. **Nick Wareham**, Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science
21. **Peter Kelly**, Centre Director North East, PHE
22. **Richard Fluck**, Chair of the Internal Medicine Programme of Care board.
23. **Ruth Chambers**, GP



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24. **Zafar Iqbal**, Associate Medical Director Public Health; Midlands Partnership NHS Foundation Trust
25. **Alf Collins**, Clinical Director, Personalised Care
26. **Lorraine Oldridge**, National Lead – National Cardiovascular Disease Intelligence Network, PHE
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