

LIVING LONGER LIVES

JULY 2015

CASE STUDY

Increasing engagement with the NHS Health Check Programme: An outreach pilot in Devon

The ambition

Devon County Council (DCC) Public Health has successfully commissioned the NHS Health Check Programme using a GP delivery model since April 2013. However, commissioners were aware that a small proportion of people in the region did not engage with this model.

In response, Public Health Devon sought to deliver a pilot NHS Health Check outreach programme targeted at those people who:

- Did not engage with the GP offer
- Were at a higher risk of vascular disease
- Did not have access to a check via their GP (i.e. their GP practice did not deliver NHS Health Checks).

The background

The term socio-economic deprivation refers to the lack of material benefits considered to be basic necessities in a society. Around 5% of the Devon population live in the most deprived national quintile (one-fifth). These areas include parts of Exeter, Ilfracombe, Barnstaple, Bideford, Dawlish, Dartmouth, Teignmouth, Newton Abbot and Tiverton. Patterns of deprivation in the county are marked by isolated pockets and hidden need within communities and higher levels of rural deprivation, with groups experiencing health inequalities likely to be geographically dispersed. This creates additional challenges when addressing health inequalities and targeting services to those most in need.

Life expectancy in Devon is longer than the England average and stands at 80.4 years old for men (compared to 79.4 nationally) and 84.2 for women (compared to 83.1 nationally). Whilst life expectancy at birth is above the national average and improving for Devon as a whole, there is a 15 year gap between the wards with the shortest (Ilfracombe Central, 74.6 years) and longest (Newton Poppleford and Harford, 89.6 years) average life expectancies, highlighting local health inequalities.



How Public Health Devon developed the pilots

To inform the project, an analysis of risk factors associated with vascular disease was undertaken. From this analysis, the following target populations were proposed:

- Individuals who did not have access to a check via their GP
- People from the farming community
- People from the Gypsies and Traveller communities
- People from Black, Asian and other Minority Ethnic (BAME) groups
- People living in areas of Devon with a high Index of Multiple Deprivation (IMD) ranking
- People in routine and manual professions
- People accessing mental health services

It was proposed that the pilot project should deliver a small number of NHS Health Checks (300-400), with the aim of generating learning and insight into offering NHS Health Checks in outreach settings to a targeted population.

The learning from the pilot will be used to inform the development of a specification for a full outreach service in 2015, and to improve the targeting of specific high risk groups through the GP delivery model.

Public Health Devon commissioned the service from Health Promotion Devon (HPD) as part of their existing commissioned services. HPD have a wealth of experience in working with communities who may be less likely to access health services. As such, the pilot builds upon existing work with service users from these target groups undertaken by HPD.

How Public Health Devon implemented the project

HPD built a range of partnerships with local organisations in order to deliver the pilots through a settings approach. It was necessary to use a tandem approach so that the delivery of the pilots could be tailored to reach each identified target group.

Delivering the NHS Health Check with no local GP offer

HPD were asked to work with a medical centre to deliver NHS Health Checks to the associated GP practice population. HPD negotiated with the practice to send 200 invitation letters to the target group, to achieve the goal of 85 NHS Health Checks. HPD rented a room from the medical centre to deliver the checks on Tuesday's between 9am-1pm during the pilot period.

Delivering the NHS Health Check to the local farming community

HPD began by building key partnerships with the Farming Community Network (FCN) and the National Farmers Union. The Chaplin/ Pastoral Officer at FCN was as a key organiser for the project. The Chaplin organised leaflet distribution, booked stands to provide pop-up clinics at Exeter and Holsworthy Livestock Markets on four separate occasions and promoted the programme in the farming community.

Delivering the NHS Health Check to gypsy and traveller communities

HPD delivered two NHS Health Checks to people from Gypsy and Traveller communities in Devon. The checks were delivered on Gypsy and Traveller sites. HPD already delivered an existing community development programme which helped to successfully access people in these communities. HPD also built key partnerships with Plymouth and Devon Racial Equality Council, and the DCC Gypsy and Traveller Liaison Officer. These relationships helped them to gain access to the groups to deliver the NHS Health Checks.

Delivering the NHS Health Check to black, asian, and other ethnic minorities

HPD were already delivering a community development project with BAME groups. This foundation supported their success in delivering the NHS Health Check. They focused heavily on promoting the check through social media. They predominantly used the 'Devon Grapevine' network, and promoted the NHS Health Check Programme on their website, Facebook page and twitter feeds.

HPD also made links with Hikmat Devon and utilised the Sahara BME mentoring service to improve targeting. The checks were delivered at Exeter Mosque and the St Sidwell's Community Centre.

Delivering the NHS Health Check in areas with a high IMD score

PD were asked to pilot the delivery of NHS Health Checks in areas of Devon in the top 20% in the county in the IMD. To deliver this, they built a partnership with North Devon Homes (NDH) – a housing association. NDH were supportive of the programme, and booked service users and staff members in to the NHS Health Check clinic provided by HPD.

Delivering the NHS Health Check in the workplace to routine and manual workers

HPD piloted the delivery of NHS Health Checks in workplaces, specifically targeting routine and manual workers. The pilot took place in two workplaces, a district council's refuse collection depot and a chicken processing factory.

Delivering NHS Health Checks to people accessing services for mental health

HPD worked with Devon Partnership Trust, MIND, Be Involved Devon and a local mental health outreach service. They delivered NHS Health Checks to people accessing NHS mental health services at an outreach clinic.

Key challenges in delivering the project

The main challenges identified were:

- The approach was resource intensive in terms of time and finance.
- Providing an outreach NHS Health Check programme in a rural area was challenging in terms of staff travel time, expense and the equipment and resources required to deliver checks in these areas.
- Building partnerships with key organisations took significant time and planning.
- Some outreach locations were not well-suited to delivery of health checks, including confidentiality issues, lack of space, and animals and family members in close proximity.
- There were language barriers to some people accessing the service, and when an interpreter was used it added additional time and expense to delivery of the programme.
- Some people presented with multiple risk factors, and little experience of accessing health services – this increased the time required to deliver each check.
- Internal barriers within some partner organisations slowed the process.

Critical success factors and lessons learned

The following factors were key to delivering a successful outreach programme:

- Identifying key partners, and build good working relationships
- Accessing existing networks and identifying key players within each network and organisation
- Provider experience, expertise and knowledge of delivering projects to similar target audiences in outreach settings was essential;
- Building community trust;
- Good planning
- Positive community experience of the NHS Health Check programme.

Project Outcomes

The results from the pilots are shown below:

- The NHS Health Check was delivered to 220 individuals (41% female and 59% male) of which 69% of people receiving the cheque were aged 40-59 years old. The results were as follows:
- 76% of clients had a BMI which classified them as overweight or obese
- 18% of clients were recorded as a current smokers and 30% as ex-smokers
- 30% of clients had raised blood pressure
- 19% of clients scored >5 on the AUDIT test
- 19% of clients were either inactive or moderately inactive
- 23% of clients had a QRISK2 score of over 20%
- 40% of people receiving an NHS Health Check were referred on to their GP
- 34% of the referrals were for high blood pressure
- 26% of the referrals were for high BMI
- 41% of clients received a referral to a public health lifestyle service, including:
 - 30% for weight management services
 - 28% for stop smoking services.

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