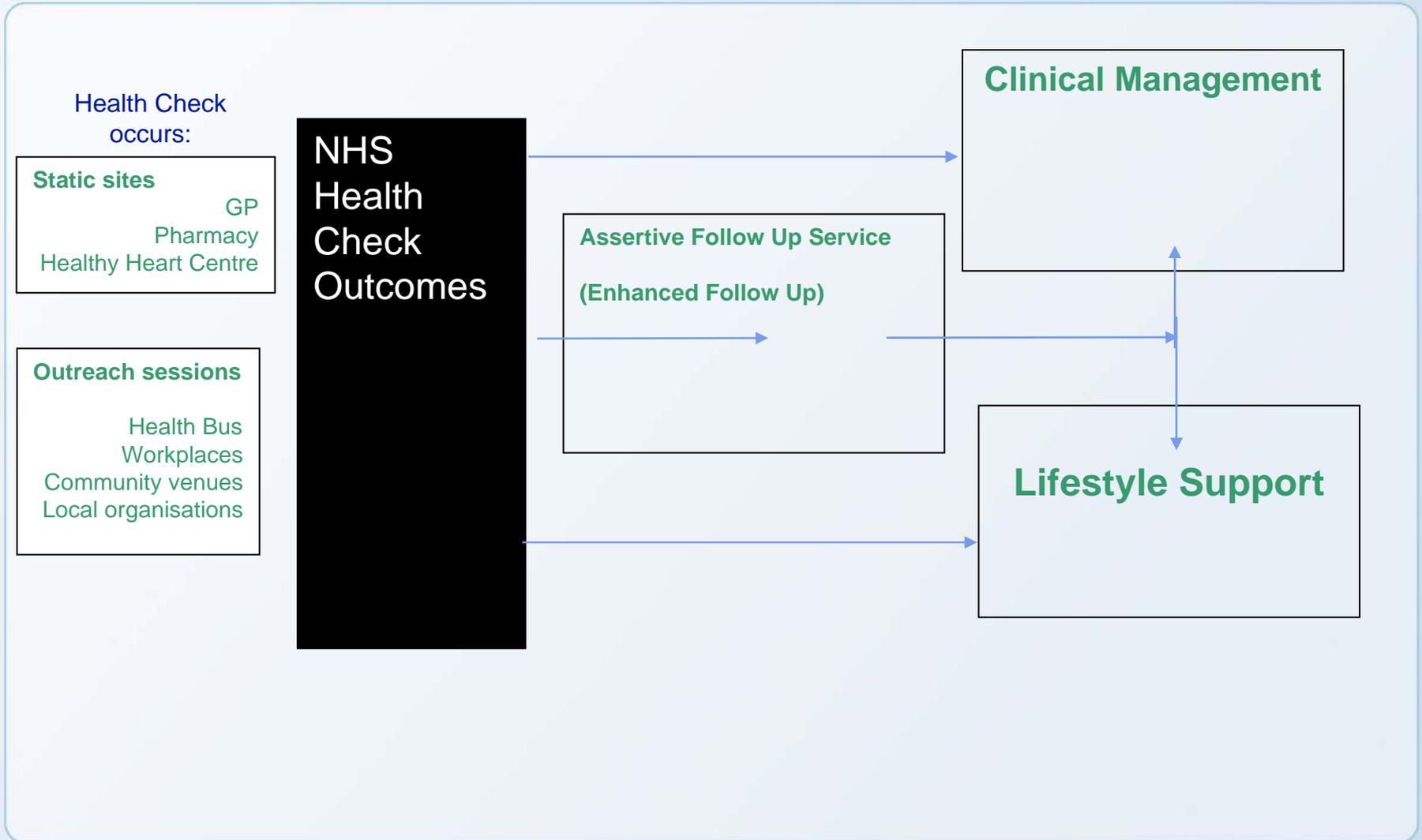


The Healthy Heart Centre: NHS Camden's approach to reducing Health Inequalities

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Wednesday 24th November 2010

NHS Health Checks: pathway



Response

Kentish Town Healthy Heart Centre!



To provide NHS Health Checks as well as a dedicated follow-up service to provide assistance with Health Check follow-up action; this can be provided on a 1:1 basis by a Health Trainer, or through referrals into lifestyle services, with as much extra support as required by the client.



Strategy

Open access:

- Opening Hours: 12pm-7pm Monday, 9am-7pm Tues-Thurs, 9am-5pm Friday, first and third Saturday of every month 11am-5pm
- Under Consultation
- Relaxed, non-clinical, non judgemental feel

Providing:

- NHS Health Checks
- Lifestyle follow-up service
- Walk-in and pre-bookable appointments
- All lifestyle service info, including innovation funds
- Television
- Internet access

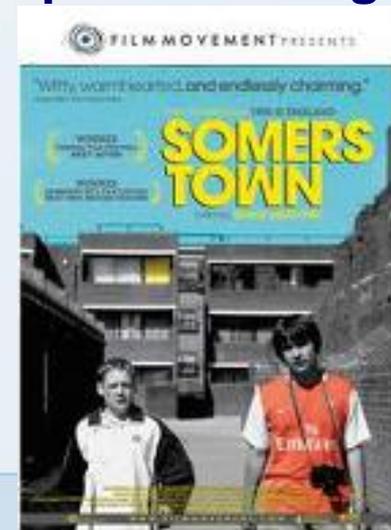
A Portal into a healthy lifestyle

Camden: an introduction



- A borough of vast contrast
- A local borough

- Contains some of the richest and poorest wards in England
- The poorest wards are among the 20% most deprived in England
- The 13th most deprived borough in London



NHS Camden: a background

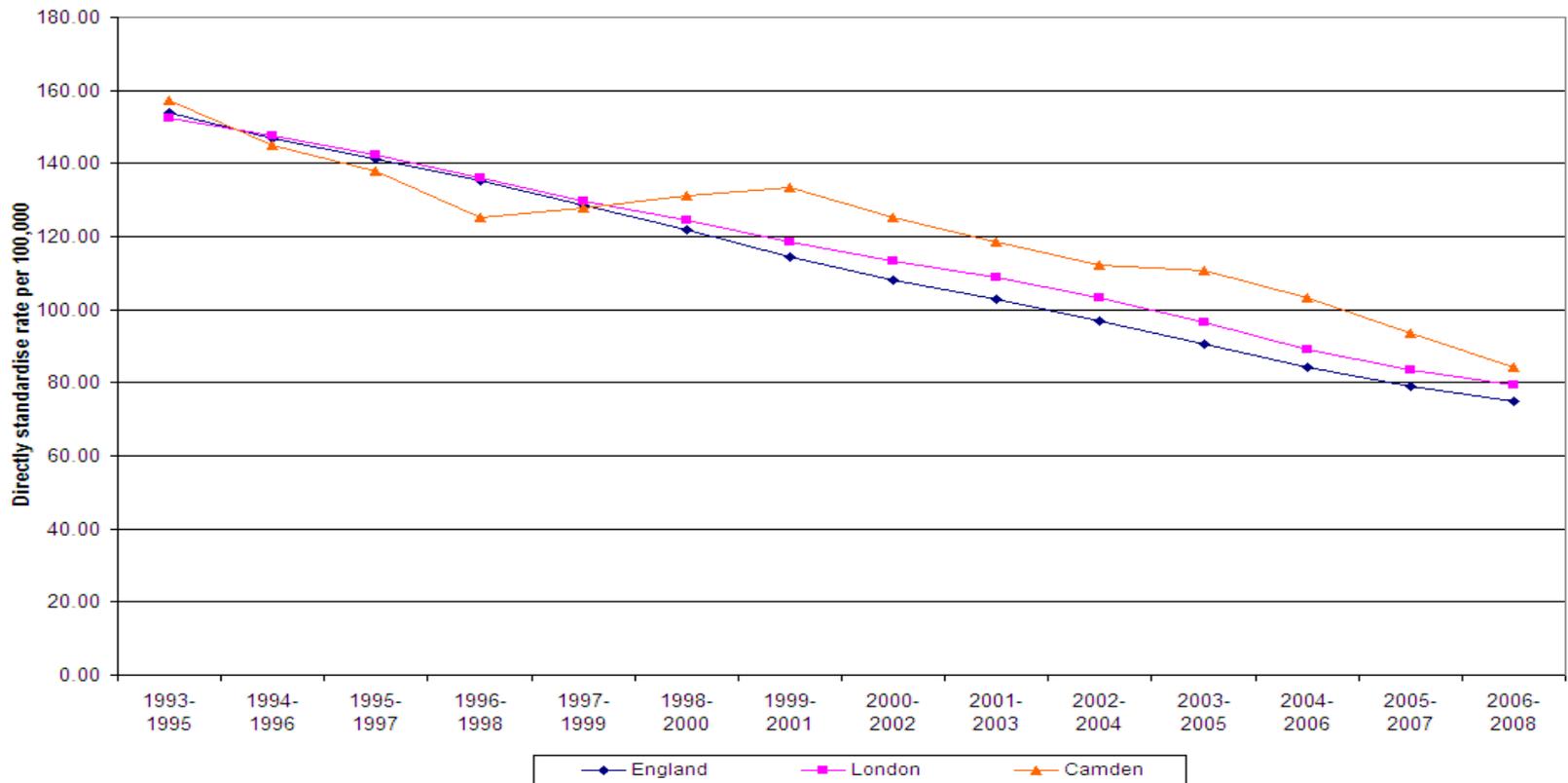
2005-2007

- **Vast inequality was notable in Camden**
- **Focus on Public Health and services from early 2000**
- **Started tackling inequalities in the PCT prior to DH guidance in 2005**

- **Health Trainer Service established**
- **Stop smoking services in place**
- **Weight management service taking referrals**
- **Healthy Eating Team delivering a range of services in the community**

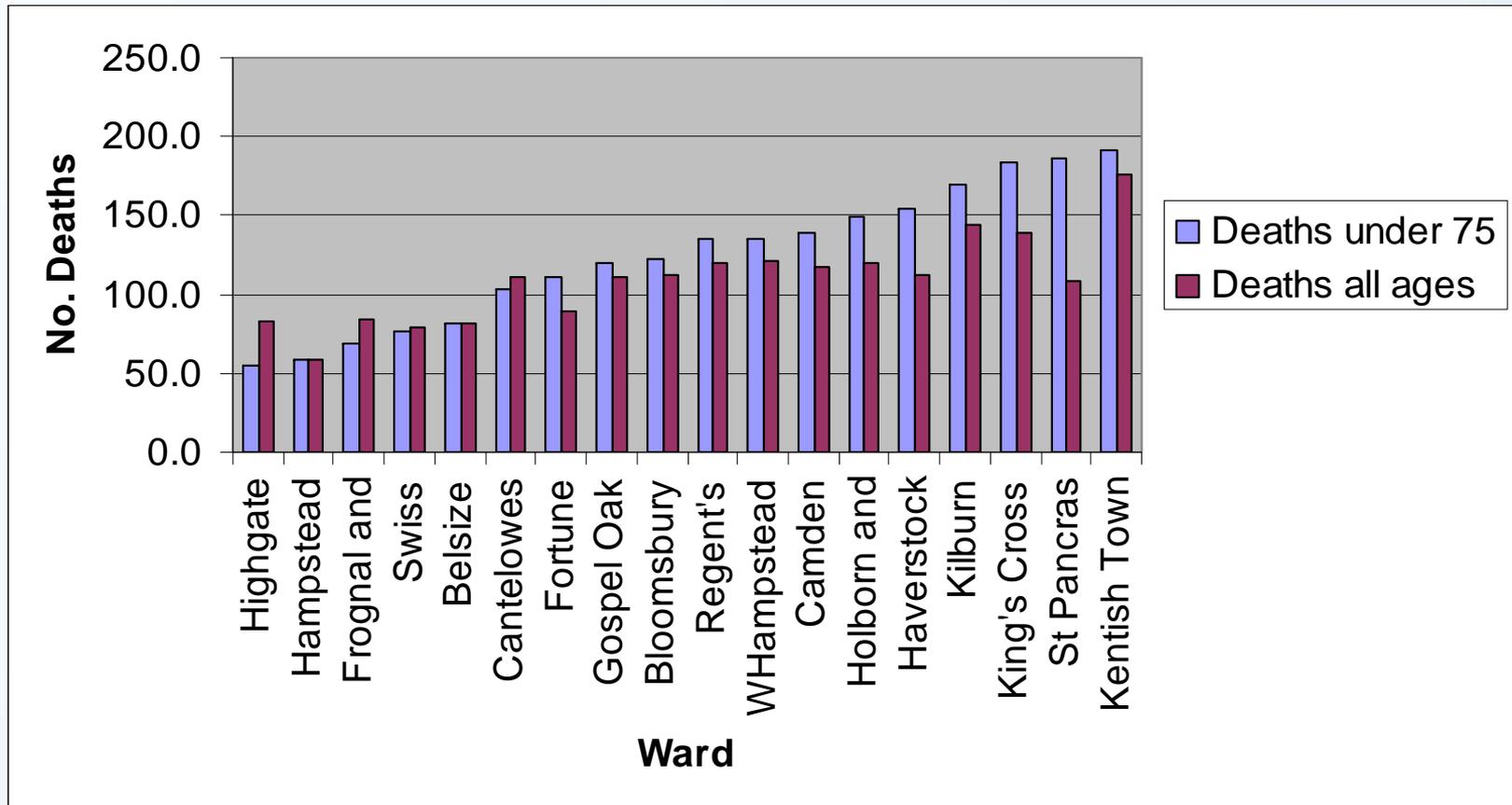
The Healthy Heart Centre: background

- It was estimated that in Camden in 2007 around a third of diabetes cases were undiagnosed, compared to about one quarter nationally



CVD mortality: Camden

CVD Mortality by ward



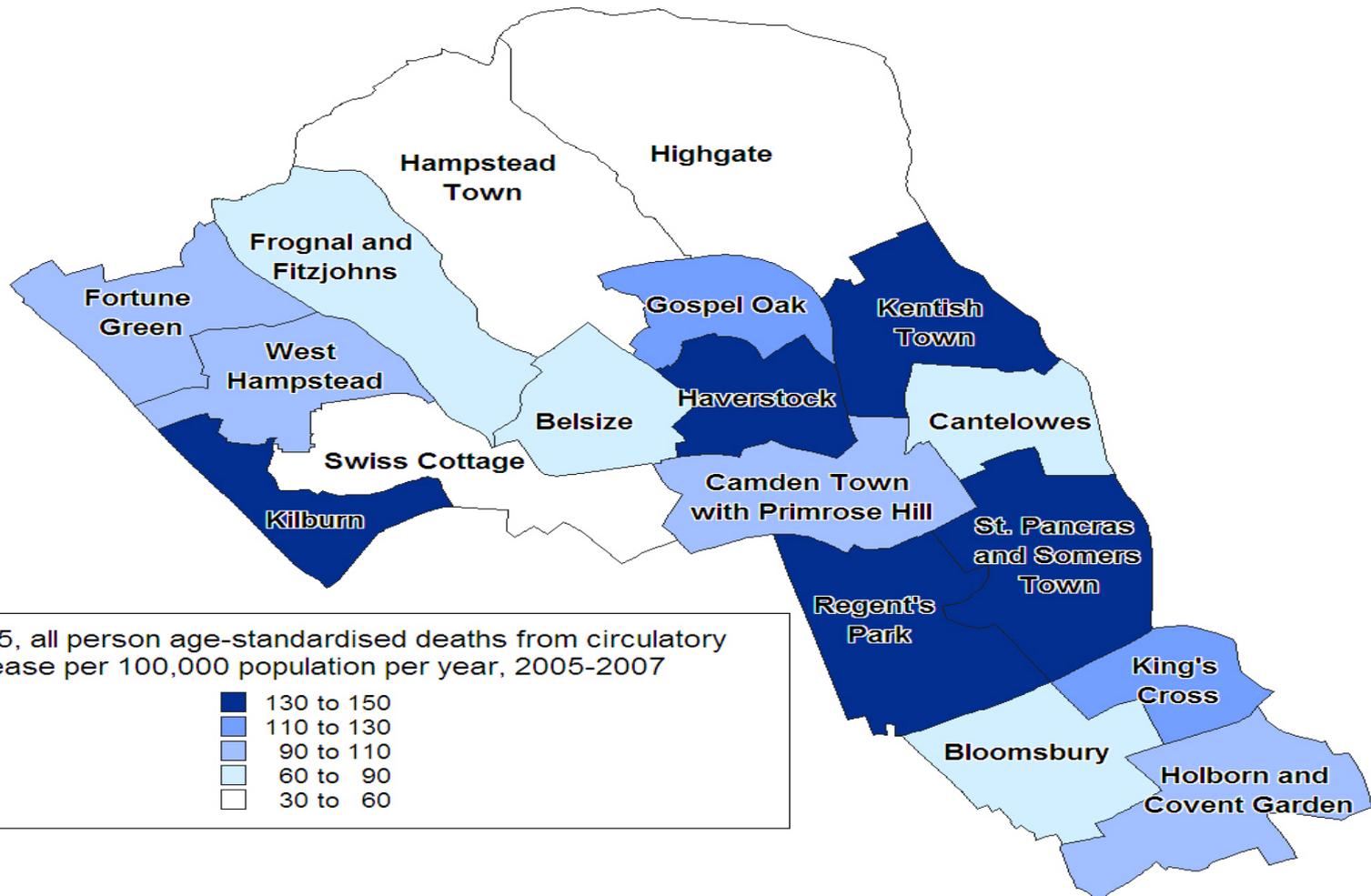
Health Inequalities Persist

- An eight year gap in life expectancy between the richest and poorest wards in the borough (down from eleven years)



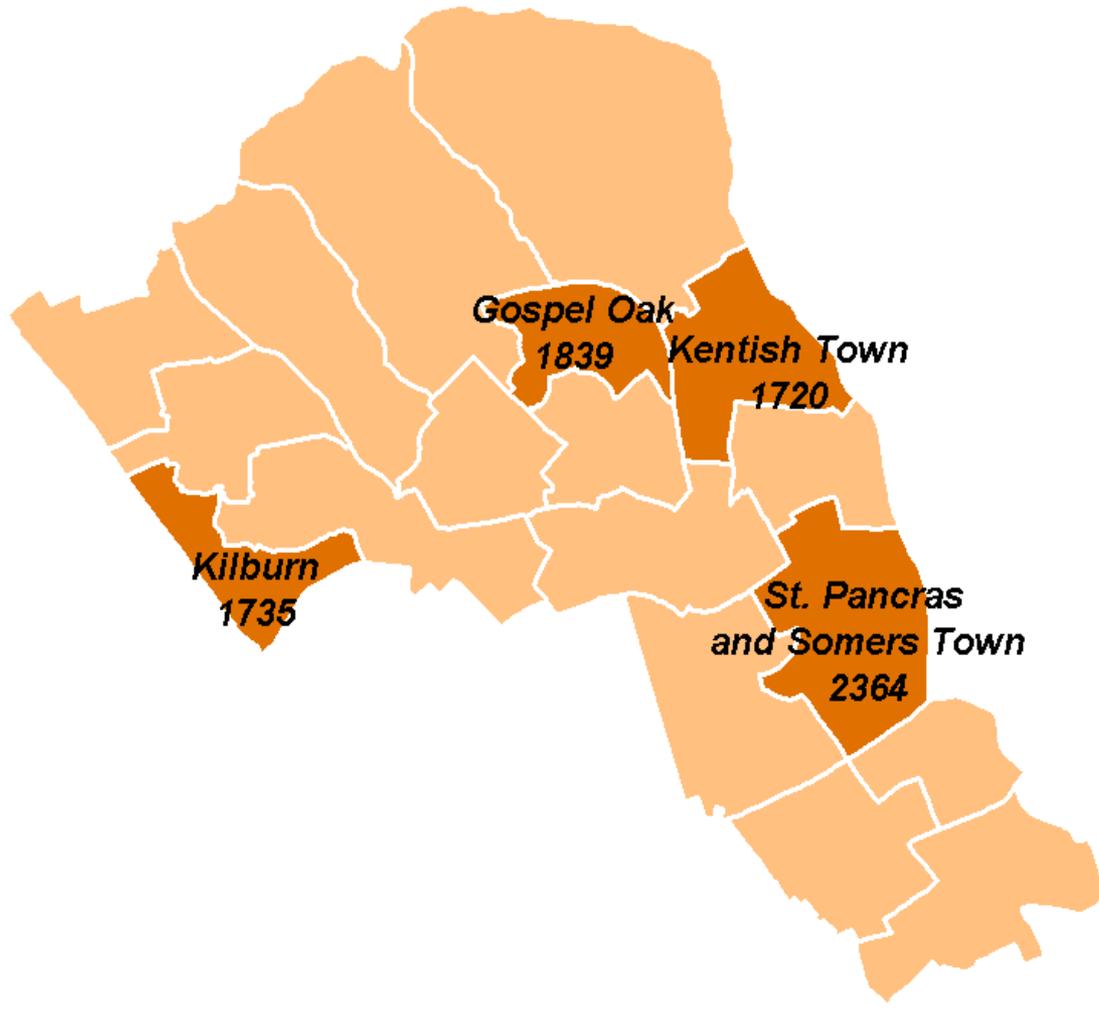
Health Inequalities Persist

- **Circulatory disease (32% of all deaths) and cancer (28% of all deaths) are the biggest killers in Camden.**



Health Inequalities Persist: Years of Life Lost

2005-2007 data



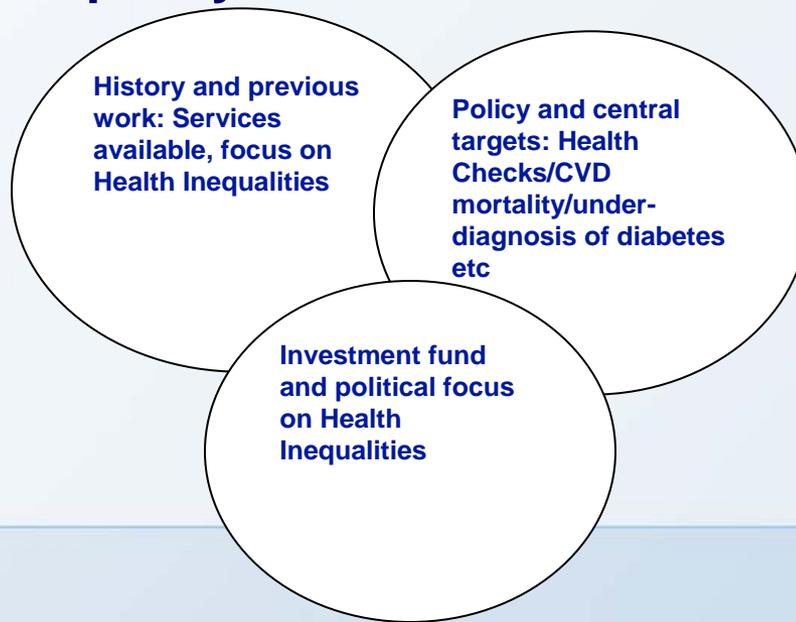
- The four wards highlighted are those in the health inequalities section of the CSP
- All four wards are amongst the most deprived 20% in England
- These four wards are responsible for 44% of all years of life lost in Camden
- Each of these wards has a rate of YLL that is above the Camden average, by between 10% and 37%.

2008

- **Something *NEW* and different was needed**

We had:

- **Wider interest; outside the Health environment**
- **World Class Commissioning**
- **Central government investment fund**
- **Government policy: NHS Health Checks on the horizon**



Research

- **Clinical evidence**
- **Identification of four wards**
- **Social marketing**

Methodology: stage one

- **In-street interviews in Camden:**
 - Kilburn
 - Kentish Town
 - Camden Town
 - St Pancras
- In total 211 “at risk- seldom seen seldom heard” members of the public were interviewed
- The sample was to have a minimum of two of the following “at Risk” behaviours:
 - Smoking
 - Drinking everyday
 - Not eating enough fruit and vegetables
 - Overweight
- Not go to a doctor unless very ill and not go to the doctor for regular check-ups.
- BME quota (to match the area) and GP not registered in the 4 boroughs quota (at least 40 not to be registered with a GP in the 4 wards)
- Interview length: 10 minutes

Research findings stage one: Summary

Attitudes to health:

Generally don't want to go to a doctor/GP (sample criteria)

Don't see their at risk behaviour as an threat to their health.

Know that they are probably not looking after their health as well as could be, but not a real issue. They certainly don't perceive it as much as a threat as it is. (there is a lot of denial).

Only Obese view their weight as an health problem, smokers frequent drinkers and those not eating sufficient fruit and veg in the main can't see the impact on their health.

Attitudes to food:

Generally have a bad diet because they don't eat regularly or at home. Often snack and like to treat themselves to food not good for them.

Lack of planning and their impulsive nature means they don't cook much – hence reliance on snacks and sometimes take-aways.

It is not so much that they can't cook, it is just that they don't do it very much.

Views on life

In the main a hedonistic group of people, enjoy life whenever possible and are impulsive.

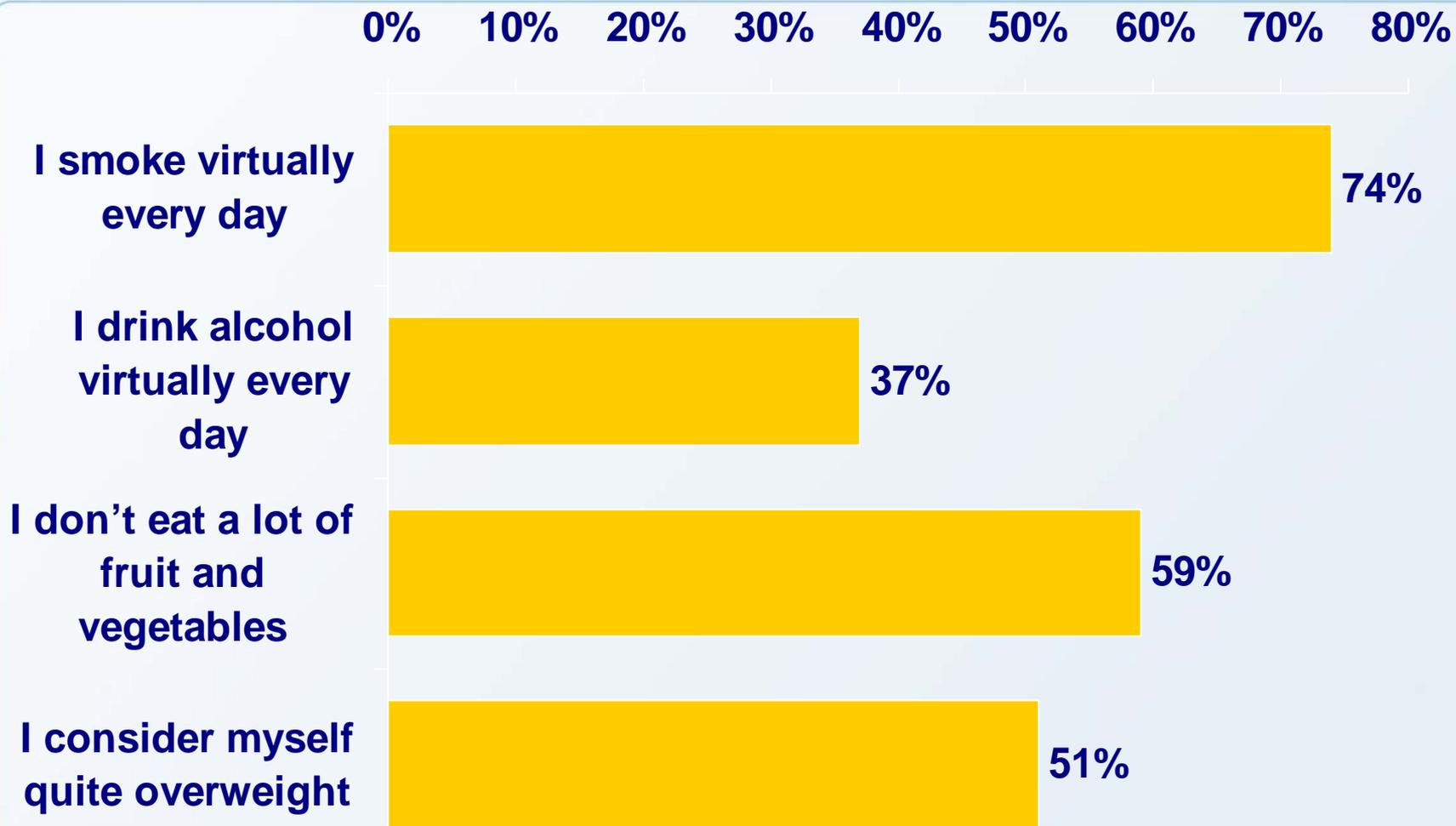
They live their life day by day and might like to plan ahead but don't do it.

This is partly exacerbated by the fact that they worry about money, but most importantly worry about life in general and are slightly down.

No doubt this is one of the causes of the at risk behaviour in the first place.

Over 60% of these residents view themselves as creative people, this should be reflected in the way we communicate with them.

Modifiable risk factors in overall sample



Although 51% consider themselves to be overweight, only 7% class themselves as severely overweight.

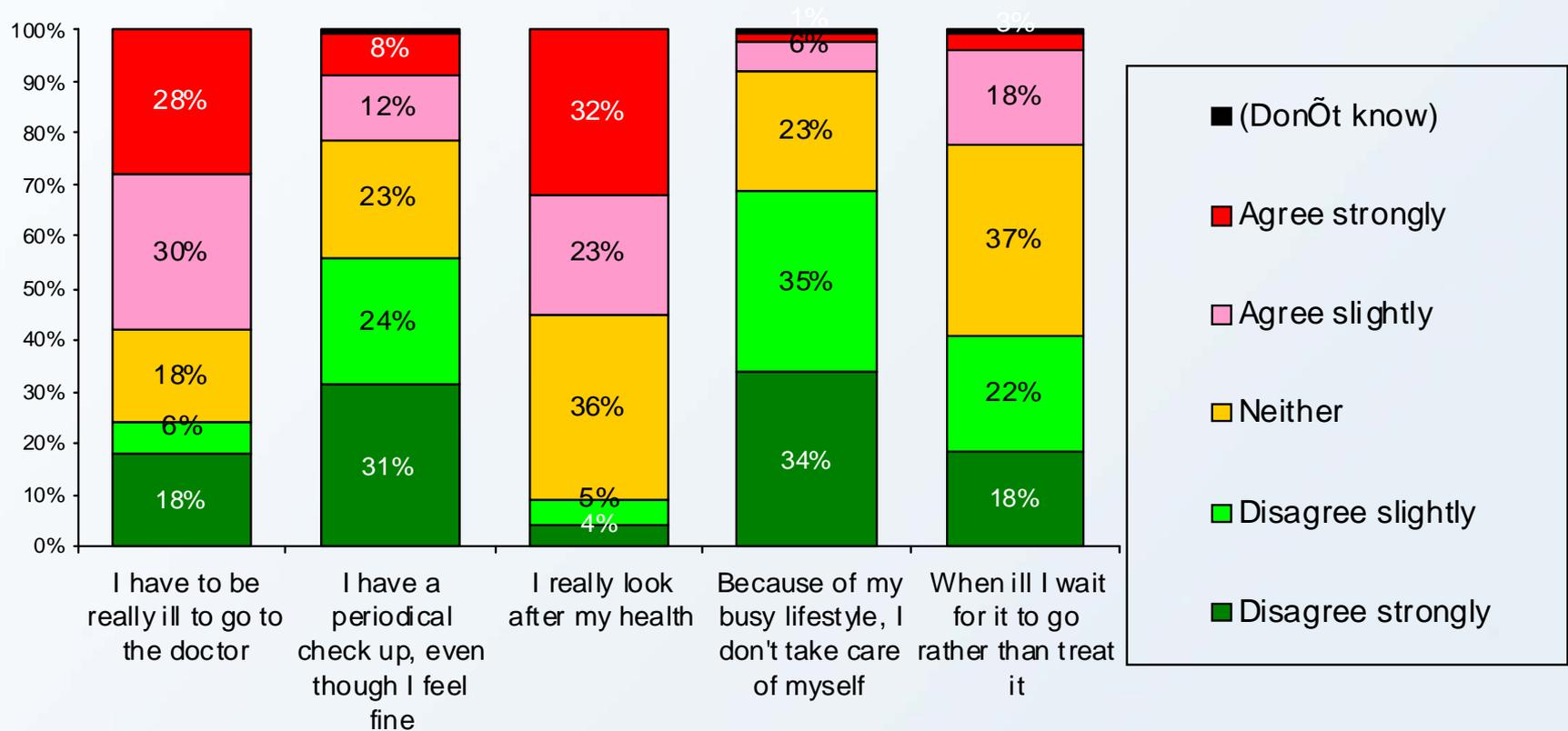
Modifiable risk factors: Kentish Town Sample

Although only 10% believe they live an unhealthy lifestyle, 38% show one of the four “at risk” behaviours

0% 10% 20% 30% 40% 50% 60% 70%



Attitudes to seeing doctor: Kentish Town Sample



Methodology: stage two

- 12 group discussions with specific target groups.
- Lasted between 60 and 90 minutes.
- Fieldwork was conducted week commencing 8th and 15th September 2008.
- Male and female, social class C2DE.
- 3 BMEs per ward.
- 2 or 3 in each to have engaged with local services for their problems;
The rest did not go to the doctor unless very ill

Research findings stage one: Summary

In general, the residents are not in a great place mentally. Their lack of planning would indicate the need for more flexible drop in centres for health issues.

Camden residents make excuses not to listen to health adverts. A more personal, one to one communication approach may work better.

Camden residents know what they should be doing.
Their lifestyle choice isn't down to a lack of education/ knowledge.

A step by step approach will be less daunting and will feel more achievable.

Even when the desire for change has been created there is work to do to give these people the confidence that they can achieve their goal.

These residents have other, more pressing, problems to deal with; Health issues are not a priority and communication needs to reflect this.

Attitudes to seeing GP

- Most only went to a doctor very rarely and couldn't recall name of surgery
- Prescription was seen as the only reason to go.

Reasons for avoiding GP include:

- Time; often have to wait for an hour or more before seeing a doctor.
- Lack of organisation: having an appointment means making phone calls, planning, travelling and remembering – this is difficult for some
- Not immediate enough: difficult to get an appointment straightaway
- Too general – not specialists in particular issues
- Too judgemental – especially with more self-inflicted illnesses such as smoking and drinking
- Too superior
- Treat the symptoms, not the causes
- Good when need routine, broad health advice or treatment
- Too ready to hand out pills
- Have no time for you
- Change all the time



Would not visit GP for poor diet or obesity

Social marketing: Overall recommendations

- Provide tools for **HCPs and key stakeholders to signpost services (e.g. Local helpline)**
- **Position APC as 'life checks' rather than just a 'health check', with ongoing support; but do not be seen as nagging**
- **Deliver checks in multiple venues; easy to access**
- **Engage 1:1 in higher *traffic* locations**
- **Implement a sustained communications campaign to raise awareness and understanding, signpost venues and support people throughout the model**
- **Develop pro-active communications platforms to ensure local opinion formers are engaged**
- **Ensure we retain support of key stakeholders**
- Consider a ***one stop shop* (minimising spillage between different stages)**

Result

Kentish Town Healthy Heart Centre!



To provide NHS Health Checks as well as a dedicated follow-up service to provide assistance with Health Check follow-up action; this can be provided on a 1:1 basis by a Health Trainer, or through referrals into lifestyle services, with as much extra support as required by the client.

Activity so far

Opening week

- **Activities: taster classes of services offered through the NHS or Council**
- **Direct mail**

Total

- Health Checks performed since october**

Drop-in activity

- walk-in enquiries since 25/10/2010**
- bookings and drop-in appointments, people took Health Check information away to read**
- people were ineligible for a Health Check due to current diagnosis, over-age, under-age and out of borough**
- people were given various pieces of lifestyle advice or referrals**

Lessons learned

- **Time: Be realistic about timescales on any project; try not to allow pressures (political or financial) to deliver cloud the issue –taking time to get things right the first time saves time in the long run. Be aware that the financial year can exacerbate this issue and plan carefully**
- **Properly evaluate all changes, no matter how small it may first appear; it may not always be possible to adapt one aspect or part of your pathway, it may all need to be re-thought/re-designed**
- **Don't allow perfect to inhibit a good service; if you can't get your IT system right first time, use faxes as an interim solution; if your data-sharing agreements can not be in place as quickly as everything else use GPs who are on-side to help think up an interim solution**
- **Stick to it; don't think failure –know when to walk away from something, but don't just give up**

Next steps

- Kilburn
- Opening Hours consultation

- Marketing:
 - Pharmacy campaign: 18th November
 - Central mail-out: Mid-December
 - GP Mail-out: Mid-January
 - Text reminders: February

- Targeted approach; linking with GPs, pharmacies

Lessons learned cont...

- **Support -in the local political environment**
- **Encouragement -World Class Commissioning: *Big Society; local priorities***
- **Central government investment fund: *ring-fenced Public Health budget in local authority; the P in QUIPP***
- **Government policy: *NHS Health Checks; the P in QIPP***

Risks

Original

- **It doesn't work; either attracts just the worried well or nobody**
- **The integration of the national programme makes the structure too rigid and not able to evolve with local needs**

Emerging

- **Public Health White Paper**
- **The changing, more challenging future: the programme is not fully supported from the centre; financial challenges make the approach more difficult: loss of long-term vision and benefits**
- **The 'inequalities' focus must remain central to all –as mentioned earlier with the WCC etc comment.**
- **Any Willing Provider**

Food for thought...

- **What exists in your organisation that you can use to build the foundations of such a project?**

Look at the Centre as an umbrella to services/groundwork of services/portal into services

- **What project ideas could you use to replicate these ideas on a smaller scale?**

Camden is localised and we need other avenues as well: e.g. outreach estates project, still using HHC as HQ