

# Southend-on-Sea Borough Council

Agenda  
Item No.

Report of Director of Public Health  
to  
Health and Wellbeing Board  
on  
11<sup>th</sup> February 2014

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## Implementing High Impact Changes to Improve Health and Wellbeing and Reduce Health Inequalities in Southend

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### 1. Purpose of Report

- 1.1 To seek support from the Health and Wellbeing Board for an outreach programme of NHS Health Checks targeted at vulnerable groups in Southend to help improve their health and wellbeing and reduce health inequalities.

### 2. Recommendation:

- 2.1 Members of the Health and Wellbeing Board are asked to:
- Agree the proposal for a targeted programme of NHS Health Checks aimed at vulnerable groups and those populations that are less likely to access prevention services.

### 3. Background

- 3.1 The overarching vision of the 2013-15 Southend Health and Wellbeing Strategy is:

“ We aim to ensure that everyone living in Southend on Sea has the best possible opportunity to live long, fulfilling, healthy lives, and we want:

- our children to have the best start in life
- to encourage and support local people to make healthier choices
- to endeavour to reduce the health gap between the most and least wealthy
- people to have control over their lives as independently as possible
- enable our older population to lead fulfilling lives as citizens”

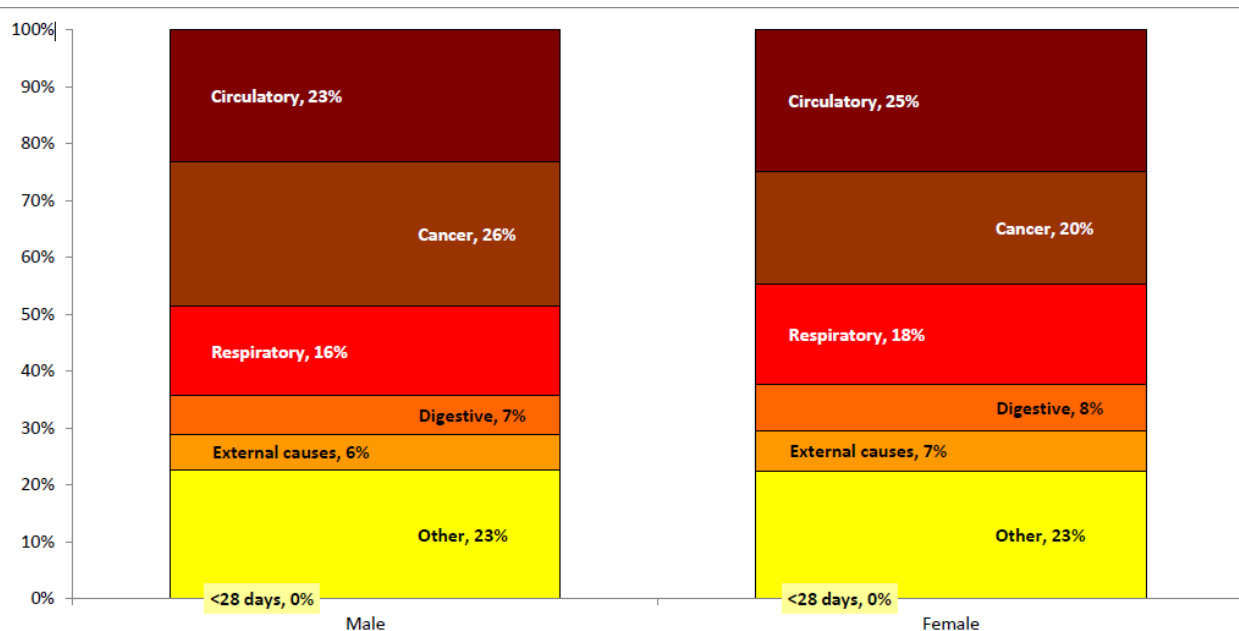
- 3.2 The Southend Health and Wellbeing Board is keen to support a high impact initiative that will result in a ‘quick win’ for improving the health of the local population (see Appendix A for summary of agreed quick wins). This paper

proposes a targeted programme of NHS Health Checks to help reduce the risk of cardiovascular disease (coronary heart disease and stroke), diabetes and chronic kidney disease, in some of the more vulnerable groups in Southend.

#### 4. Tackling health inequalities and improving health in Southend

4.1 There are considerable variations in the health experienced by people across Southend. For example, life expectancy is 9.1 years lower for men and 8.8 years lower for women in the most deprived areas compared to the least deprived areas of the borough. The causes of the gap in life expectancy between the 20% most deprived and 20% least deprived wards in Southend are shown in Figure 1.0.

**Figure 1.0 Causes of the life expectancy gap between the most deprived quintile in Southend-on-Sea and the least deprived quintile in Southend-on-Sea, by cause of death, 2009-2011**



Footnote: 'Circulatory diseases' includes coronary heart disease and stroke. 'Digestive diseases' includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide.

Smoking is a common risk factor for coronary heart disease, stroke, cancer and respiratory disease

4.2 In order to reduce health inequalities, we need to understand:

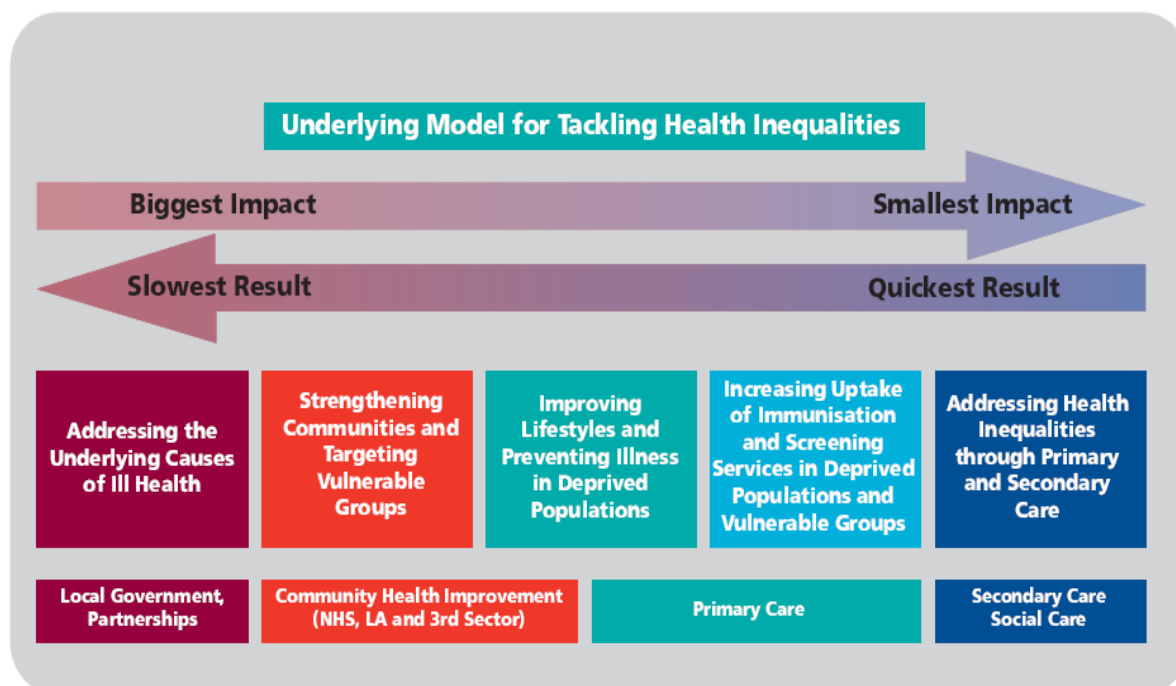
- which determinants are contributing, and to what extent, to producing unequal health outcomes; and
- which interventions are expected to be the most effective in tackling these inequalities and over what time period.

4.3 The complex nature of health inequalities requires a range of different approaches. Addressing the underlying determinants of health inequalities, such as unemployment, low income and poor housing, is essential if we are

to sustain a reduction in health inequalities in the longer term, and will also have an impact in the short and medium term.

- 4.4 Supporting people to choose a healthy lifestyle will have the greatest impact in the medium term, but can also have an impact in the short term. The potential for behavioural change around lifestyle factors to affect health inequalities is borne out by the EPIC study (Khaw 2008). This study found that men and women who had four health behaviours: not smoking, being physically active, moderate alcohol intake (more than 1 and less than 14 units a week) and eating five servings of fruit and vegetables a day, live on average 14 years longer than men and women who adopt none of these behaviours.
- 4.5 Sir Michael Marmot's 2010 review of health inequalities, *Fair Society, Healthy Lives*, found that cardiovascular disease (CVD) is one of the conditions most strongly related to health inequalities. CVD is responsive to treatment, and many cases of CVD can be prevented through better risk detection and management, and through often simple lifestyle Interventions, so understanding where CVD is having the greatest impact can allow preventative and early intervention services to be targeted effectively where most required.
- 4.6 Evidence suggests that the most effective way to reduce the gap in life expectancy *in the short term* is to improve the management of cardiovascular disease and its risk factors - especially smoking (which is also the main risk factor for lung cancer and chronic obstructive pulmonary disease), high blood pressure, raised cholesterol levels and diabetes. Figure 2.0 shows the key areas of influence to tackle health inequalities, the size of the impact and time line of the associated impact.

**Figure 2.0 Underlying Model for Tackling Health Inequalities**



4.7 Tackling health inequalities has been a key national priority over the last 15 years. Focusing the work of health trainers on tackling health inequalities and empowering disadvantaged communities to aspire to good health were among the high impact changes identified for local authorities to implement in order to narrow health inequalities.

## **5. Proposal for a Targeted NHS Health Check Programme**

5.1 The NHS Health Check programme, which became the responsibility of local authorities in April 2013, has considerable potential to prevent CVD through earlier identification and management of risk factors and, in some cases, early detection of disease.

5.2 NHS Health Check is a national programme aimed at preventing vascular disease (including heart disease, stroke, diabetes and chronic kidney disease). People, who are aged between 40-74 years and who do not have any of these conditions, are invited on a 5 yearly basis for an NHS Health Check.

5.3 The Health Check consists of a structured set of health tests and standard questions. The results give the person and their health professional a clearer picture of current health and of the risk of developing heart disease, stroke, kidney disease, type 2 diabetes or some forms of dementia. The tests involved are quick, simple and carried out by a healthcare professional.

5.4 Some people are more likely to develop vascular disease than others. Therefore, the check will involve a brief personal history and a review of some key personal details, such as:

- age: older people are at an increased risk
- ethnicity: some ethnic groups, for example, south Asians and African-Caribbeans are at an increased risk
- smoking status: smokers are at increased risk
- family history: if there is a history of these diseases in your family, then you are at an increased risk
- physical activity: people who are physically inactive are at an increased risk
- alcohol use: if you drink above recommended limits, you are at an increased risk

5.5 Height, weight, body mass index (BMI) and blood pressure are recorded, and a small sample of blood (finger prick) is taken for a cholesterol test. If indicated some people may also be offered a test to check their risk of developing diabetes.

5.6 This data is fed into a programme which calculates an individual's Q-Risk score – which gives a probability or risk of developing vascular disease within the next 10 years. Individual advice on risk reduction is provided, and if required clients can be referred for lifestyle support or treatment.

5.7 The public health team currently commissions NHS Health Checks mainly from GP surgeries and also has a very limited outreach programme. The public

health team also commissions a Health Trainer service which provides health and lifestyle advice and support.

5.8 For many people in vulnerable groups, making time to visit a GP for a check-up is not always a priority or possible. The proposed targeted approach will address this with an intensive outreach service in the most disadvantaged areas of the borough.

5.9 The outreach service will provide NHS Health Checks and lifestyle interventions in community and workplace settings, targeted at:

- working population, particularly businesses employing routine and manual workers and workers/volunteers in Third Sector organisations
- younger retired people
- shift workers
- key ethnic minority communities

5.10 It is proposed that to maximise access a mobile unit or “health bus” is used in addition to community and workplace venues. Possible delivery sites include: Victoria Circus, major supermarkets, retail and industrial parks e.g. Greyhound retail park, Fossetts Farm. Awareness of this initiative will be raised through a number of existing council services including housing, Children’s Centres and Streets Ahead.

5.11 The Health Trainer Service, Stop Smoking Service and partners from leisure and voluntary sector can assist in delivery to ensure rapid access to lifestyle support services. The programme of targeted work will take place for an intense period over Spring/Summer 2014.

## **6.0 Reasons for Recommendations**

6.1 From 1<sup>st</sup> April 2013, the Council has a statutory duty to improve the health of the population. The proposed outreach NHS Health Check programme is targeted at vulnerable groups and those groups who are less likely to attend preventive services.

## **7.0 Corporate Implications**

7.1 Contribution to Council’s Vision & Corporate Priorities  
This proposal offers the opportunity to improve the health of the more vulnerable groups and help to reduce health inequalities within the borough.

7.2 Financial Implications  
The costs of this intervention will be met from the public health budget.

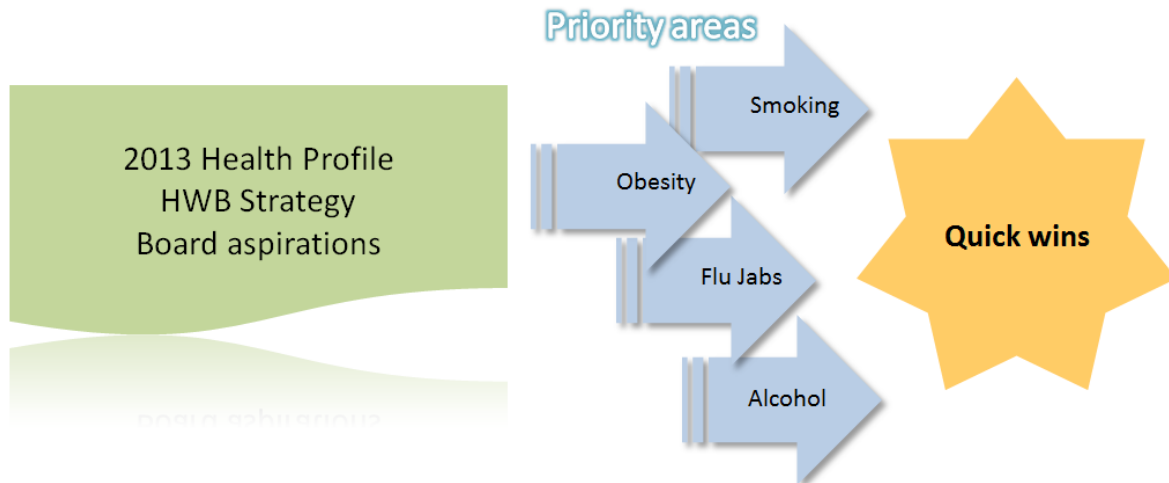
7.3 Legal Implications  
None

7.4 People Implications  
None.

- 7.5 Property Implications  
None.
- 7.6 Consultation  
A communications plan will be developed to ensure that this initiative is widely publicised.
- 7.7 Equalities and Diversity Implications  
This initiative aims to target vulnerable groups and those groups less likely to respond to a formal invitation for an NHS Health Check.
- 7.8 Risk Assessment  
A formal risk assessment of the proposal has not been undertaken.
- 7.9 Value for Money  
Appropriate measures are in place to ensure that the commissioning of this outreach service will be value for money.
- 7.10 Environmental Impact  
None.
- 8.0 Appendices**  
Appendix A: Summary of discussion on 'quick wins'

## Appendix A

### Issues, initiatives, challenges: Southend Health & Wellbeing Board discussion Nov13



Southend's Health and Wellbeing Board received a presentation on 20/11/13 which explored current issues, initiatives and challenges in Southend and particularly considering the 2013 Health Profile and its local implications.

From this, the Board expressed a desire for quick wins in a number of key areas in line with current data intelligence.

#### These being:

- Smoking
- Alcohol
- Flu jabs for the elderly
- In addition to obesity

#### Related considerations:

- To take advantage of the opportunities to be leaders in a number of specific themes.
- To explore the potential benefits of cross-boundary working with other local authority areas in the region to deliver a holistic approach to tackle common issues/areas of concern, for example there could be a joint approach to tackle smoking between Southend and Thurrock.
- To explore the Hughes-Hallett recommendations in conjunction with how priority areas will be addressed in the borough and explore what the shared common goals/themes are across Essex, Thurrock and Southend and what the potential is for each local authority area to take a lead on and deliver regionally against a specific theme/issue.
- Board members reiterated their role in removing barriers and blockages and the need to articulate with residents, etc. the activity / action being taken and that it was the 'right thing to do' which will significantly improve the health and wellbeing of the borough.
- The Board emphasised its 'ambassadorial' role in taking a positive leadership role in delivering health and wellbeing improvements.