

SiSU Mobile Digital Health Checks Pilot Programme Evaluation Report

Key Highlights and Findings – Published May 2026

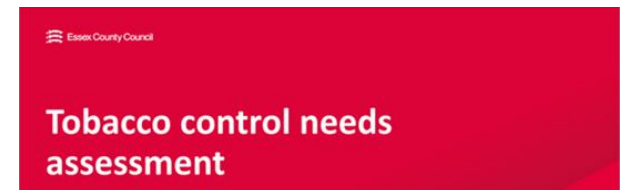
Background and Context

- Routine and manual occupations less likely to engage with preventative health services but experience a disproportionate burden of ill health.
- Routine and manual workers exhibiting higher rates of smoking compared to those in higher occupational classes.
- Tobacco Control Needs Assessment identified a **5.5-year** gap in life expectancy between routine and manual workers and those in professional and managerial occupations.
- Smoking prevalence among routine and manual workers **3x** higher than among professional groups.



Background and Context

- Routine and manual workers also have higher levels of stress, alcohol consumption, physical inactivity and obesity.
- Opportunistic health checks delivered outside primary care settings are more effective at engaging men, working-age adults and people living in more deprived areas.
- Workplace-based delivery has been shown to reduce barriers related to time, accessibility and health-seeking behaviour, making it a critical setting for prevention.



Introduction

- Commissioned by Essex County Council Public Health, delivered by Essex Working Well.
- Launched within **routine and manual businesses** in March 2025, expanded across County after successful pilot phase.
- Free 4-6 min health check to analyse - BMI, Blood Pressure, Smoking Prevalence, Heart Rate QRISK3, Body Composition and PSS4.
- Maxi™ and Mini™ health stations available to businesses via SiSU Health.
- Clear BP Protocol and Direct referral into Essex Wellbeing Service.



Programme Aims

Reduce prevalence of leading lifestyle risk factors for cardiovascular disease (CVD)

Reduce inequalities of access to health services

Provide early intervention and prevention services



Programme Objectives

1. Access

To improve access to Health Checks across Essex

2. Inclusion

To include people and groups who currently sit outside of the criteria for an NHS Health Check to enable any risk factors (such as high blood pressure) to be identified earlier

3. Barriers

To tackle one of the current barriers to eligible people taking up an offer of an NHS Health Check because of difficulties taking time out of work to attend a GP appointment

4. Support

To support our routine and manual workforce to improve their health and consequently the health of the Essex economy

5. Manual Workforce

Improve opportunistic access to Health Checks for workers on shift (routine and manual workforces).

6. Identify

Identify and support those who would not access Health Improvement services to improve their health.



Programme Outcomes

Short

- Routine and manual workers undertake mobile health checks at work.
- Improved access to health checks for routine and manual workers.
- Provide early intervention and prevention services.

Medium

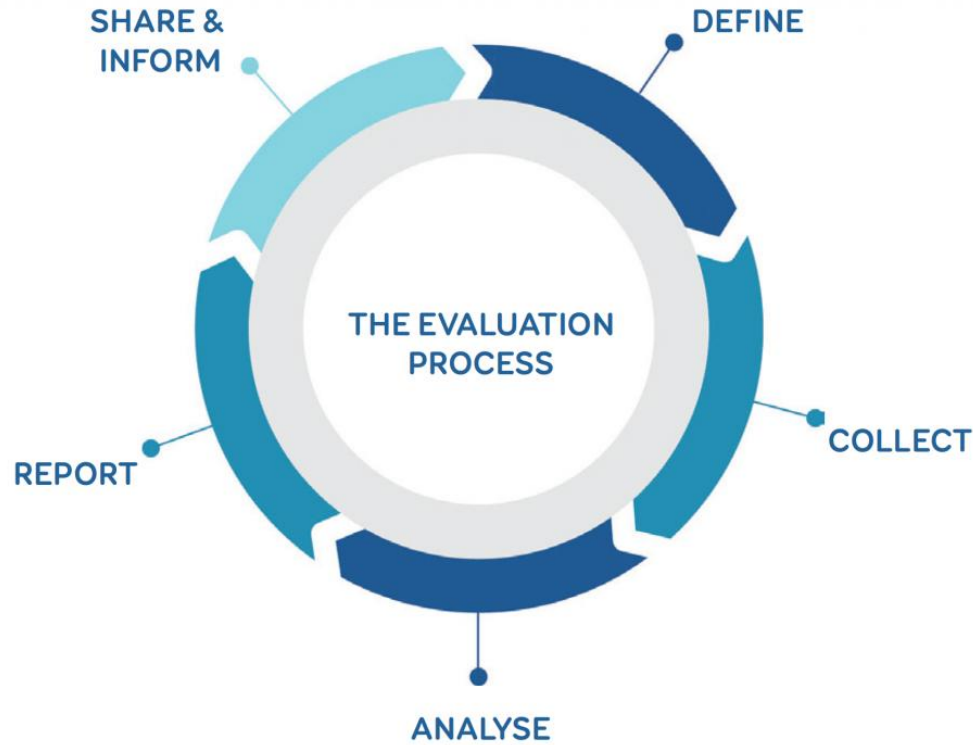
- Routine and manual workers are aware and access health and lifestyle support through Essex Wellbeing Service (smoking cessation, weight management services).
- Routine and manual workers are empowered to take control of their health.
- Routine and manual workers have improved knowledge of their health risk factors.

Long Term

- Support our routine and manual workforce to improve their health, contributing to a more productive and resilient Essex economy.
- Improved access to health checks across Essex.
- Reduced health inequalities within routine and manual workers.
- Improved health outcomes within routine and manual workers.



Evaluation Approach
















Evaluation Questions

Theme	Evaluation Question	Data Collecting Method	Data Collecting Tool
Reach Inclusion	Is the programme reaching the intended target audience?	User's data captured during SiSU digital health check.	Reports via integrated data collecting platform (Tableau).
Access Barriers	Is the programme reducing inequalities and improving access to Health Checks?	User's data captured during SiSU digital health check. Case Studies Reflective Survey	Reports via integrated data collecting platform (Tableau).
Identify Support	Is the programme identifying and referring routine and manual workers into health improvement services?	User's data captured during SiSU digital health check with those that consent being referred.	Reports via integrated data collecting platform (Tableau). Referral reports produced twice weekly.
Support	Is the programme empowering and educating routine and manual workers to take control of their health?	Case Studies Reflective Survey.	Undertaken by Project Officer.
Support - Workplace Wellbeing Provision	Is the programme encouraging or prompting workplaces to offer more wellbeing support for their employees?	Number of workplaces that sign up to Working Well following placement of SiSU. Evidence submitted as part of their Working Well Accreditation or Small Business Workplace Wellbeing Award	Working Well monitoring systems.



Key Metrics and Findings

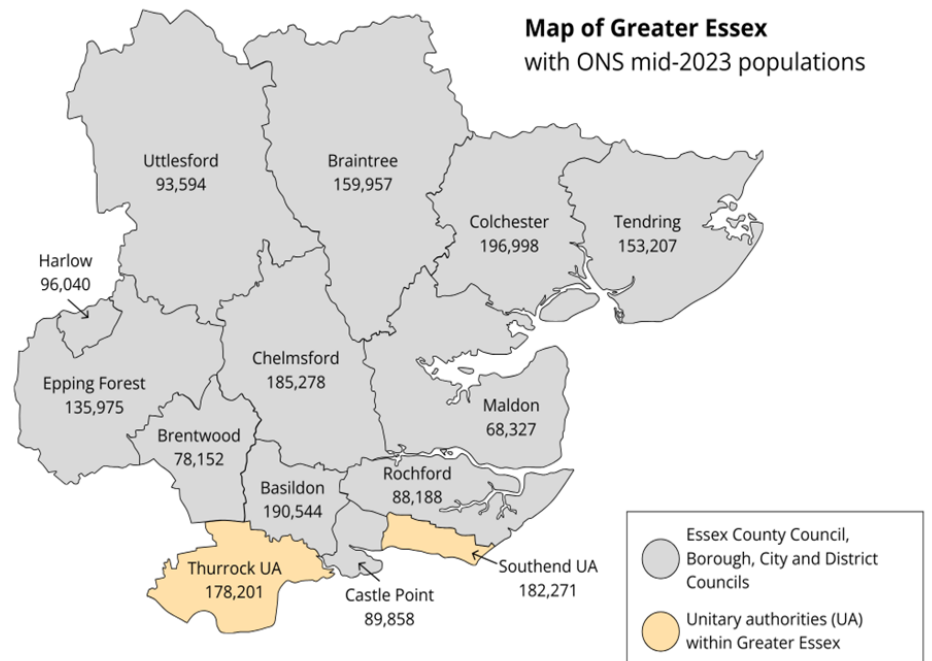
Metric	Result / Impact
 Total Health Checks Delivered	1,654
 Individuals Engaged	1,420
 Male Engagement	55%
 Users Under 40	30%+
 Checks Outside GP Hours	23.3%
 Overweight / Obese	69.9%
 High Blood Pressure	19.3%
 Highest Smoking Prevalence identified within a business	34%
 Lifestyle Changes Reported	68%
 Diet Improvement	54.5%
 Increased Physical Activity	41%
 Primary Care Follow-Up Prompted	~10%
 Estimated Productivity Loss Prevented	£1.1M annually



Geographical and Sector Reach

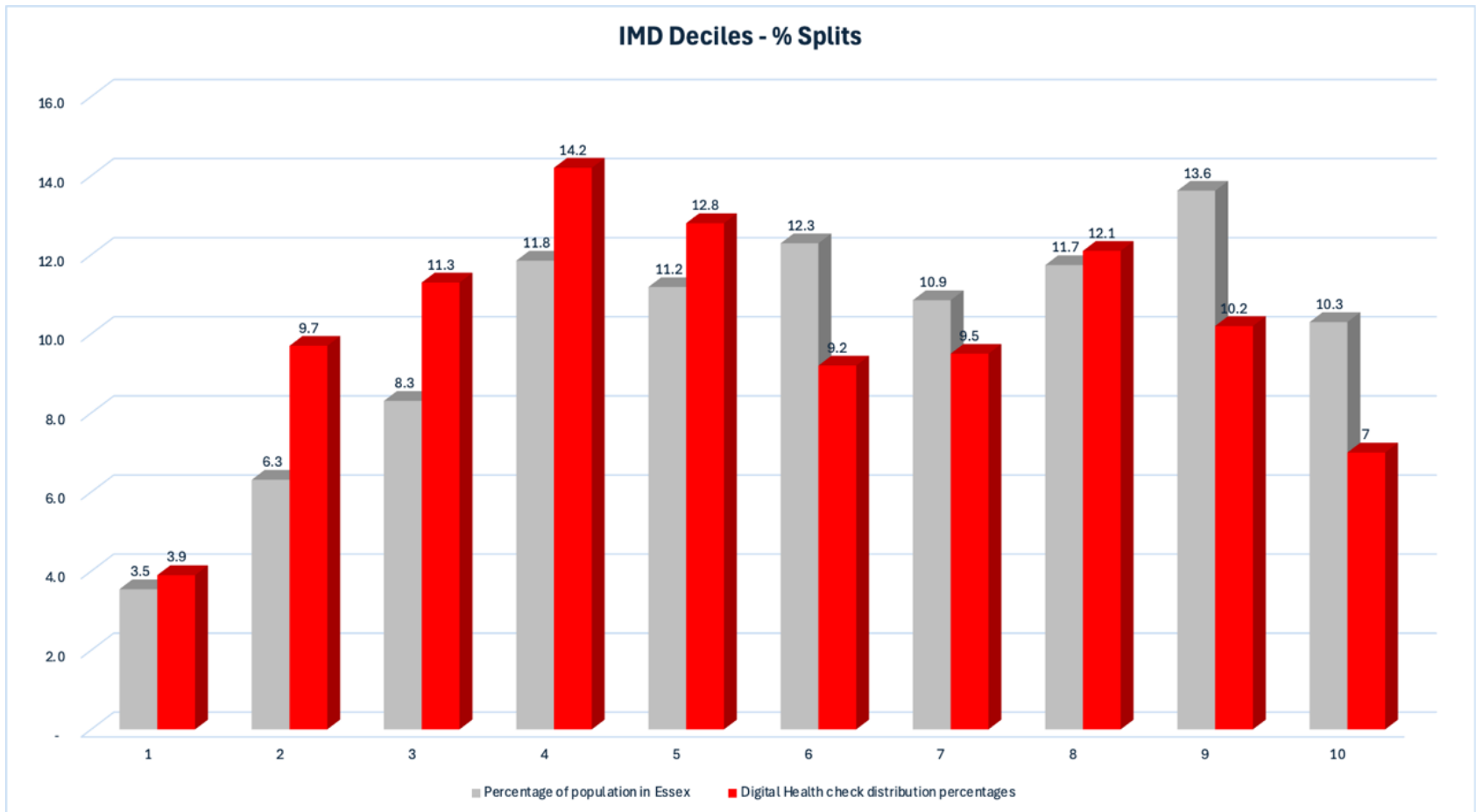
30 Business Installations
11 Business Events

- Project started in Basildon and Brentwood areas
- Expanded in June 2025

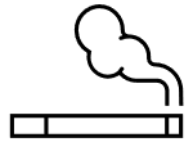


Routine & manual sectors - Waste operatives, call centre staff, carers, hospitality workers, rail workers, drivers, manufacturing, retail staff, security guards, porters, construction workers, warehouse staff, gardeners, toilet cleaners, leisure workers

Equity of Reach

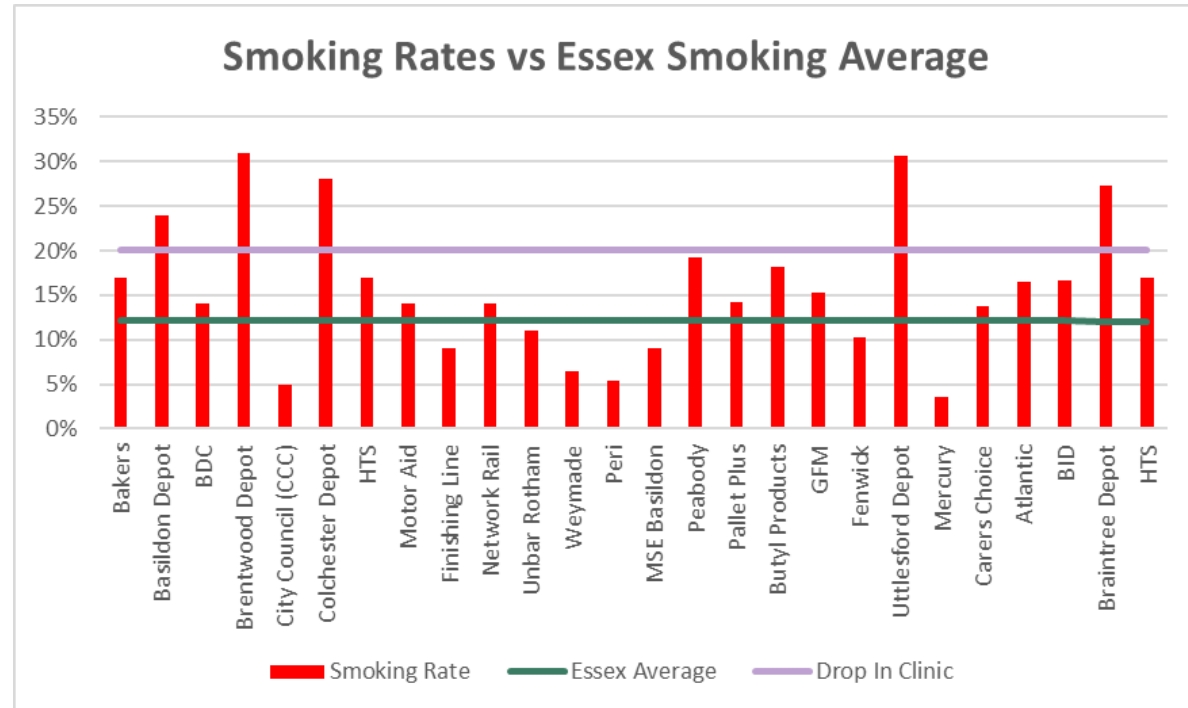


Smoking Prevalence



14.9% average
across the project

Pockets of very high
smoking rates some
businesses at 34%



Essex Smoking Prevalence 12.2%


National Smoking Prevalence 11.9%

Follow-Up Support and Referral Pathways

- Direct referral pathway into Essex Wellbeing Service Health.
- Users who provided consent were referred to appropriate support services to assist with behaviour change and risk reduction.
- Referral screen triggered for users that report:
 - A Body Mass Index (BMI) of ≥ 30 kg/m²
 - A positive response to the question “Are you a smoker?”
 - Very High or Severe blood pressure readings.

EWS Essex Wellbeing Service

We can help with:
Stop Smoking,
Healthy Eating,
Weight Management,
and more.



For more information or assistance, visit our website or call 0300 303 9988.

The Essex Wellbeing Service is commissioned by Essex County Council and a service delivered by Pleasade Community Interest Company.

essexwellbeingsservice.co.uk

TERMS OF USE

Please **CONFIRM** you are happy for your details to be shared with Essex Wellbeing Service.

Services include:

- Personalised support and signposting to NHS services IF you have high blood pressure
- Support to quit smoking or vaping
- Personalised digital support options to help you to lose weight

Essex Wellbeing Service is working with Essex Working Well and Essex County Council to provide SiSU digital health checks.

Someone will be in touch soon but IF you don't want to wait, use the QR code (on the left) or phone them today!

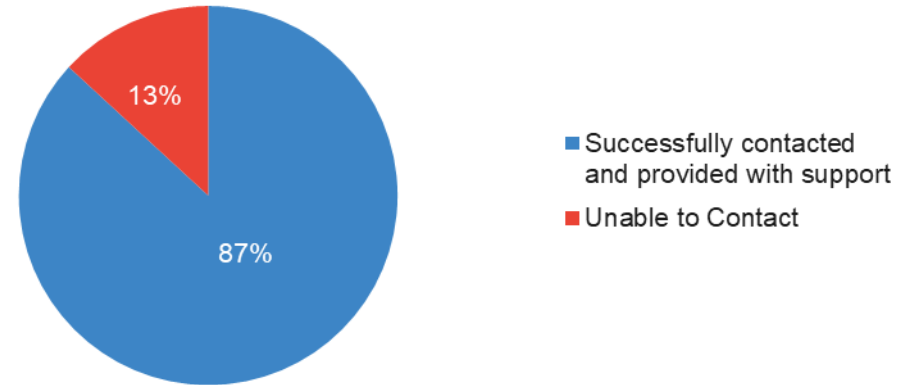
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REJECT **CONFIRM**

Blood Pressure Referral Outcomes

- **264** individuals were advised by the digital health check machine during their check to seek further medical support for raised blood pressure through their GP, pharmacist, or hospital services.
- **38** individuals referred themselves for follow up signposting and support.
- **33** individuals with Very High or Severe blood pressure readings were successfully contacted outside standard working hours (5pm–7pm) through follow-up calls

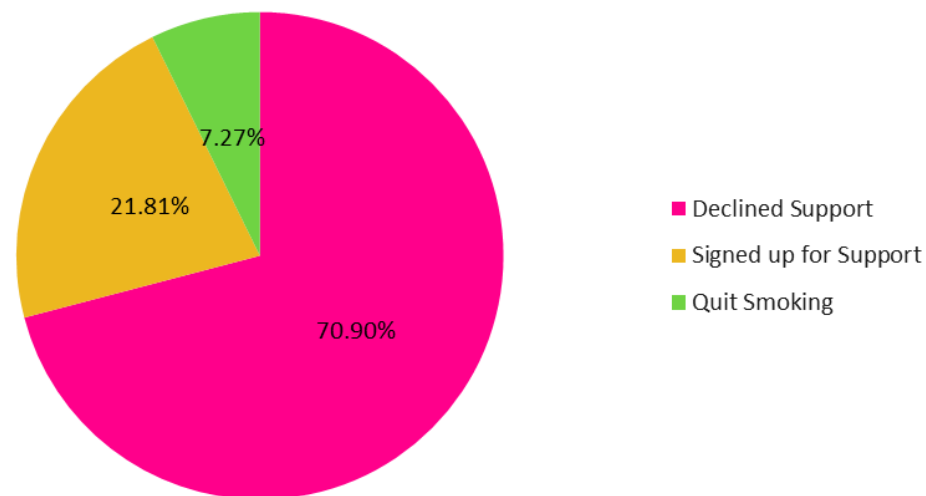
Blood Pressure Referral Outcomes



Smoking Referral Outcomes

- **80** smoking referrals were received for the smoking cessation services.
- **55** were resident within the Essex County Council commissioned area
- At the end of the pilot **30%** were engaged in cessation or had quit smoking.

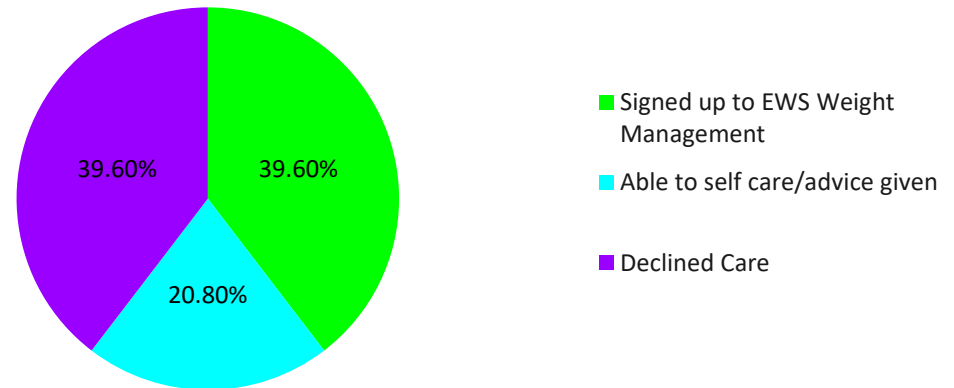
Outcomes for smoking referrals



Weight Management Referral Outcomes

- **180** individuals were referred to the My Weight Matters (MWM) service.
- **39.6%** signed up to the Essex Wellbeing Service weight management programme.
- **20.8%** were able to self-care or received advice and guidance that ensured they did not need further input.
- **166** individuals were offered alternative digital support options, including Mindful Eating resources and the Amara app™

Outcomes for those successfully contacted by SPoA



Case Studies



Richard Dunn- aged 46 - Street Warden Colchester City council

Despite having a healthy BMI, he found out he had high blood pressure and was told that his smoking could also increase his risk of a heart attack.

He decided to take the support on offer from Essex Working Well via the digital health check project and join the Swap to Stop scheme to get free support to give up smoking. Richard lost his mum last year in her early 60s from a Stroke and says he is so grateful that he had an opportunity to use the machine while at work so he could ensure his children **'do not have to go through that pain I have gone through, losing a parent at such a young age'**

Case Studies



Harry – mid 20s

'I'm a binman for the council and walk 18 miles a day on the job AND go to the gym so thought I was really fit. I loved doing the Maxi™ check as my body composition was just 12% but my dad had a heart attack at 45 and my mum has angina and when I did the stroke test (QRISK3) I came out high!?? I was told to go to the GP, and I have high cholesterol – they say I got it from my parents, and it is not my fault'

Case Studies



Nicki - early 30s

‘Working in a call centre I have been tired a lot recently but had put it down to juggling my kids and work...I used the Mini™ machine in my lunch break - in just 5 mins found out my blood pressure was really high and I was 2 stone overweight – now I am on tablets, and it is well controlled – I have also started ‘Couch to 5k’ and eating more vegetables – so pleased my company got the machine for us to use’

Case Studies



Steve – late 30s

'I load lorries for a company that distribute construction equipment. I had been on blood pressure tablets for 5 years due to kidney issues. The side effects were rough, and I didn't feel unwell, so I stopped the medication. When I used the Mini™ machine, I found out my blood pressure was 210/110. I followed the advice and went to hospital – the A & E consultant said I was in immediate danger of a stroke – so glad I did the check!'

Programme Results Analysis Against Evaluation Questions

Is the programme reaching the intended target audience?

The programme findings reported that:

Routine and Manual Workers

- 1,654 health checks have been completed across 30 workplaces and 11 events which have been a mix of businesses within industries such as waste management depots, factories, care workers, railway, delivery.
- Some staff using the machines in the project will not be routine and manual due to the composition of all businesses but as the machine is accessible 24hrs per day their participation does not reduce accessibility for routine and manual staff.

IMD deciles

- Digital health check uptake is substantially higher than the Essex population share in Deciles 1–5.

Smoking Prevalence

- Higher smoking prevalence at 14.9% than the Essex 12.2% and National average 11.9.



Programme Results Analysis Against Evaluation Questions

Is the programme reducing inequalities and improving access to Health Checks?

The programme findings reported that:

Accessibility

- 23.3% of all health checks outside of GP hours.

Age

- 27.7% of the users were under 35 years old
- 49.8% of the users were 45 years old and over
- While it is impossible to report on the numbers above and below 40 from the current data set it can be estimated at around 40% under 40 years and 60% of users were 40 +

IMD deciles

- Digital health check uptake is substantially higher than the Essex population share in Deciles 2–5.



Programme Results Analysis Against Evaluation Questions

Is the programme identifying and referring routine and manual workers into health improvement services?

The programme findings reported that:

Blood Pressure

- 264 people referred to pharmacist, GP or hospital for further support with raised blood pressure by the digital health check machine
- Successful contact with 86.8% of people outside of standard work hours (between 5-7pm) to ensure signposting to urgent support for Very High and Severe Blood pressure readings.
- 59% of users had not received a blood pressure check in the preceding 12 months

Smoking

- 80 smokers referred to Smoking Cessation Services
- 30% of those referred had quit or were in the process of quitting with support from Essex Working Well Smoking cessation service by the end of the pilot
- Stop Smoking “drop in” sessions have been scheduled for first quarter of 2026
- 6 VBA, S2S training and Vape Starter Kit supplies have been distributed to businesses

Weight Management

- 346 people self-referring to Provide Services for My Weight Matters
- 180 referred through the SPoA to MWM service
- 166 contacted via email with Microsoft Form to complete for Amara App
- 39.6% of those successfully contacted signed up to weight management support

Programme Results Analysis Against Evaluation Questions

Is the programme empowering and educating routine and manual workers to take control of their health?

The programme findings reported that:

- Case studies collected for the evaluation report outline stories of life saving interventions particularly around very high and severe blood pressure but several around smoking cessation.
- Surveys added another dimension with 68% of respondents reporting that completing a check had prompted lifestyle changes
- 54.5% reported diet improvement, 41% exercising more, 9% reducing alcohol intake and 5% seeking support from GP and other services for managing stress
- Around 10% of survey respondents said testing prompted them to get support in primary care for blood pressure medication reviews, stress management and menopause advice that they had not planned to do before the test.



Programme Results Analysis Against Evaluation Questions

Is the programme encouraging or prompting workplaces to offer more wellbeing support for their employees?

The programme findings reported that:

- All businesses we invited for online or in person feedback sessions providing insight into the data and supporting health and wellbeing changes within the business with practical suggestions
- 26 feedback sessions completed post installation with a range of recommendations for the workplace Wellbeing Strategy, thus providing a legacy for the digital health checks.
- Approximately 50% of business were existing Essex Working Well businesses and 50% unknown to Essex Working Well prior to engagement regarding a digital health checks.
- Combined in person feedback sessions and accreditation introduction developed and introduced in August/September for all new businesses using a Working Well Facilitator and PSO to drive accreditation and ongoing business engagement.
- 23% of new Essex Working Well Accreditation programme sign-ups for the year 2025-2026 followed placement of Digital Health Check unit.



Next Steps

- **Programme Expansion** - Extending delivery across all Essex districts.
- **Staggered Increase in Digital Health Check Stations** - Phased increase in SiSU units will enable a controlled scale-up that maintains service quality while meeting demand.
- **Enhanced Data Collection and Analysis** - Collecting and analysing raw data from SiSU will allow the programme to monitor trends in risk factors and service uptake.
- **Strategic Employer and Economic Partnerships** - Forging relationships with Economic Growth Teams will expand the programme's reach into new businesses and integrate SiSU and Essex Working Well activity with economic development agendas.
- **Development of Clinical Pathways** - Establishing a formal QRISK3 pathway with community pharmacy support will enhance follow-up for individuals identified at elevated cardiovascular risk.

