



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

Programme/Policy Area	NHS Health Check
Directorate	Health and Wellbeing
Date Completed:	February 2014 Reviewed July 2016
Version	1.50
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Document Type	
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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 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	Primary and secondary research
NHS Health Check implementation	Screening
Behaviour change	Heart disease
Risk factors assessed as part of an NHS Health Check	Stroke
Management of risk factors assessed as part of an NHS Health Check	Renal
Local government NHS Health Check commissioning	Type 2 diabetes
Community pharmacy	Digital
NHS Health Check implementation within NHS	Dementia
NHS Health Check implementation by non-NHS providers	Older people



Public Health England

Health equity and inequality	NICE guidance
Primary Care	

- PHE Chief Knowledge Officer (**Chair**)
- PHE Executive Director for Health and Wellbeing (**Vice Chair**)
- NICE Centre for clinical practice director
- PHE Health and Wellbeing Director of Science and Strategic Information
- NHS England National Clinical Directors (Heart, Obesity and Diabetes, Stroke, Dementia, CVD Prevention, Older People)
- Chair of the Internal Medicine Programme, NHS England
- Deputy Director of Research, Translation and Innovation, PHE
 - National Lead, PHE
- Director of Health Equity and Impact, PHE
- Director of Programmes UKNSC, PHE
- Behavioural Insights Lead Researcher, PHE
- Director of the MRC Epidemiology Unit and Co-Director of the Institute of Metabolic Science
- Director of National Centre for Cardiovascular Prevention and Outcomes, University College London
- Deputy Director of Public Health, Stoke on Trent Council
- Representatives of the NHS Health Check Local Implementer National Forum
- Director of the Behaviour and Health Research Unit, University of Cambridge
- Clinical Research Fellow, Imperial College London
- Professor of Cardiovascular medicine, Imperial College London
- Senior Advisor and lead for preventable dementia, Public Health England
- Vice Chair, English Pharmacy Board
- CCG Representative
- GP representative
- Senior support manager - NHS Health Check and blood pressure programme– **Secretariat**
- Deputy national lead, CVD prevention team, PHE – **Secretariat**
- [Digital expert TBC]
- [Community Pharmacy expert TBC]

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.



Public Health England

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

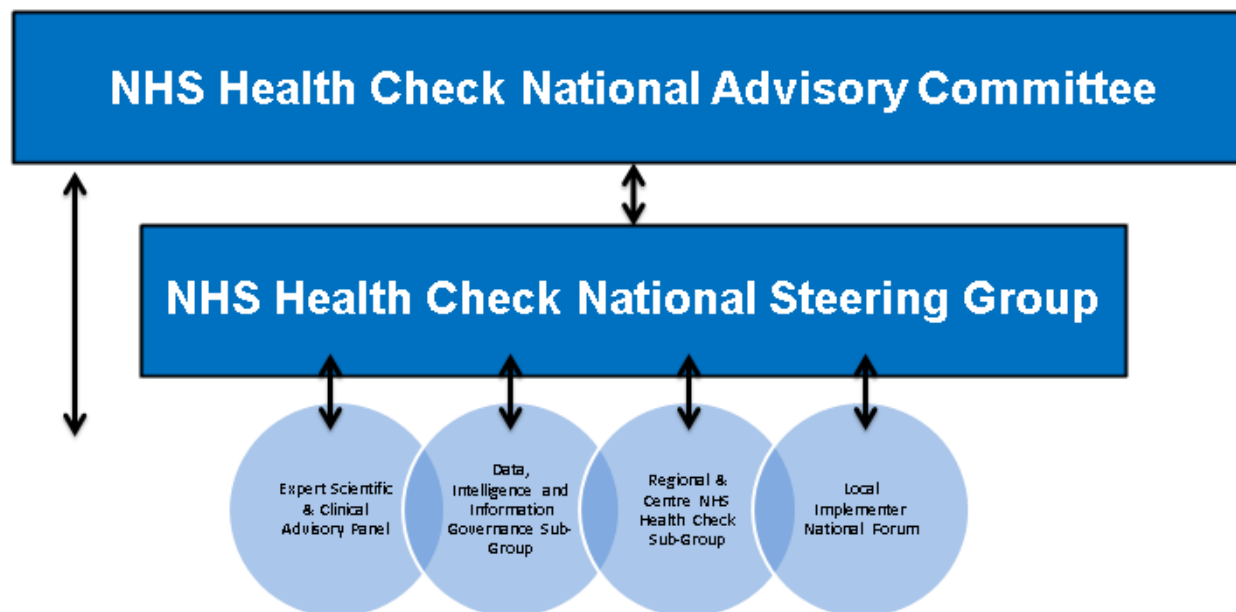
The following principles will be adopted by ESCAP and its members in delivering its role and responsibilities.

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



8.1 Appendix One – Programme Governance Structure

NHS Health Check Programme Governance Structure





8.1 Appendix Two – Membership by name

1. **ESCAP chair** **John Newton**, Chief Knowledge Officer, PHE
2. **Vice-chair** **Kevin Fenton**, Director of Health and Wellbeing, PHE
3. **Jamie Waterall**, National lead and deputy chief nurse, PHE
4. **Felix Greaves**, Deputy Director, Science and strategic information, PHE
5. **Lynda Seery**, Public Health Specialist, Newcastle City Council (Representative of the Local Implementer National Forum)
6. **Charles Alessi**, Senior Advisor and lead for preventable dementia, PHE
7. **Alistair Burns**, National Clinical Director for Dementia, NHS England
8. **Richard Fluck**, Chair of the Internal Medicine Programme of Care board.
9. **Anthony Rudd**, National Clinical Director for Stroke, NHS England
10. **Huon Gray**, National Clinical Director for Heart Disease, NHS England
11. **Jonathan Valabhji**, National Clinical Director for Obesity and Diabetes, NHS England
12. **Annmarie Connolly**, Director of Health Equity and Place, PHE
13. **Anne Mackie**, Director of Programmes UK National Screening Committee, PHE
14. **Martin Vernon**, National Clinical Director for Older People, NHS England.
15. **Matt Kearney**, National Clinical Director for CVD prevention NHS England
16. **Nick Wareham**, Director of the MRC Epidemiology Unit and co-Director of the Institute of Metabolic Science
17. **David Wood**, Professor of Cardiovascular medicine, Imperial College London
18. **John Deanfield**, Director of National Centre for Cardiovascular Prevention and Outcomes, University College London
19. **Zafar Iqbal**, Interim- Director of Public Health, Stoke on Trent
20. **Gillian Fiumicelli**, Head of vascular disease prevention, London Borough of Bromley (Representative of the Local Implementer National Forum)
21. **Ash Soni**, Vice Chair, English Pharmacy Board
22. **Mark Baker**, Centre for Clinical Practice Director – NICE
23. **Theresa Marteau**, Director of the Behaviour and Health Research Unit, University of Cambridge
24. **Michael Soljak**, Clinical Research Fellow, Imperial College London
25. **John Deanfield**, Director of the National Centre for Cardiovascular Prevention and Outcomes
26. **Peter Kelly**, Centre Director North East, PHE



Public Health England

27. **Ruth Chambers**, GP
28. **Secretariat Katherine Thompson**, Deputy national lead, CVD prevention team, PHE