

Delivering the NHS Health Check to commercial fishermen in Cornwall

Reaching deprived communities using outreach programmes
Addressing the needs of rurally isolated populations

The ambition

Commercial fishermen in England are at particularly high risk of poorer health outcomes when compared to the general population.

Cornwall Council set out to address this issue through the NHS Health Check programme and improve the health outcomes for commercial fishermen living in Cornwall.

The background

Cornwall has an ageing population. The overall population has grown gradually since the 1960s and from 342,301 in 1961 to 523,300 by the 2011 census. Cornwall is rated average on the Index of Multiple Deprivations (IMD). There are however areas of significant deprivation and Cornwall resides in the top ten local authorities for income deprivation in England.

Life expectancy in Cornwall stands at 79.2 years for a men and 83.3 years for women. This is higher than the England national average of 78.9 years and 82.9 years for men and women respectively.

However, Cornwall suffers from life expectancy gaps of up to 5.9 years between the most and least deprived communities.



The average life expectancy for Cornish commercial fishermen is not known. However, it is known that CVD in men is significantly higher than in women and that fisherman display high risk taking behaviour, with higher rates of smoking, poorer diets and poorer health knowledge being identified in this cohort¹.

Rates of alcoholism among fisherman are up to 2.5 times higher than in non-fishing communities² and research has shown that men who are chronic problem drinkers are more likely than women to attempt suicide (39% of men compared with 8% of women attempt suicide)³.

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How did Cornwall develop their solution to engage with fishermen?

A pilot initiative in March 2013 targeted fisherman in three Cornish ports and found many fishermen had not accessed General Practitioner (GP) services for years. This was due to both the shift patterns associated with the job and a wish not to bother their GP. Previous research has supported these findings with studies having shown fisherman only seek health services for serious problems relating to accidents and major health emergencies².

Cornwall Council decided to commission a dedicated outreach health check service for fishermen. The local Fisherman's Mission, local fisherman, health promotion service and Cornwall's NHS Health Check steering group (which included GPs, GP practice administration and public health) were employed in the service's design.

Further small pilot projects were set up, through which informal feedback from fisherman confirmed that they would not bother their GP for weight management services and that attending regular support groups for stop smoking was problematic due to the unpredictable nature of their work.

Following on from this feedback, a dedicated men's outreach health promotion officer was recruited to work with the fisherman on a one-to-one basis. A particular focus was on offering support which would fit around the fishermen's shift patterns. Solutions included regular health promotion sessions at the Fisherman's Mission dependent on tide and activity and a regular NHS Health Check and



health promotion session delivered through the wider associated fishing industries, including packers, netters and harbour masters.

How did Cornwall implement the project?

A decision at programme level was taken to commission a dedicated outreach NHS Health Check service. The tendering process was commenced prior to the 2013 transition into Local Authority and engagement with the local authority's procurement team was established in early 2013 in order to involve them in the process from the start (i.e. prior to transition).

Critical success factors included:

- Identifying a provider who had a good understanding of health inequalities and a willingness to try new and innovative approaches to delivering service and to engage with the target group

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- Identifying the key players to work with the target group's gatekeepers e.g. the Fisherman's Mission, shops and key businesses which the group regularly visit
- Identification of appropriate venues within the community. This was achieved through close working with health promotion and public health colleagues to progress venue identification particularly through the healthy workplace awards scheme
- Use of social marketing techniques to engage the target group

The key challenges to implementing the project were as follows:

- The recruitment of staff to cover a wide geographical area
- Anticipating numbers likely to engage with an outreach service
- The time required to identify venues which resulted in very slow activity in the first quarter
- Lack of knowledge of the tendering and procurement process within the skill mix of public health
- The timing of the procurement process as this was during the 2013 transition period

Public health's engagement with the local authority, prior to transition, was crucial to securing support and assistance with the procurement of this service. A dedicated support person from the local authority's procurement team provided capacity and expertise during the procurement process.

The key lessons learnt include the length of time required to identify groups and venues within the community, the amount of time to gain trust and engagement from those groups and the length of time new service takes to become operational following a tendering process.

The project's outcome to date

The initial pilot showed that 22 of the 33 fisherman who received an NHS Health Check (69%), required further follow up. Formal evaluation of the whole project will be completed after the first 12 months of full activity (April 2015). A formal application for consideration of the project for inclusion within the Public Health Practice Evaluation Scheme was submitted to the School of Public Health Research in February 2014. However, this was unsuccessful, so in house evaluation of the project will be conducted.

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References

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