

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

The ambition

Cambridgeshire County Council is working to increase the uptake of the NHS Health Check among manual workers in rurally-isolated settings.

Background

The project is taking place in Fenland, a local government district within Cambridgeshire. The Fenland district covers around 500 square kilometres of mostly agricultural land and the economy is largely built on farming and the food industry. This includes related industries such as food processing, storage, packaging and distribution.

The Office for National Statistics 2013 population estimate for Fenland was 96,729 which is predicted to rise to 102,000 by 2021. Life expectancy in Fenland is slightly below the England national average and Fenland ranks 112th out of 326 local authorities on the Index of Multiple Deprivation. There is a life expectancy gap of up to 3.8 years between the most and least economically deprived areas.

Fenland has higher levels of unemployment than many other areas of Cambridgeshire and scores low on a number of lifestyle-related health indicators. These apply disproportionately to the routine and manual workers which make up 43% of the Fenland population and levels of obesity and physical activity compare poorly. But most notably an estimated 29.5% of the population smoke, compared to 17.9% in the county as a whole. Amongst routine and manual workers smoking rates are as high as 49%.



As such, Cambridgeshire County Council resolved to engage this group with the NHS Health Check programme.

How Cambridgeshire developed the project

UK-born routine and manual workers in Fenland have a well-established culture of smoking, unhealthy eating and low levels of physical activity. Additionally, there have been significant influxes of migrant workers from Eastern Europe taking up employment in local factories and agricultural schemes. This population also has an established culture of unhealthy lifestyle choices, including high smoking rates, low levels of physical activity, high levels of alcohol intake and unhealthy diets.

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In Fenland, routine and manual workers are predominately male. The working-age male population does not tend to access primary care services and by association the NHS Health Check Programme, which is predominately delivered in primary care. East European workers are often not aware that primary care services are available, and language barriers can form an additional hurdle.

Cambridgeshire County Council is developing a workplace programme to engage routine and manual workers with the NHS Health Check Programme. This initiative is supported by the Fenland Health and Wellbeing Partnership.

The promotion and delivery of NHS Health Checks in workplaces is supported by the existing Public Health Workplace Programme in Fenland which is currently developing projects with employers. In Fenland, health trainers are delivering health checks in workplaces as well as GP practices. Further support is provided by a local community pharmacist who is expanding her pharmacy-based NHS Health Check service into local workplaces.

How Cambridgeshire implemented the project

The ongoing engagement of employers is crucial to the delivery of the project. Existing workplace projects have been instrumental in opening employers' doors. The Fenland District Council Environmental Health department has provided introductions to employers and acted as an advocate for the NHS Health Check Programme.

The council works with the Fenland Health and Well Being Partnership whose membership included the community pharmacy, local employers – in particular those running large factories –, the Rosmini Centre (a community centre for migrant workers), the police and local health trainers. Police

involvement relates to the high levels of alcohol intake in the migrant population which causes a community safety issue.

Gaining the trust of both the local and migrant workforce is essential. The Rosmini Centre is providing the main route of access to the migrant worker population. It disseminates information about the programme. This information is then left to flow through community networks by word of mouth.

The current migrant population is predominantly Lithuanian. To address language and cultural barriers, the local health trainer programme has a Lithuanian interpreter and is in the process of commissioning a health trainer from the migrant worker community.

To gain insight into the general manual worker population, local factories have surveyed their employees in order to find out more about their health and what improvements they would like to make to it. The council is using this information to tailor the delivery of the NHS Health Check outreach service.

As physical space in factories is often at a premium, an NHS Health Check van has been commissioned to provide a flexible space to deliver the checks. The van became fully operational in September 2014 and is parked outside factories so that employees can access the service during lunchtimes and other breaks.

The cost of this NHS Health Checks outreach programme is predominantly absorbed by the health trainer programme and general NHS Health Check funding. In addition, £30,000 per year is required to commission a health trainer from the migrant worker community and £10,000 is used to commission the NHS Health Check van.

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The project outcomes

Initial outcomes indicate

- An increase in the number of health checks in Fenland
- An increase in the number of health checks amongst the target population
- An increase in the number of employees engaging with the programme

It is predicted the work should have an impact on workplace sickness and loss of revenue. It is too early to quantify the full impact of the project.

Contact

Val Thomas

Consultant in Public Health
Cambridgeshire County Council
Tel: 01223 703264
Mobile: 07884 183 374

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