

**KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD**

14 DECEMBER 2018

NHS HEALTH CHECK DEEP DIVE

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Summary

This report presents a deep dive into the implementation and outcomes of the NHS Health Check Programme across Kent and Medway.

Local authorities have a statutory responsibility to deliver the NHS Health Check (NHS HC) Programme which is a nationally mandated screening programme and contributes to the delivery of the prevention strand of the Kent and Medway Sustainability and Transformation Plan.

The NHS Health Check is a national cardiovascular screening programme for individuals aged between 40 and 74 who have previously not been diagnosed with stroke, kidney disease, heart disease, type 2 diabetes or dementia. Each eligible resident will be invited every five years for this free check.

The programme provides a systematic approach to identifying people with previously undiagnosed high-risk conditions with the intention of reducing early death, disability and health inequality.

1. Budget and Policy Framework

- 1.1 This matter falls within the Medway Council budget and policy framework and addresses the Council Plan for Medway by supporting Medway's people to realise their potential.
- 1.2 This matter also falls within the Kent County Council budget and policy framework. The NHS Health Check Programme contributes to Kent County Council's strategic aim to: "Improve lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses".

- 1.3 More specifically the Health Check programme supports:
- Outcome 2: *Kent Communities feel the benefits of being in work, healthy and enjoying a good quality of life*
 - Outcome 3: *Older and vulnerable residents are safe and supported with choices to live independently*

1.4 Local Authorities (LAs) have a statutory obligation to offer an NHS Health Check to 100% of eligible people over a period of five years and to seek continuous improvement in the number of people having an NHS Health Check (NHSHC) each year. Public Health England (PHE) aspires to achieve a national take up rate in the region of 75% of the eligible population receiving a health check once every 5 years¹.

2. Background

2.1 As people get older, they are at higher risk of developing a number of conditions many of which are preventable with lifestyle changes or clinical intervention. The NHS Health Check plays an important role in the prevention and early detection of these conditions, especially cardiovascular disease (CVD) which is one of the main causes of death and disability in the UK.

2.2 The programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia, both across the population and within high risk and vulnerable groups. In April 2013, the NHS Health Check became a statutory Public Health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

2.3 An NHSHC is made up of three key components: risk assessment, risk awareness and risk management. During the risk assessment, standardised tests are used to measure key risk factors and establish the individual's risk of developing cardiovascular disease. The outcome of the assessment is then used to raise awareness of cardiovascular risk factors, as well as to inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.

2.4 The NHSHC Programme is the largest Public Health programme in England, with nearly seven million people receiving an NHSHC since 2013.

2.5 Local authorities are required to:

- offer all eligible residents a free NHS Health Check once in every five years;
- ensure the results are communicated effectively to them;
- record the data from the check and notify the person's GP practice; and
- continuously improve the percentage of eligible individuals having an NHS Health Check².

3. Advice and analysis

Programme delivery in Medway

- 3.1 In Medway, the number of people dying prematurely from CVD is 53.5 per 100,000 of the population between 2014 and 2016. This is higher than regionally in the South East at 38.4 and nationally at 46.7 per 100,000³. Identifying those with CVD or at risk of CVD early, may prevent premature death and disability. It also contributes to reducing health inequalities in Medway; given the people more likely to be at greater risk of an adverse event related to CVD, live in the most disadvantaged areas.
- 3.2 The NHSHC Programme in Medway began in 2009/10 and originally GPs were commissioned to deliver the service. In April 2013 Medway Council commissioned a third party provider to deliver an outreach service targeting hard to reach groups. These groups included:
 - eligible residents in the five most deprived wards in Medway
 - all individuals aged between 40-55yrs with specific focus on men
 - eligible residents from a number of ethnic groups.
- 3.3 The third party provider was decommissioned in March 2015 and GPs once again become the sole providers of the programme until November 2017. Following the decommissioning of this outreach service, performance for Health Checks was impacted, with 6.6% of the Total Eligible Population receiving a Health Check in 2015/16 compared to 9.1% the previous year.
- 3.4 In November 2017, Medway Council launched a small scale outreach NHSHC service from its Smokefree Advice Centre based in Chatham High Street. The aim of the service is to increase access to Medway residents that are eligible for a Health Check, but integrating the Health Check Programme into Smoking Cessation core delivery.
- 3.5 Currently, all 49 GP practices offer NHSHCs via a service level agreement. The Medway Council Health Check Team work with GP practices in deprived areas that have limited capacity to deliver the service. The Health Check Team also work with workplace health and various settings in the community. In 2017/18, 8.29% of the Total Eligible Population received an NHS Health Check.
- 3.6 The Medway Clinical Commissioning Group (MCCG) have purchased third party software, Informatica and its reporting function, Audit +. Audit + allows the CCG to extract data for analysing and as of November 2018, Informatica is installed in all 49 practices in Medway. The Public Health Team in Medway use Audit + to monitor health check activity in GP practices.
- 3.7 The data is used to ensure that statutory objectives are met for invites, uptake rate and completeness of checks; reporting to Public Health England (PHE) on a quarterly basis. This software helps inform the efficient management of the Medway NHS Health Check programme. It enables effective monitoring of GP practices' activity including payment. It also helps to determine how well the service is actually performing in terms of identifying those at risk of developing CVD and action taken to reduce clinical risk.

Programme delivery in Kent

- 3.8 The Health Reform and Public Health Cabinet Committee supported proposals to enter into a Partnership arrangement with Kent Community Health NHS Foundation Trust (KCHFT), who deliver the core NHS Health Check programme. KCHFT oversee delivery of the programme, managing arrangements across: 180 GP surgeries; 30 Pharmacies; KCHFT/Wellbeing Teams and District Councils. KCHFT provides support, training, quality assurance and project management across subcontractors. KCHFT monitors performance and issues payments, escalating issues to KCC as required.
- 3.9 The majority (85%) of Health Checks are conducted in GP surgeries and subcontracted through the core Health Check contract with KCHFT. Surgeries choose from four contract types to meet the resource capacity of local practices and ensure universal coverage.
- 3.10 Pharmacies and the KCHFT Community Health Check Team offer appointments for residents who would prefer not to visit their GP. KCHFT also work with Wellbeing People to take NHS Health Checks to busy town centre locations where there is a high footfall from target groups. This supports uptake for people who may not respond to their invitation for an NHS Health Check.
- 3.11 The programme is supported by an IT system that links with GP clinical systems to invite patients, capture and feedback results. From the 1 April 2018, KCC contracted with Health Diagnostics who offer an efficient end to end solution.
- 3.12 The NHS Health Check delivery is closely linked with KCC's lifestyle service (One You Kent⁴), with referrals routinely made as part of the NHS Health Check. This aims to support people to quit smoking, lose weight, be more active or address underlying issues preventing lifestyle change, such as debt or housing.
- 3.13 Significant inequalities still exist in Kent with up to a 10 years difference in life expectancy between men living in the most affluent and most deprived wards. The programme provides a significant opportunity to reduce early death, disability and health inequality by providing a systematic approach to identifying people with previously undiagnosed high-risk condition.

Service costs

- 3.14 The 2018/19 budget for the Medway NHS Health Check Programme is £240,439. This funds the Service Level Agreements (SLA) with GPs and Medway Council's outreach service. GPs receive £2.30 for inviting an eligible patient for a Health Check and a further £14.80 for a screen and subsequent advice. In 2017/18, the NHSHC programme in Medway cost £172,792 equating to £25.91 per check.
- 3.15 Medway Council launched a small scale NHSHC outreach service in November 2017, allocating additional funding for 2018/19 to the programme. Cost per check for 2018/19 is not yet known due to being halfway through the financial year.
- 3.16 In Kent, the total budget for 2018/19 is £1,982,638. The majority of this funding (£1,271,240) is an activity based budget which pays only for work carried out. This

includes a payment to GPs of 50p for inviting patients and payments of between £15.00 and £23.70 for carrying out an NHS Health Check. The remaining funding covers equipment, staff costs, training, project management, quality processes overheads, IT and a targeted outreach programme. In Kent this equates to an average cost of £47.66 per NHS Health Check carried out based on this year's activity, which is expected to be 41,600 checks. The total budget commitment for Health Checks in Kent also includes a commissioned outreach service to village communities where there is a higher previous history of disease. A 'Health MOT' is also offered to those who are not eligible for Health Checks.

- 3.17 KCC and KCHFT are continuing to work together to see how further efficiencies can be delivered, including the roll out of the new system. This took effect on the 1 April 2018 and includes a centralised invitation process reducing the administrative burden on primary care. It also offers the opportunity to pilot the use of text messaging.

Performance

- 3.18 At the end of 2017/18, the NHSHC programme had completed its first full five year cycle since responsibility for the programme moved over to LAs, with implementation and oversight from Public Health England (PHE). LAs are required to report their Total Eligible Population (TEP) to PHE each year. This is used to calculate the invite and uptake rate and is based on activity that is reported quarterly to PHE.

Kent and Medway benchmarked against England

- 3.19 Table 1 shows the percentage of people invited for an NHS Health Check in 2017/18 and the percentage of those invited, who took up an NHS Health Check in 2017/18. The data is benchmarked against England. Red denotes a rate statistically worse than England, amber shows statistical similarity and green a rate statistically better than England.

Table 1 NHS Health Check invitations made and uptake Kent and Medway 2017/18

Year 2017/18	England	South East	Kent	Medway
People invited for an NHS Health Check per year	17.3%	17.4%*	22%	21.5%
People taking up an NHS Health Check invite per year	47.9%	45.3%*	42%	38.5%

Source: Public Health England. (2018). Public Health Profiles NHS Health Check [Online].

*Figures aggregated from all known lower geography values

Medway comparison with the Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours

- 3.20 Table 2 below shows the Medway NHS Health Check performance in comparison to its CIPFA neighbours when benchmarked against England. Using CIPFA comparators, enables a relative assessment of performance against areas with similar population and social and economic characteristics. This comparison highlights the strength of performance in Medway when compared to CIPFA neighbours on the number of invites. There are, however, areas for improvement and

learning from CIPFA neighbours. For example one area achieved an uptake rate of 98.7%, another 76%.

Table 2 Medway NHS Health Check performance in 2017/18 compared to England and CIPFA neighbours

2017/18	England	Medway	Calderdale	Bury	Kirklees	Derby	Swindon	Bolton	Telford and Wrekin	Plymouth	Wigan	Stockton-on-Tees	Tameside	Dudley	Stockport	Rochdale	Bradford
People invited for an NHS Health check per year	17.3	21.5	19.1	21.0	13.3	15.4	19.4	50.3	8.8	18.1	34.2	19.3	13.0	21.9	21.9	33.8	18.3
People taking up an NHS Health check per year	47.9	38.5	46.2	76.0	51.2	48.5	44.1	29.4	51.4	42.3	26.1	53.7	50.1	98.7	35.5	40.5	49.9

Source: Public Health England. (2018). Public Health Profiles NHS Health Check [Online].

Kent comparison with CIPFA neighbours

3.21 Table 3 shows the Kent performance in comparison to its CIPFA neighbours when benchmarked against England. Similarly to Table 2, this comparison shows strength against CIPFA neighbours on the number of invites, but an area for improvement in the number of people taking up those invites against some of its neighbours.

Table 3 Kent NHS Health Check performance in 2017/18 compared to England and CIPFA Neighbours

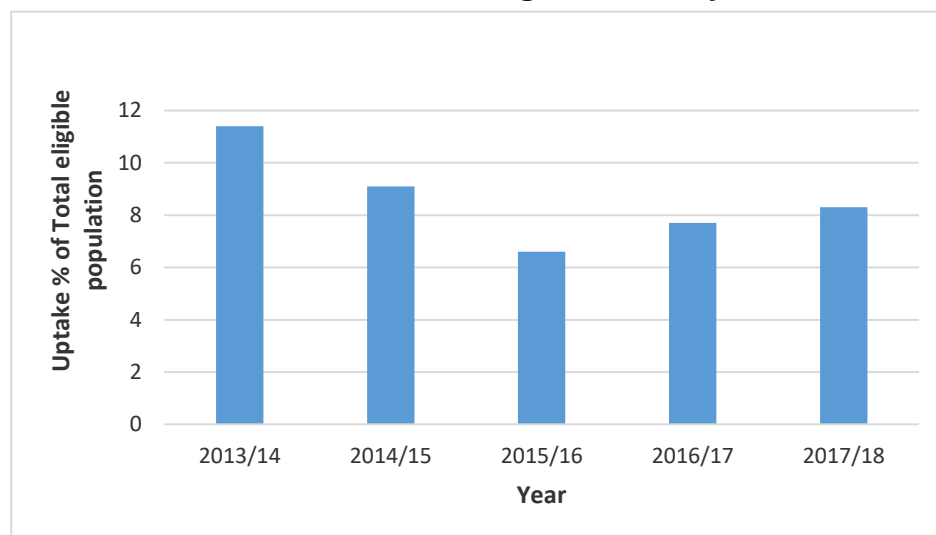
2017/18	England	Kent	Essex	Lancashire	Hampshire	Northamptonshire	Gloucestershire	Worcestershire	Warwickshire	West Sussex	East Sussex	Suffolk	Nottinghamshire	Staffordshire	Devon	Herefordshire	Norfolk
People invited for an NHS Health check per year	17.3	22.0	20.2	28.0	20.3	14.1	10.5	23.2	18.0	13.7	20.6	20.1	10.4	11.8	3.4	19.1	16.9
People taking up an NHS Healthcheck per year	47.9	42.0	52.5	53.1	49.8	50.7	59.8	38.9	30.4	33.8	49.0	56.9	66.8	45.4	56.8	43.7	48.5

Source: Public Health England. (2018). Public Health Profiles NHS Health Check [Online].

Performance: Medway

- 3.22 The statutory obligation for 100% of the Total Eligible Population (TEP) to receive an invite to attend an NHSHC over the five year period has been met in Medway, with 100.6% of the residents receiving an invite cumulatively 2013 – 2018. This compares favourably to the invite rate in the South East where 86.1% of the TEP received an invite and 90.9% nationally. *(At 100.6% the percentage invited is greater than the TEP, this is possible as a result of population movement during the period)*
- 3.23 The uptake of NHSHCs has varied over the first five years in Medway after a slight downward trend in 2014/16 (partly attributable to the de-commissioning of the third party provider who delivered the outreach programme in March 2015 and changes to the TEP). This trend is set out in Chart 1. Cumulatively over the five year period 42.9% attended an NHSHC in Medway compared to 39.2% in the South East and 44.3% in England.

Chart 1 NHS Health Check Coverage in Medway 2013-2018



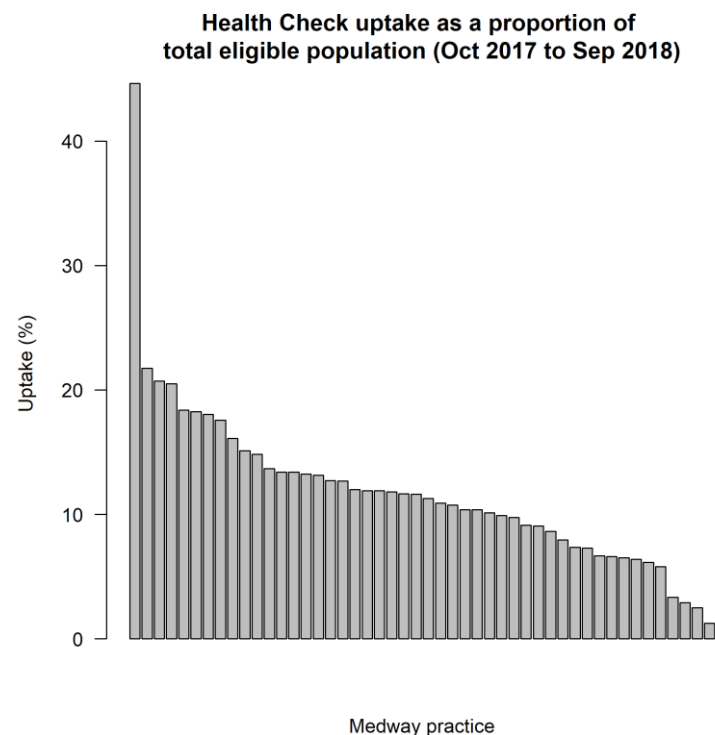
Source: Public Health England. (2018). Public Health Profiles NHS Health Check [Online].

- 3.24 The drop in uptake rate was exacerbated as there was an increase in TEP in 2014/15. In this year Medway moved from basing its eligible population on persons resident in Medway to those who were registered with Medway GP Practice. This resulted in an increase of the TEP from 75,491 in 2013/14 to 84,700 in 2014/15. In 2017, Public Health England consulted on a proposal to change the way in which the NHSHC TEP was calculated. The new proposal will mean all areas will now be required to use the GP registered populations as opposed to resident populations. The implications of this are that programmes that have not been using GP registered populations, may experience a decline in performance and increase in service costs. This is because registered populations are generally higher and programmes will not have budgeted for this increase. There will be no impact on Medway performance or costs as this change was enacted in 2014/15.
- 3.25 Medway Public Health have designed a number of audits to monitor Health Check activity. This allows analysis of performance and outcomes based on a number of factors including deprivation, with deprivation based on GP postcode. Data extracted for outcomes includes risk factors identified such as CVD risk score and smoking

status. This data works on a 12 month rolling period. It should be noted that this data has its limitations.

- 3.26 Using the postcode of the GP as opposed to the patient's postcodes means the data may not accurately reflect the level of deprivation for the individual's address. The data does not extract ethnicity, gender or age at time of the Health Check.
- 3.27 Chart 2 shows the variation of Health Check uptake across GP practices in Medway for the period October 2017 to September 2018. The data shown is for uptake as a proportion of the Total Eligible Population. The GP practice showing >40% uptake is an exception, as due to its small size it is able to contact patients individually and personally to invite them.

Chart 2: Health Check uptake as a proportion of total eligible population (October 2017 to September 2018)



Source: Medway Health Check Evaluation Audit, Medway Public Health Team

- 3.28 Table 4 below sets out the data extracted by Medway Public Health covering the period October 2017 to September 2018.

Table 4 Medway NHS Health Check activity October 2017-Sept 2018

Medway NHS Health Check Activity Oct 2017 - Sep 2018									
Quintile	No. Practices	% Attendances of TEP	% with CVD risk 10-19%	% with CVD risk >20%	% with BP >= 140/90	% Total Chol >= 7.5	% Obese	% Inactive	% Current smokers
Most deprived 1	10	8	22.7	5.6	19	3.6	29.5	23.5	19.5
2	9	10	22.1	6.6	24.8	1.3	27.1	28.2	18.8
3	9	12.9	19.2	5.6	21.4	0.8	27.4	17	16
4	9	11.8	23.6	6.1	24	0.6	27.9	24.1	15
Least deprived 5	10	12.2	22.9	3.9	24.7	0.6	23.5	19.6	9.5

3.29 As expected, uptake is lowest in the two least affluent quintiles. Quintile 1 has the lowest uptake, with only 8% of the TEP receiving a Health Check. This presents challenges as to how to better engage with individuals. A range of initiatives are in place, including the use of targeted outreach and social marketing to engage with these harder to reach communities. Medway did however meet the overall NHS Health Check performance targets for 2017/18. 2101 Health Checks were carried out in Q1 2018/19 and 2214 in Q2. Medway has exceeded the number of Health Checks expected for the first two quarters of 2018/19.

Performance: Kent

3.30 Table 5 shows the statistics for Health Check invites and take up for the year 2017/18. Table 6 shows the statistics for Health Check invites and take cumulatively for the 5 year period 2013 -2018.

3.31 Cumulatively, the percentage of the Total Eligible Population invited for a Health Check between 2013 and 2018 is 108% and from those invited, the number of Health Checks delivered is 40.8%.

Table 5 Kent 2017/18 Health Check Activity statistics*

Kent 2017/18 NHSHC statistics*	
Total Eligible Population 2017/18	452138
Number of people who were offered a NHS Health Check	99331(21.97%)
Number of people that received a NHS Health Check	41677 (9.22%)
Percentage of people that received an NHS Health Check of those offered	41.96%

*Source: https://www.healthcheck.nhs.uk/commissioners_and_providers/data/south_of_england/south_east/

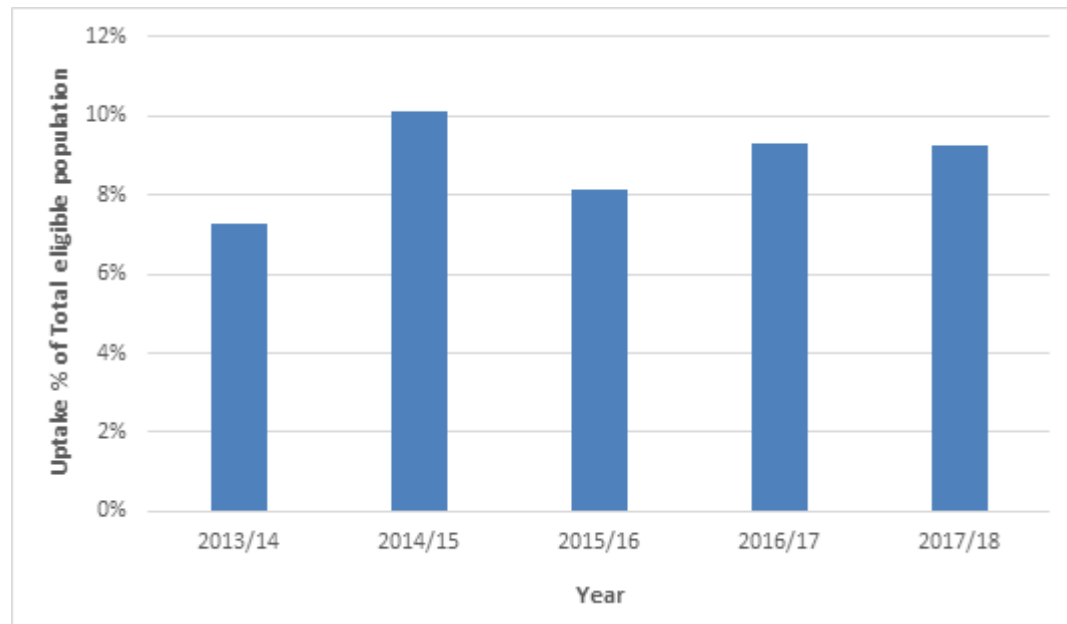
Table 6 Kent cumulative performance 2013 to 2018

Kent 2013-2018 cumulative statistics*	2013/14	2014/15	2015/16	2016/17	2017/18
5-year estimated eligible population (2017/18)					452,000
Cumulative number of first invites sent	95,004	202,034	288,359	387,760	487,091
Cumulative number of Health Checks delivered	32,924	78,547	115,232	157,303	198,980

*Source: Kent County Council 2018

3.32 Chart 3 shows the NHS Health Check coverage in Kent 2013 -2018

Chart 3 NHS Health Check Coverage in Kent 2013-2018



*Source: Kent County Council 2018

- 3.33 More recent data for the Health Check Programme to the end of the quarter 1 2018/19 shows that the number of NHS Health Checks delivered in the 12 months to June 2018 did not achieve target. This followed a focus on ensuring an effective roll-out of a new IT system across Kent.
- 3.34 In addition to the roll out of the new IT system, an NHS Health Check App has been launched, allowing residents to view their results on their mobile phone and see how lifestyle changes affect their heart age score. There is also an e-learning module for practitioners to improve service quality and patient experience.
- 3.35 Although the actual number of Health Checks delivered decreased in Q1 2018/19, the take-up rate of invite to check was 27% compared to 22% in the same period last year. There were over 20,000 invites sent in Q1 and the programme is on track to invite 100% of the eligible population.

Delivering an equitable programme

- 3.36 In 2017, the Public Health Observatory published a report exploring equity differences in the uptake of NHS Health Checks for Kent County Council⁵. Findings for Kent showed that:
- The ratio of males completing a Health Check compared to females is 1 to 1.4. In other words, for every one male completing a Health Check, 1.4 (95% CI 1.32 - 1.44) females completed a Health Check. This represents a 40% equity deficit with respect to males.
 - The ratio of male to female inequity increases with age, with males becoming increasingly less likely to attend as they get older. For example in the 65-69 age group, when female completion rates are compared with male completion rates, the equity deficit for males rises to over 50%.

- Using the ACORN segmentation tool at house hold level to explore the odds of completing a Health Check, patients in the 'Affluent Achievers' and 'Comfortable Communities' categories, were significantly more likely to complete their Health Check when compared with patients categorised as 'Financially Stretched' or 'Urban Adversity'.
- Equity comparisons using the ACORN Wellbeing types showed that patients categorised as 'Anxious Adversity', 'Poorly Pensioners', 'Hardship Heartland', 'Perilous Futures' and 'Struggling Smokers' were significantly less likely to complete their Health Check when compared to higher wellbeing types.

- 3.37 This analysis has been used to formulate an action plan in Kent and supports ongoing investment in the outreach programme which delivers 50% of NHS Health Checks to residents living in the most deprived quintiles of the population.
- 3.38 There is a requirement to follow up the findings from the audit in order to better understand 'lost to follow-up' issues relating to person identified through the health checks process as having previous undetected cardiovascular risk. This will involve long term follow-up of symptomatic health check cohorts to determine the extent to which factors such as age, gender, social status, complication and co-morbidities play out with regard to long term opportunities for cardiovascular risk reduction. It was anticipated the Kent Public Health Observatory would conduct this work using the Kent Integrated Dataset in conjunction with advice and support from Public Health England.
- 3.39 At the Prevention Workstream meeting, on 26 October 2018, it was agreed that a Task and Finish Group would be set up to explore how the uptake of Health Checks for residents with Learning Disabilities (LD) could be increased across Kent and Medway. Outcomes of this work will enable both Kent and Medway to understand how to better meet the needs of this group more closely. It should be noted that delivery of these checks is the responsibility of NHS England and Clinical Commissioning Groups and outside of the LA remit/commissioned services. Kent and Medway Councils along with the other LD Alliance Providers have a responsibility to enable their clients to access the HC with their GP, but not to deliver them themselves.
- 3.40 It is also proposed that a report on Learning Disabilities Health Checks and the outcomes of the work of the task and finish group set out at paragraph 3.39 of this report be added to the work programme for the June 2019 meeting of the Joint Board.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Funding to continue outreach work	Outreach work forms an important part of the programme, without the budget to fund this there is a risk that vulnerable patients may not receive their Health Check or follow up.	Continued work to monitor delivery of equitable process to provide strong case for funding.	C2
Collaboration between GPs/delivery partners and LAs	It is imperative that a strong collaborative working relationship is maintained between LAs and GP practices/delivery partners to ensure the Health Check Programme is implemented comprehensively.	Close working relationship between LAs and GP practices/delivery partners is maintained and developed to ensure the programme is working in the most efficient and effective way.	D2
Ensuring effective delivery	Ensuring effective delivery by all partners is essential, without this there is a risk not realising the full potential of the benefits.	Delivery data is collated and monitored regularly	D2

5. Financial implications

5.1 There are no financial implications arising directly from this report.

6. Legal implications

6.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012

6.2 The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focusing on prevention, local care and wellbeing across Kent and Medway.

6.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

7. Recommendations

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to:

7.1.1 Consider and note the difference in uptake between the most affluent areas of Kent and Medway and the most disadvantaged.

7.1.2 Work with the NHS to increase the uptake of Health Checks across the eligible population.

7.1.4 Agree that a report on Learning Disabilities Health Checks and the outcomes of the review set out at paragraph 3.39 of the report be added to the work programme for the June meeting of the Joint Board.

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Appendices

None

Background papers

NHS Health Check Best practice guidance. Department of Health. December 2017.

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³ Public Health England. (2018). Public Health Profiles NHS Health Check [Online]. Available at:

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[Accessed: 30 October 2018].

⁴ <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>

⁵ Health Checks Equity Audit, Kent Public Health Observatory, June 2017,

https://www.kpho.org.uk/_data/assets/pdf_file/0007/71638/Kent-Health-Checks-Equity-Audit_Final-Report-2017.pdf