Essex County Council

SiSU Mobile Digital Health Checks Programme

Programme Evaluation Report

Adults, Public Health and Community Wellbeing

Evaluation Period: March 2025 to September 2025

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Abbreviations

BMI	Body Mass Index
BP	Blood Pressure
GP	General Practitioner
IMD	Index of Multiple Deprivation
MWM	My Weight Matters Programme
NICE	National Institute for Health and Care Excellence
PAI	Personality Assessment Inventory
PSS4	Perceived Stress Scale
PSO	Project Support Officer
ROI	Return on Investment
RSPH	Royal Society for Public Health
SME	Small and medium-sized enterprises
SPoA	Single Point of Access

Executive Summary

The SiSU Mobile Digital Health Checks pilot programme was commissioned by Essex County Council Public Health in partnership with SiSU Health, Essex Wellbeing Service and delivered by Provide CIC. The pilot launched in March 2025 in Basildon and Brentwood districts then expanded to all Essex County Council districts during the summer of 2025. The programme aimed to improve uptake of preventative health checks among working-age adults, particularly routine and manual workers, who face barriers to traditional NHS Health Checks. Cardiovascular disease remains a leading cause of preventable ill health and premature mortality. Uptake of NHS Health Checks is suboptimal, particularly among men and younger adults. The pilot tested a workplace-based digital model to improve accessibility, engagement, and early identification of risk.

Programme Overview

- Self-service digital stations enabled employees to complete a health check in 4–6 minutes at a time convenient to them.
- Accessible outside standard working hours, making it ideal for shift-based and manual workers.
- Mixed-methods evaluation combined digital data with case studies and surveys to track outcomes and support continuous improvement.
- Provided data to inform workplace wellbeing interventions and Essex Working Well Accreditation and Wellbeing Awards.

Key Metrics & Highlights

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

Introduction

Background and Context

The NHS Health Check programme is one of the largest public health programmes in the world, with nearly 5 million people in England receiving an NHS Health Check since 2013. Essex has a strong record of achievement in delivering this programme and currently delivers approximately 50,000 checks annually across Essex. Delivery is primarily through GP practices and community pharmacies, with additional provision in workplaces, community venues and mobile units. The programme is offered every five years to eligible adults aged 40–74 and assesses key behavioural risk factors including diet, physical activity, smoking and alcohol consumption, alongside physiological measures such as blood pressure, blood glucose and cholesterol. These factors collectively contribute to cardiovascular disease and other non-communicable conditions, including dementia, respiratory disease and certain cancers (Office for Health Inequalities and Disparities, 2026).

Despite sustained delivery, uptake for those eligible for an NHS Health Check remains lower than optimal with national data indicating that uptake is around 38% and independent analysis suggesting attendance is closer to 36% despite ongoing invitation efforts (Office for Health Inequalities and Disparities, 2026; Consultancy.uk, 2024). Uptake is highest among older adults aged 60–74, while working-age adults, particularly men, are significantly less likely to attend (Consultancy.uk, 2024). There is also marked variation between systems, with the highest-performing areas achieving uptake of approximately 58%, compared with an average of 49.5% in Mid and South Essex and 37.5% nationally (Office for Health Inequalities and Disparities, 2026). This variation highlights barriers to access and the opportunity for improvement through alternative delivery models.

Health Inequalities and Routine and Manual Workforce Risk

Routine and manual workers form an essential part of the overall economy and society and are often employed in roles that typically require a compulsory education only, focusing on tasks that may involve repetition and can be learned through on the-job training. Some examples of routine and manual work include factory work in routine production roles, cleaners, labourers, bus and taxi drivers, bar staff, waiters and waitresses, postal workers, security guards and sales assistants.

The health inequalities observed among routine and manual workers can be influenced by a complex interplay of occupational hazards, health behaviours, and wider socioeconomic determinants. Health behaviours play a significant role, with routine and manual workers exhibiting higher rates of smoking, alcohol consumption, physical inactivity and obesity compared to those in higher occupational classes. Wider determinants of health, further contribute to the health inequalities experienced by routine and manual workers. Routine and manual workers are known to have reduced educational attainment, with a person's health literacy being a significant factor that can impact upon their health outcomes (Shahid et al., 2022). Individuals with lower health literacy are more likely to engage in unhealthy behaviours, experience poorer general health, and are also less likely to engage with preventative health services, contributing to a disproportionate burden of ill health (Public Health England, 2015).

In March 2025, Essex County Council published a Tobacco Control Needs Assessment which identified a 5.5-year gap in life expectancy between routine and manual workers and those in professional and managerial occupations (Essex County Council, 2025). Smoking prevalence among routine and manual workers is three times higher than among professional groups, with over one in five adults in these occupations in Essex currently smoking, exceeding national and regional averages (Essex County Council, 2025).

In addition to smoking, cardiovascular risk factors are prevalent across the Essex population. In Mid and South Essex alone, an estimated 88,444 people are living with undiagnosed high blood pressure, representing a substantial missed opportunity for early intervention (Essex County Council, 2025). Obesity further compounds this risk, with 65.3% of adults in Essex classified as overweight or obese (Essex County Council, 2024). These risk factors cluster within routine and manual occupations, where long working hours, shift patterns and occupational hazards limit access to traditional healthcare services.

Research evidence shows that opportunistic health checks delivered outside primary care settings are more effective at engaging men, working-age adults and people living in more deprived areas (Robson et al., 2022). Workplace-based delivery has been shown to reduce barriers related to time, accessibility and health-seeking behaviour, making it a critical setting for prevention.

The Strategic Role of Healthy Workplaces

The importance of workplaces as settings for health improvement is reinforced by a report published by the Royal Society for Public Health (RSPH) and Business for Health, which highlights the scale and challenges of the UK's health and productivity. Poor workforce health is identified as a major contributor to economic inactivity, with millions of people out of work due to ill health. UK businesses are estimated to lose over £100 billion annually because of absenteeism, presenteeism and reduced productivity (RSPH and Business for Health, 2024). The report argues for a shift from workplaces being merely "not harmful" to becoming active drivers of good health and proposes a new "right to a healthy workplace". Central recommendations include the introduction of a mandatory Health and Work Standard to ensure access to health checks and preventative support, improved sick pay provision, upskilling HR professionals and managers to better support long-term conditions, targeted support for SMEs, and improved data collection to evaluate the impact of workplace health interventions (RSPH and Business for Health, 2024). These principles align closely with Essex County Council's preventative agenda and reinforce the case for embedding health checks and behaviour change support within workplace settings, particularly for underserved populations.

Delivery Track Record and Employer Engagement

Essex Working Well provides a strong and established delivery infrastructure for workplace health. Since 2011, the programme has supported over 700 businesses, with 127 employers currently engaged, focusing particularly on routine and manual sectors and SMEs (Essex County Council, 2025). A key feature of the programme is its accreditation framework, which supports employers to embed sustainable, evidence-based health and wellbeing practices and provides a recognised quality marker. Essex-based businesses such as PERI UK, Waymade PLC,

GFM Communications and Bakers Labels demonstrate the value of this approach. Operating in sectors with high proportions of manual and shift-based roles, these employers have achieved accreditation through implementing comprehensive workplace health initiatives. Through engagement with Essex Working Well, they have increased awareness of lifestyle and cardiovascular risk factors, embedded health activity within the working day, and demonstrated leadership commitment to employee wellbeing. These employers act as exemplars, supporting wider adoption of workplace-based prevention across Essex.

The integration of standard NHS Health Checks and lifestyle checks in 2024 within these accredited workplaces through the Essex Working Well outreach team has strengthened engagement among employees least likely to attend GP-based services, consistent with national evidence on opportunistic workplace delivery (Robson et al., 2022). Individuals eligible for a full NHS Health Check receive a compliant assessment, while those not eligible are offered a lifestyle check excluding point-of-care cholesterol testing. However, while the business based in-person outreach health checks go some way to addressing the low uptake from routine and manual workers they have their limitations. The outreach team are only able operate in businesses between 9am-4pm, tests must be booked in advance and are 30 mins in duration, so only 10-12 checks can be completed in a day per staff member. In-person business health checks therefore typically present certain limitations in terms of accessibility and reach. Recent data shows that in-person checks conducted in workplaces have reached a lower proportion of men, with a relatively lower smoking prevalence (9%) than the Essex average (12.2%) also seen. These numbers suggest that while in-person business checks are valuable, they often fail to engage a large portion of the workforce, particularly among men or individuals who may not feel comfortable attending an in-person session, cannot take 30 mins out of their working day or are just not available during 9am-4pm due to being on site or out in the community within their roles.

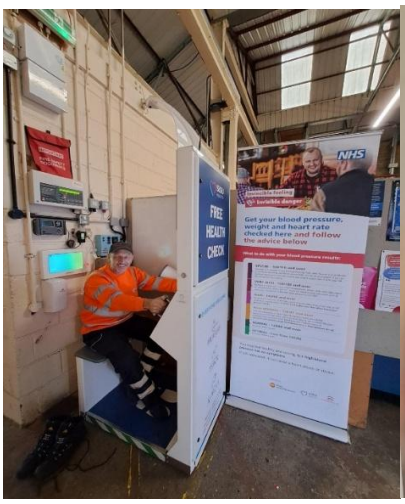
Mobile Digital Health Checks Programme

The SiSU Health stations™ enable users to undertake a free, self-administered health check in less than five minutes. The stations have a visually appealing interface and seamless integration of health measurements, including blood pressure, body mass index (BMI), resting heart rate, smoking status, cardiovascular risk (via QRISK3), and body composition, the stations offer a comprehensive snapshot of an individual's physical health. The stations provide additional optional clinically approved health assessments such as PSS4, QRISK, AUDIT-C and PAI. All users receive personalised digital feedback via email and the SiSU app, supporting self-management and behaviour change.

The digital health check stations address the issue of engagement by providing a self-administered alternative, which is more flexible, easy to use and accessible without the need for scheduling or staff assistance. The digital health check stations can be completed within 4–6 minutes and are available twenty-four hours a day, which overcomes many of the barriers associated with in-person health checks, such as the time commitment required and the need for on-site staff to facilitate the process. Employees can use the stations at their convenience, and businesses can ensure that all employees, including shift workers or those with irregular hours, have equal access to health screenings. By placing the stations directly in the workplace, businesses eliminate the need for employees to take time off or travel to attend health checks, increasing overall participation rates and ensuring a broader reach. The station provides

instant results and immediate referrals, enabling users to receive support quickly when necessary.

In response to persistent disparities in access to health checks, Essex County Council Public Health commissioned Provide CIC through Essex Working Well to launch the programme in March 2025, providing businesses across Essex (excluding Thurrock and Southend) with free installation of SiSU digital health check stations. Complementing traditional in-person health checks with this more flexible, efficient solution, the programme is better equipped to meet the diverse needs of today's workforce, ensuring a comprehensive and accessible approach to health improvement. Building on the proven delivery model and trusted employer relationships, the SiSU Mobile Digital Health Checks Programme represents a scalable and evidence-based approach to reducing health inequalities, improving workforce health, and supporting both public health and economic outcomes across Essex.



Strategic Alignment

This programme is in alignment with our Wellbeing, Public Health & Communities Business Plan 2025-2028 priorities and Everyone's Essex:

- **Wider Determinants of Health and Health Inequalities** by developing and delivering a wide range of services which promote health and wellbeing for all residents, particularly those at highest risk of ill health and premature mortality.

- **Prevention** through use of Population Health Management approaches (PHM) to identify groups of people at risk of developing disease or disability, we will work with partners to reduce lifestyle risk factors to drive down poor health outcomes and loss of independence.

- **Productive Partnerships** by bringing together the right people from the right organisations and places, at the right time, to address local public health issues.

- **Public Health Priorities** by addressing the seven common risk factors responsible for 60% of deaths and a high number of years lived with disease and or disability in Essex.

- **Place-based Public Health** through empowering, educating and energising the people of Essex using ABCD principles, so that they are be better equipped to make healthier choices and maximise all opportunities available to them to live healthier and more fulfilling lives.

- **Helping people to live healthy lifestyles** by reducing prevalence of the leading risk factors that contribute to ill health and premature mortality, including high systolic blood pressure, high body mass index, and smoking.

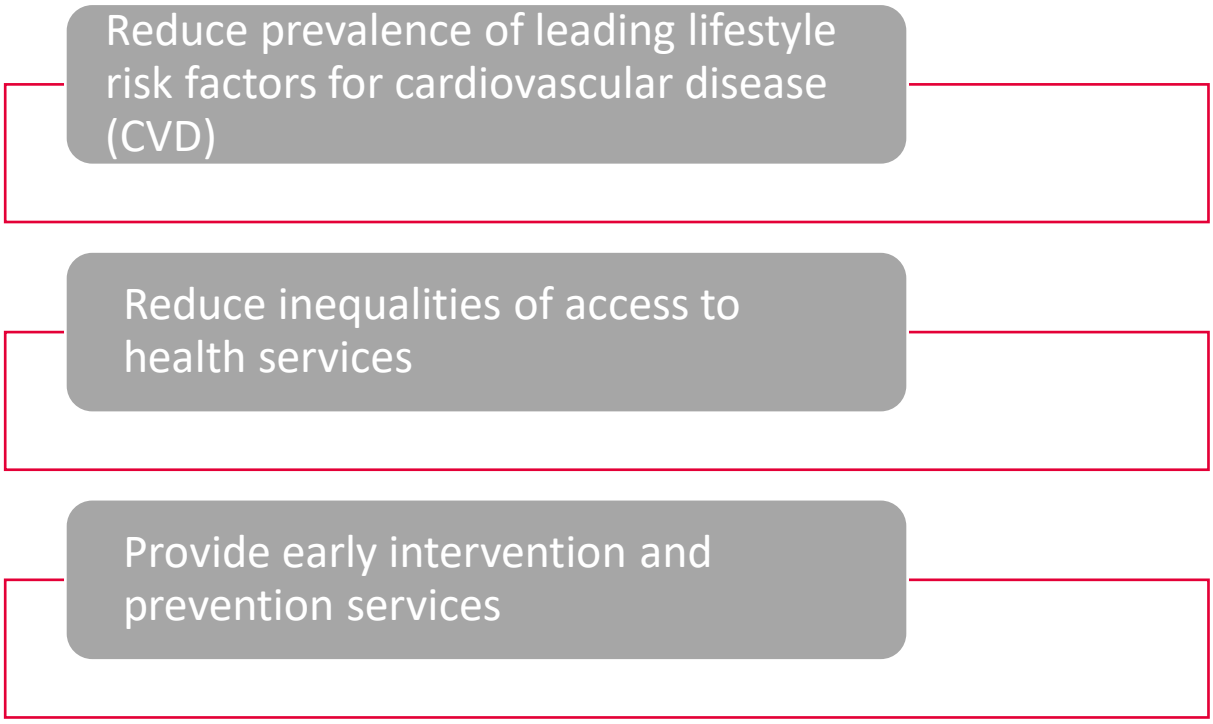
- **Levelling up health** by improving access to lifestyle and wellbeing services

Project Aims and Objectives

This programme is driven by a commitment to reduce the prevalence of cardiovascular disease across Essex by tackling the barriers to preventative care. This will be done by prioritising early intervention and expanding access beyond traditional clinical settings. We aim to reach individuals who currently sit outside standard NHS Health Check delivery model, specifically our routine and manual workforces.

Through opportunistic screening and targeted support, this project seeks to bridge the gap in health inequalities, ensuring that work-life constraints do not dictate health outcomes. We believe that this approach will create environments and conditions that foster a healthier more proactive population that invests not only in the well-being of our residents, but also in the long-term resilience and productivity of the Essex economy.

Aims



Objectives

1. Access	2. Inclusion	3. Barriers
To improve access to Health Checks across Essex	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	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	5. Manual Workforce	6. Identify
To support our routine and manual workforce to improve their health and consequently the health of the Essex economy	Improve opportunistic access to Health Checks for workers on shift (routine and manual workforces).	To identify and support those who would not normally access Health Improvement services to improve their health.

Theory of Change

PROBLEM

Routine and manual workers face significant disadvantage with a 5.5-year difference in life expectancy compared to professional and managerial occupations. Routine and manual workers are less likely to have a health check, but more likely to be at higher risk of cardiovascular diseases and other associated conditions. Current models of checks fail to capture large proportions of routine and manual workers together with those from more deprived backgrounds.

INTERVENTION

Placement of self-administered mobile digital health check stations targeting routine and manual businesses, which will enable 24-hour access for routine and manual workers to undertake a health check.

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 Methods

This evaluation was undertaken by Essex County Council Public Health to assess the effectiveness of the pilot programme. The evaluation aims to determine the extent to which the programme has achieved its intended short- and medium-term outcomes, while also identifying areas for service improvement and opportunities for future development. A key component of the evaluation is assessing the outcomes and results of the pilot in relation to its original aims and objectives.

To monitor progress and evaluate the impact of the programme, a structured evaluation process was followed. This included:

- Defining the pilot programme and outlining its aims, objectives, and intended outcomes.
- Developing a set of evaluation questions to guide the assessment of programme performance.
- Selecting appropriate data collection methods to gather relevant qualitative and quantitative evidence.
- Developing an evaluation plan to ensure a systematic approach to the evaluation.
- Collecting and analysing data to assess the programme's outcomes and present the findings.

Exploratory Approach

An exploratory approach was used to assess the impact and implementation of the pilot programme. This approach enables a balanced examination of both successful aspects of the programme and areas where challenges or limitations were identified (Hallingberg et al., 2018). The evaluation considers the extent to which the programme's outcomes align with its intended aims and objectives. It also explores factors that may have influenced the programme's effectiveness, including barriers to implementation and areas where the service could be strengthened. By examining both positive outcomes and challenges encountered during the pilot, the evaluation aims to provide a comprehensive understanding of the programme's performance and to inform recommendations for service improvement and potential future delivery.

Evaluation Questions

Five evaluation questions were developed to measure whether the short- and medium-term outcomes have been achieved, identify service improvements and opportunities for developing the programme. The following evaluation questions have been compiled using key themes that are connected to the programmes aims and objectives to measure whether the short- and medium-term outcomes have been achieved.

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.

Evaluation Summary

Use of the Plan–Do–Study–Act (PDSA) Cycle to Improve Outcomes and Reduce Inequalities

The Digital Health Check pilot applied the Plan–Do–Study–Act (PDSA) methodology to support continuous improvement and to address emerging inequalities in access, engagement and outcomes. PDSA is widely recognised in health and public health settings as an effective approach for testing change in complex systems, particularly where interventions are delivered across diverse populations and settings (NHS England, 2018).

Plan: Identifying Inequitable Patterns in Outcomes

Very early monitoring data and qualitative feedback highlighted disparities in engagement between workforce groups. Uptake was consistently higher among office-based and professional staff, while manual and routine workers were less likely to complete the digital health check or to do so confidently. Many staff from routine and manual backgrounds were concerned there would be negative outcome from their company/line manager, or' the boss' would receive their personal data. Some did not have smart phones or access to personal email and were using one per household. In addition, a high proportion of participants selected the "referral required" option but then reported they did not want support when contacted raising concerns that referral requests may have been influenced by lower levels digital or health literacy.

These findings align with evidence that people in lower-paid or manual occupations are more likely to experience lower health literacy and digital exclusion, which can affect how they interpret health information and engage with digital tools (Public Health England, 2020; Marmot et al., 2020). If unaddressed, such patterns risk reinforcing existing health inequalities rather than reducing them. The planned aim was therefore to improve:

- Accuracy and appropriateness of outcomes (e.g. referral data)
- User understanding and confidence
- Equitable engagement among higher-risk workforce groups

Do: Testing Targeted, Equity-Focused Changes

To address these issues, targeted changes were implemented during the pilot. The digital interface was reviewed and revised using clearer language, improved visual layout and explicit explanations of response options. This approach reflects best practice in user-centred digital health design, particularly for populations with varied literacy levels (WHO, 2019).

Operational changes were also tested, including:

- On-site human support from staff experienced in adult literacy and engagement
- Improved machine placement to enhance privacy and dignity

- Extended-access installations to accommodate early and late shift patterns, annual leave etc

Evidence suggests that combining digital tools with human support and flexible access is critical to preventing digital health interventions from widening inequalities (Good Things Foundation, 2021; NICE, 2019).

Study: Assessing Impact on Outcomes and Inequality

Following implementation, outcomes were reviewed using referral patterns, completion data and qualitative feedback. The revised interface resulted in fewer inappropriate referral selections, indicating improved comprehension and more accurate self-reporting. This strengthened the reliability of outcome data and reduced unnecessary onward referral demand.

Feedback from staff indicated that users demonstrated greater confidence and required less clarification. Where extended-access installations were available, participation among manual and routine workers increased, supporting a more equitable distribution of engagement.

These findings reflect broader evidence that interventions designed with health literacy and employment context in mind are more likely to improve outcomes for disadvantaged groups (PHE, 2020; Marmot et al., 2010).

Act: Embedding Learning to Support Equity

Successful changes were embedded into ongoing delivery and planning for future phases. Clear communication principles, flexible access models and user-centred design were incorporated into employer guidance and deployment planning.

Where barriers could not be fully mitigated—such as workforce availability during installation periods or geographic travel constraints—learning was used to inform realistic expectations and future resourcing rather than applying uniform delivery models. This reflects the principle of proportionate universalism, whereby services are available to all but adapted in intensity and design to meet differing levels of need (Marmot et al., 2010).

Contribution to Outcomes and Inequality Reduction

Through the structured use of PDSA, the pilot was able to:

- Improve the quality and accuracy of health outcomes
- Increase engagement among workers at greater risk of poor health
- Reduce the likelihood of digital delivery reinforcing existing inequalities
- Generate transferable learning for future scale-up
- By embedding continuous improvement with a clear focus on equity, the Digital Health Check pilot aligns with national priorities on prevention, workforce wellbeing and reducing health inequalities (NHS England, 2019).

Programme Delivery and Methodology

The Digital Health Checks pilot programme was delivered using two SiSU Health stations™, one Mini™ unit and one Maxi™ unit. Operational delivery was coordinated by a Project Support Officer (PSO), responsible for development and day-to-day activities, with oversight provided by the Essex Working Well Manager and the Essex County Council Project Lead as commissioner. The pilot started in businesses based in Basildon and Brentwood districts and expanded to all Essex County Council districts during the summer of 2025. Prior to the appointment of the PSO in May, responsibility for coordinating the machines was shared between Essex County Council and Essex Working Well. Essex County Council managed the Maxi™ unit, while Essex Working Well coordinated the Mini™ unit. Following the PSO's recruitment, both machines were brought under their remit, streamlining scheduling, engagement with businesses, and ongoing programme monitoring.

Identification and Engagement of Businesses

Workplaces were identified through multiple channels, including engagement with organisations already registered with the Essex Working Well programme, recommendations from Essex County Council and Basildon Council Economic growth teams, cold calling, networking events, and workplace engagement activities. These approaches aimed to identify suitable workplaces with routine and manual workers, the target population for the pilot programme.

Once a potential workplace had been identified, an introductory meeting was arranged, typically via Microsoft Teams. During this meeting, businesses were provided with a presentation, developed by the PSO, outlining the Digital Health Checks pilot, including an overview of the SiSU machine, the health tests available, and the benefits for both employees and the organisation (Appendix 1). Emphasis was placed on the impact of improved employee health on workplace productivity, including reducing absenteeism and presenteeism.

Following the meeting, businesses received an information pack containing the presentation, practical guidance documents, and photographic examples of SiSU machines in workplace settings. This allowed internal discussions with human resources, facilities management, and senior leadership teams and ensured a clear understanding of the installation process to minimise delays or issues. For workplaces hosting the SiSU Maxi™ unit, site visits were often required due to the larger size of the machine and additional logistical considerations. Planning also balanced privacy for employees completing health tests with accessibility and the visual impact of the machine, helping to encourage uptake while maintaining comfort and confidentiality. An employee presentation (Appendix 2) and posters (Appendix 3) were provided in advance of the installation to promote and explain the checks to encourage update.

Delivery and Installation

The delivery and installation process varied by unit type. The SiSU Mini™ unit was transported, delivered, and collected by the PSO using a robust wheeled hard case. The PSO set up the machine on-site and ensured it was functioning correctly before employees began using it. A

popup poster outlining the blood pressure protocol was displayed next to the machine (Appendix 4) designed by the ICB to support signposting in the case of high blood pressure. The SiSU Maxi™ unit was delivered and calibrated by SiSU Health technicians, with the PSO present to provide on-site business support. The PSO liaised with employers, engaged staff, and ensured the machine was operating correctly. On installation days, the PSO remained on-site for approximately 90 minutes to assist with setup, provide demonstrations, and encourage employee participation. At each installation photos would be taken, and LinkedIn posts would be written (Appendix 5) to acknowledge business investment in health and wellbeing and drive demand for the digital health checks.

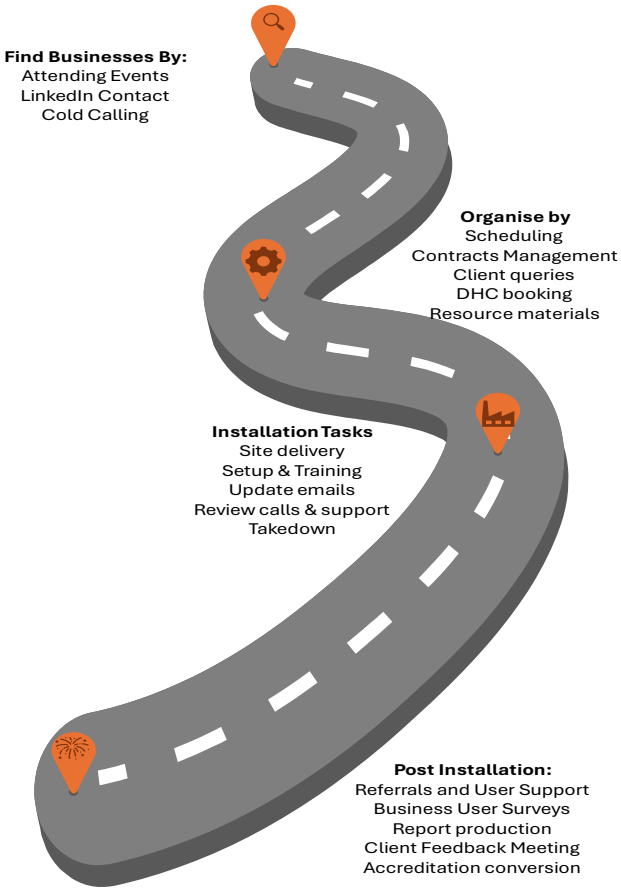
Engagement Monitoring During Placement

During the placement period, usage data from the SiSU machines was monitored through the integrated SiSU Tableau software reporting system. Summary updates on the number of employees completing the digital health checks were shared with businesses approximately every two to three days.

Regular updates allowed employers to monitor engagement, encourage participation, and provided an early mechanism to identify operational issues. Monitoring engagement in this way also supported the evaluation by providing data on programme reach, employee participation, and uptake of health checks, helping assess whether the pilot achieved its intended outcomes.

Post-Installation Support and Feedback

Following completion of the placement, the PSO provided feedback to participating workplaces via a follow-up visit or Microsoft Teams meeting. Businesses received a tailored feedback report of approximately eight pages, summarising key findings and trends within the workforce (Appendix 6). This report was designed to be practical and accessible, providing clear recommendations on supporting employee health and wellbeing. The shorter report offered a more suitable alternative to the full 58-page SiSU Health report. Feedback sessions also introduced the wider Essex Working Well offer, including workplace wellbeing accreditation schemes, smoking cessation support, and mental health resources. These discussions encouraged businesses to consider longer-term approaches to employee health and wellbeing, supporting collaboration beyond the pilot and acting as a springboard for improved workforce health outcomes. Feedback presentations with new businesses not previously known to the Essex Working Well team provided an opportunity to build on the rapport with key business decision makers in HR and operations developed during the installation were first completed via Teams and were not leading to sign-ups. In the latter stages of the pilot there was the opportunity to focus on these new businesses within the digital health checks programme by completing in person feedback and accreditation introduction sessions with an Essex Working Well facilitator. This provides the opportunity to include the findings into their Wellbeing Strategy, giving the digital health checks a long-term impact. Existing businesses already accredited were given feedback online to utilise staffing resources optimally. This new dual working in person approach contrasts with the previous totally online approach, started in the latter part of the pilot has shown potential for increasing the accreditation conversion rate.



Digital Health Checks Installation Pathway

Methodology – The digital health tests

The Digital Health Checks pilot used SiSU Health Mini™ and Maxi™ machines to capture a range of health indicators for employees. Both machines performed the same tests; the only difference was how height and weight were recorded. Users could input measurements in either metric or imperial units. The following tests were included:

Body Mass Index (BMI)

BMI estimates a person's weight status using the formula:

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

Adults are classified as underweight, healthy, overweight, or obese, with adjustments for ethnicity. While BMI does not distinguish between fat and muscle, it serves as a useful screening measure for potential health risks.

- **Maxi™ unit:** Integrated weight monitor and laser system; calculates BMI automatically.
- **Mini™ unit:** Separate digital scales and wall-mounted height gauge; users enter measurements manually.

Body Composition

Body composition measures the proportion of fat mass, lean muscle mass, bone mass, and body water. This was assessed using bioelectrical impedance analysis (BIA):

- Users sit and hold hand grips
- A small, safe electrical current measures resistance through the body
- The machine calculates: body fat percentage, considering lean mass, muscle mass, and water content

This provides a more detailed understanding of metabolic and cardiovascular risk than BMI alone and is helpful when considering those with a high BMI due to high muscle mass through manual jobs.

Smoking Prevalence

Smoking status was captured via questions:

- Are you a current smoker?
- If a former smoker, how long ago did you quit?
- If a current smoker, how many cigarettes per day?

Responses were categorised (less than 1, 1–9, 10–19, 20+ cigarettes per day).

Blood Pressure

Both units included a built-in blood pressure monitor:

- **Maxi™ unit:** User places arm through the tube
- **Mini™ unit:** User wears cuff on arm
- Three readings are taken automatically and displayed with guidance for next steps
- Participants are asked about prior blood pressure checks and medication usage

QRISK3 Cardiovascular Risk

QRISK3 is a clinically validated algorithm used to estimate an individual's 10-year risk of developing cardiovascular disease**,** including heart attack and stroke. It incorporates a wide range of risk factors, including age, sex, ethnicity, smoking status, blood pressure, cholesterol levels, BMI, family history of CVD, diabetes, kidney disease, atrial fibrillation, blood pressure treatment, corticosteroid use, and socio-economic deprivation, among others. NICE recommends QRISK3 for guiding primary prevention interventions, including lifestyle changes and statin therapy (NICE, 2017).

On the SiSU Health station™, almost all QRISK3 questions are captured directly from users (Appendix 7), including demographics, lifestyle, medical history, and biometric measurements. The only variables not included are:

- History of erectile dysfunction/impotence
- Certain mental health conditions and associated medications

Therefore, the QRISK3 score generated by SiSU provides a near-complete cardiovascular risk assessment, currently any users identified as high risk are advised to consult their GP for a fully comprehensive evaluation.

Perceived Stress Scale-4 (PSS4)

The PSS4 is a brief, validated questionnaire used to measure an individual's perception of stress over the past month. It consists of four questions that assess feelings of unpredictability, uncontrollability, and overload in daily life (Appendix 8). Responses are scored giving an overall score of 0-16 dividing it into low, moderate and high stress bands, providing a simple yet reliable indicator of stress levels. High scores can trigger signposting to wellbeing support, mental health resources, or GP consultation.

Outcomes

Programme Activity - March 2025 to September 2025

A total of **1,654 health checks** were completed by 1420 unique participants, throughout the programme, demonstrating strong early delivery and engagement across workplace and community settings.

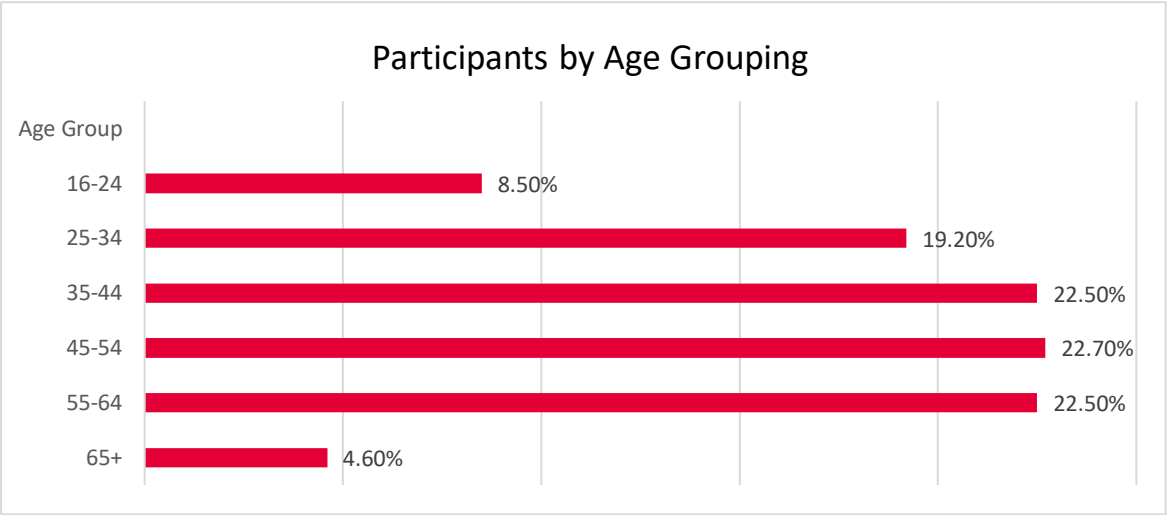
During the pilot the percentage of the total checks completed by men exceeded the women. This contrasted with the in-person business checks where the proportions are reversed with men 43% and women 57%.

Gender

- The Digital Health Checks gender proportions showed significantly higher male engagement over the standard business offer from the Essex Working Well in-person outreach teams and NHS Health Checks statistics. Understanding the driver of this improved male engagement is essential to inform the strategic direction of the project once fully implemented. This was made possible through enhanced workplace-based access and the self-service style of engagement.

- Businesses reported that their staff gender distribution seen in the health check numbers was representative of the gender proportions found within their business and in some cases (around 22%) a higher proportion of men than represented in staffing proportions used the machine.

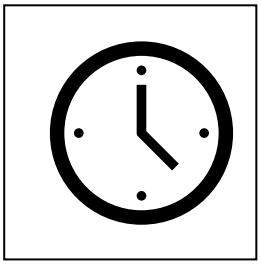
Age and Eligibility



Digital health checks were delivered across a broad working-age population from 16 and over, which contrasts with NHS health checks that target 40–74-year-olds. More than 30% of users were under 40 although a precise breakdown of under-40 participants is not currently available, until raw data is accessible in April 2026. This addition of younger users represents added preventative value and is something research has indicated will improve awareness of and demand for health checks amongst these younger cohorts when invited for health checks in the future (Healthwatch, 2025).

Due to the self-service nature of the machine users with pre-existing conditions over 40, but ineligible to have an NHS health check also had access to the digital health check stations. This helped to provide indications for users in this group on whether their blood pressure was controlled or prompted a visit to the GP for review. This was an unexpected, but useful benefit of the self-service all access machines.

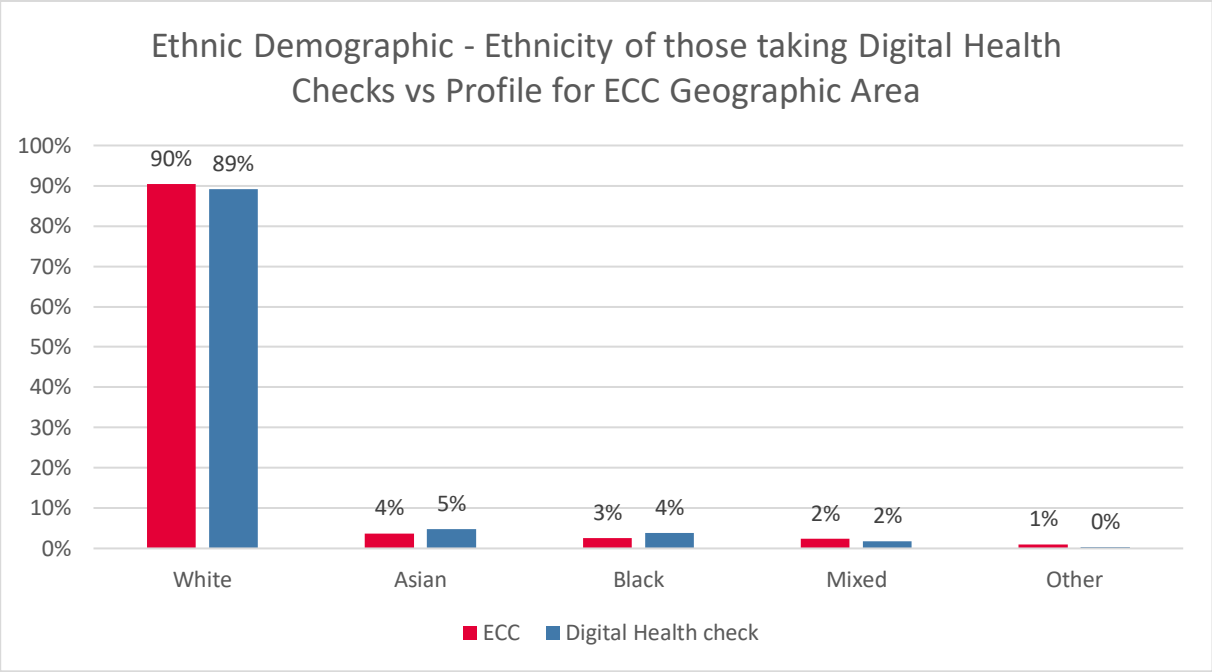
Access and Convenience



23.3% of all digital health checks completed outside of GP hours

A key strength of the programme was its ability to improve access to preventative health services beyond traditional models only available and accessible within a 9am-5pm model. It showed that the service is successfully reaching individuals who may face barriers due to work patterns, shift work, or caring responsibilities. This is particularly important for routine and manual workers, who are less likely to attend GP appointments during standard working hours.

Ethnicity



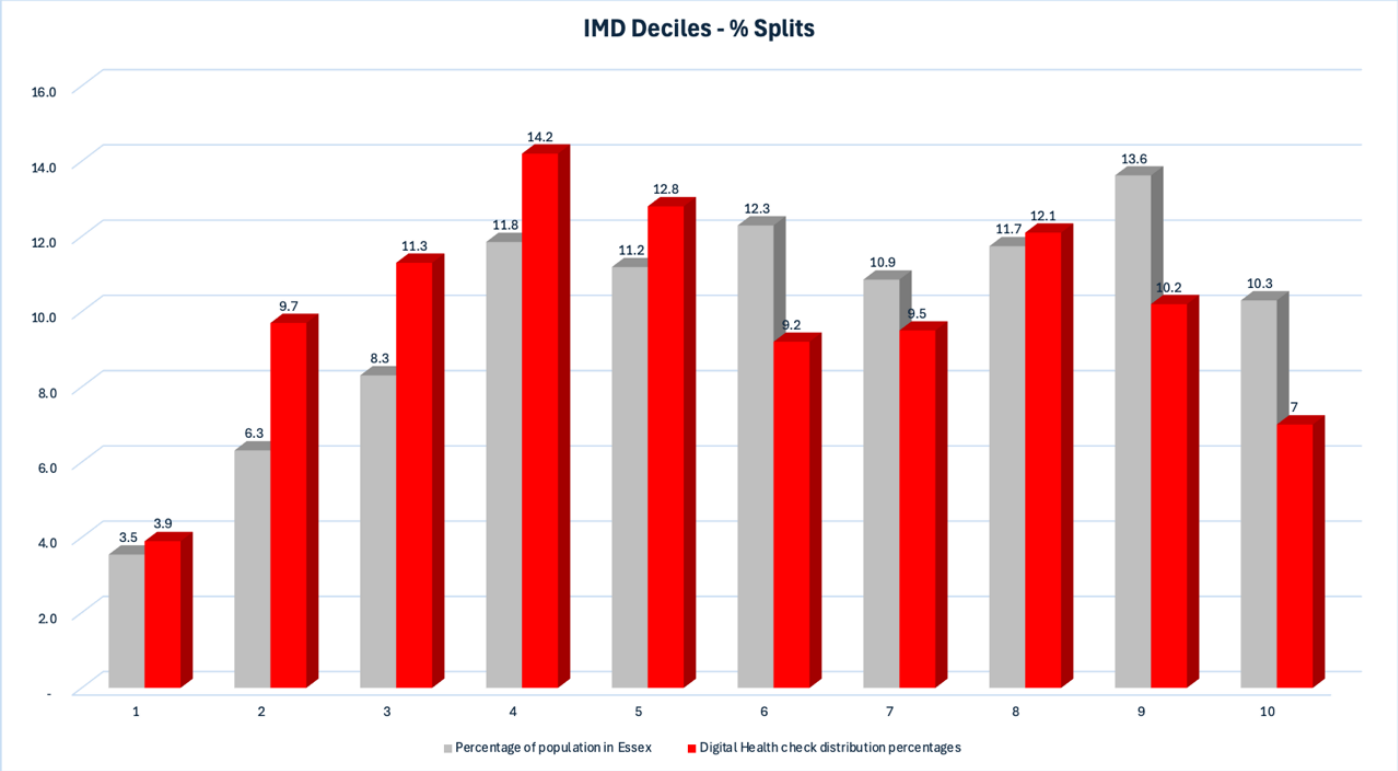
The ethnic profile of individuals receiving a health check broadly mirrored the Essex population, indicating that uptake reflects local demographic patterns and that no specific ethnic group is under- or over-represented.

Equity of Reach

Engagement in areas of deprivation across Essex

The programme shows strong performance in terms of equitable reach. The Essex population distribution across the 10 IMD deciles was plotted against the distribution found in the digital health check users.

Distribution of health checks across Index of Multiple Deprivation (IMD) deciles was broadly comparable to Essex County Council population patterns, with strong engagement from more deprived communities. This indicates that the programme is not disproportionately benefiting more affluent groups and is aligned with the Council's health inequalities objectives.



The graph clearly demonstrates that the project is successfully reaching and engaging people living in more deprived areas, supporting its stated objective to address health inequalities. The x-axis shows IMD deciles, where Decile 1 represents the most deprived populations and Decile 10 the least deprived. Two distributions are shown with the overall Essex population distribution represented by the grey bars and the digital health check users by the red ones.

Key interpretation

Over-representation in more deprived deciles is seen with digital health check uptake which is consistently higher than the Essex population share in the more deprived deciles, particularly Deciles 2–5.

Decile comparison

IMD Decile	% of Digital Health Checks	% of Essex Population
Decile 2	9.7%	6.3%
Decile 3	11.3%	8.3%
Decile 4	14.2%	11.8%
Decile 5	12.8%	11.2%

This indicates that the programme is disproportionately engaging people from more deprived communities, many of whom are more likely to be employed in routine and manual occupations, where access to preventative health services is typically lower.

Deciles 6–8 show broadly similar proportions of digital health check uptake compared with their population share, suggesting sustained engagement across middle IMD deciles. In the least deprived areas (Deciles 9–10), digital health check participation is notably lower than the population proportion. This inverse pattern indicates that people in more affluent areas, who are less likely to be in routine and manual occupations, are not disproportionately accessing the service indicating that the businesses targeted meeting the project objective and are mostly made up of routine and manual workers.

The distribution across IMD deciles shows a clear and desirable social gradient. Uptake is higher in more deprived deciles and progressively lower in the least deprived deciles. This provides strong evidence that the project is:

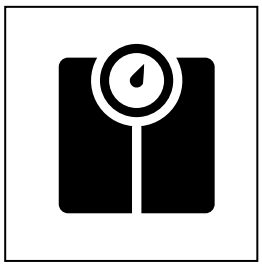
- Effectively reaching routine and manual workers
- Successfully engaging populations at higher risk of unmet health needs
- Actively supporting the reduction of health inequalities rather than widening them

Overall, the pattern aligns well with the programme's workplace-based and opportunistic delivery model, which is particularly effective in improving access for routine and manual workers and other underserved groups.

Digital Health Check Results - Test Data

Each set of test results shows the numbers of respondents completing that element of the test. The SiSU machines are configured to allow certain tests to be skipped. QRISK 3 is only permitted for those aged 25 and over. Body composition is not permitted for those who are pregnant or with any implanted medical devices. PSS4 had the lowest number of respondents and this could be for multiple reasons from being placed at the end the check where there maybe response fatigue, the complexity of the phrasing causing difficulty for those with literacy issues who choose to skip it or concerns with completing this test as it can relate to mental health that a user may not be comfortable revealing.

BMI (1,395 respondents)



Measure	Percentage
Overweight or obese (total)	69.9%
Obese (Class 1- BMI 30-34.9kg/m^2)	22%
Obese (Class 2 - BMI 35-29.9kg/m^2)	7%
Obese (Class 3 – BMI 40kg/m^2 >)	4%
Women overweight/obese	63%
Men overweight/obese	75%
Comparison – National prevalence	64%
Comparison – Essex prevalence	65.3%

Key insight: High prevalence of overweight and obesity compared to national and local averages. Men more overweight and obese than women.

Body Composition (1,212 respondents)

Measure	Percentage
Elevated body fat percentage (total)	63.4%
Men elevated body fat	68%
Women elevated body body fat	58%

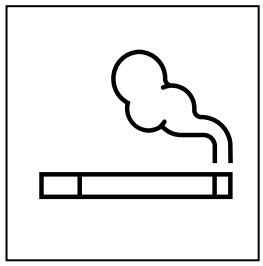
Key insight: Elevated body fat indicates increased metabolic and cardiovascular risk; highlights need for targeted interventions to reduce fat and maintain/increase muscle mass.

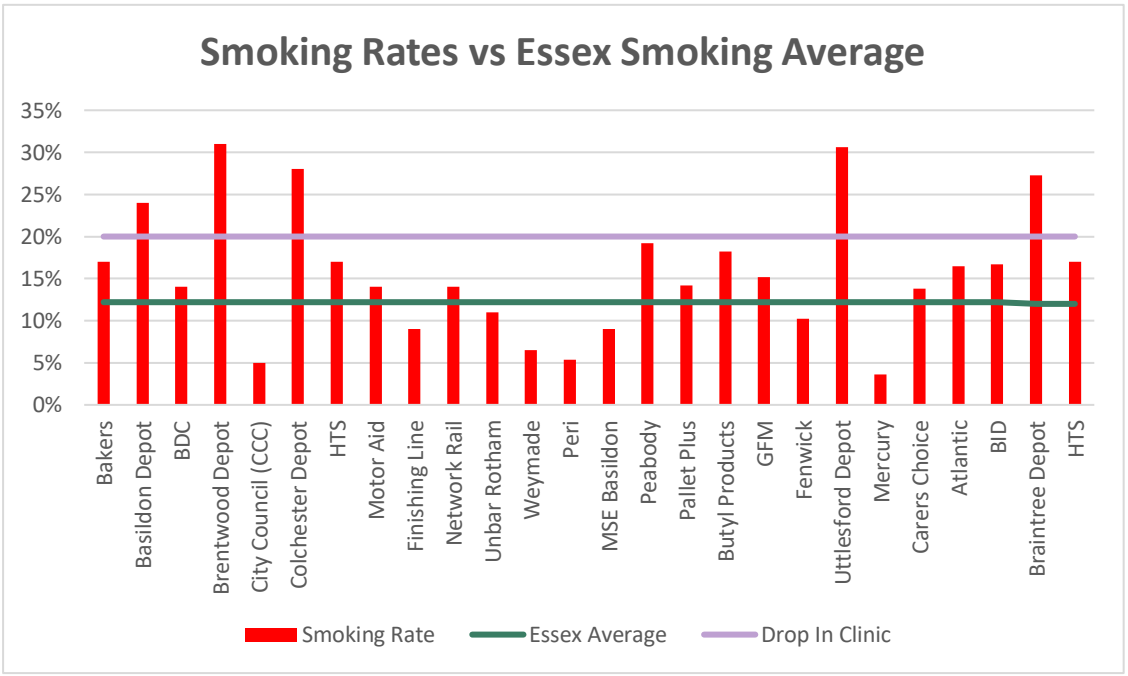
Point of Note: This is a useful metric to use in combination with BMI result to differentiate those with an elevated BMI due to high muscle mass.

Smoking Prevalence (1,412 respondents)

There were 210 users that indicated that they were current smokers.

Measure	Percentage
Overall smoking prevalence (programme cohort)	14.9%
England smoking prevalence	11.9%
Essex smoking prevalence	12.2%
Women	11%
Men	18%
Highest prevalence identified in individual workplaces	up to 34%
Number of workplaces with very high prevalence	5





Key insight: Smoking remains a significant health risk for some workforce groups; targeted drop in clinic interventions at businesses showing high prevalence, defined by the team as 20% and over, to ensure focussed staffing resource where there are large numbers of potential clients for smoking cessation services, maximising return on service investment. Higher incidence of smoking in male users.

Point of Note: At the time of the pilot the project team did not have access to the classification data to indicate percentage of heavy to occasional smokers in the cohort.

Blood Pressure (1,368 respondents)

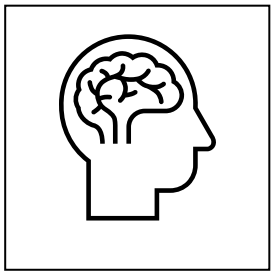
There were 264 users with high blood pressure of which approximately 64 users had elevated blood pressure of 160/100 or higher.

Measure	Percentage
High blood pressure (≥140/90)	19.3%
Stage 2 Hypertension & 3 Hypertension * (estimated)	4.7%
Women high BP	15%
Men high BP	23%
Not measured in past 12 months	59.9%

Key insight: A significant proportion of employees may have undiagnosed or uncontrolled hypertension; with more than half not having a blood pressure check in previous 12 months.

Point of Note: Raw data access would allow for understanding whether users are uncontrolled or untreated to support wider Essex County Council and NHS strategic direction. *Stage 3 blood pressure is 180/120 or above and immediate medical care is required to prevent stroke or heart attack often known as Hypertensive Crisis (NICE, 2026).

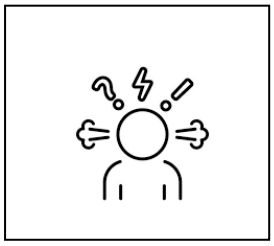
QRISK3 Cardiovascular Risk (1,137 respondents)



Measure	Percentage
Average 10-year CVD risk	17.2%
Women	8%
Men	25%

Key insight: Men show significantly higher CVD risk than women; high-risk individuals advised to consult GP by SiSU screen. Future opportunities to develop a support pathway.

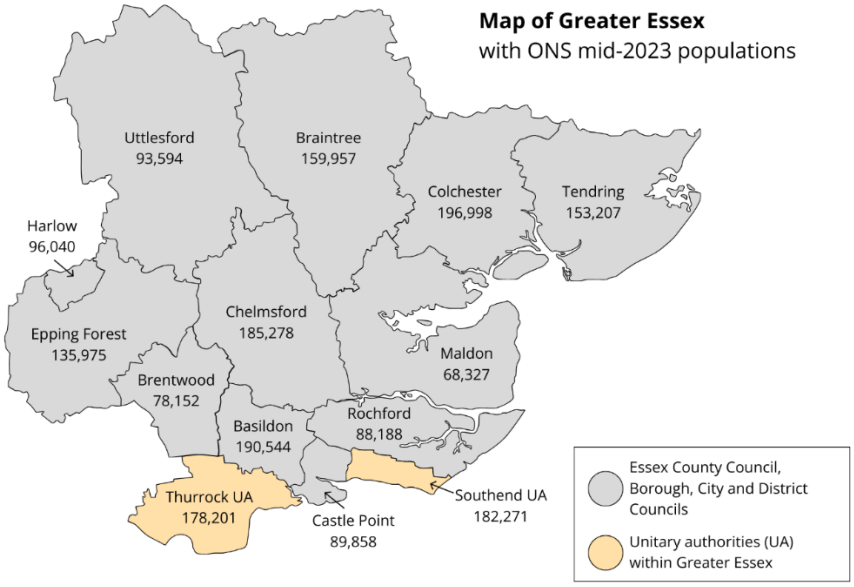
Perceived Stress Scale-4 (PSS4) (1,195 respondents)



Measure	Percentage
Women – high stress	9%
Men – high stress	5%

Key insight: PSS4 scoring indicates low stress score 0-5, moderate stress score 6-10 and high stress 11-16. Women report higher stress levels than men; opportunities exist for workplace stress reduction and mental health support.

Business Reach across the Essex County Council Area



30 Business Installations

11 Business Events

8 out of 12 districts reached in pilot

Geographic reach

The pilot started in Basildon and Brentwood district as per the original plan, so the overall percentage of business represented from these areas was disproportionate in the pilot results. Braintree, Maldon, Castlepoint and Epping Forest were not represented in the pilot, however business engagement in these areas for digital health checks post pilot is occurring.

Sector reach

- Targeted sectors for this pilot were routine and manual workers and hard to reach occupations.
- 52% of the businesses were new to Essex Working Well and 48% were businesses with existing relationships with Essex Working Well.
- 63% of the installations were in businesses that had a significant number of routine and manual staff employed.
- Types of workers using the digital health checks were from abroad spectrum of routine and manual occupations - See table below.

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

Estimating Productivity Costs from Health Risks

To provide meaningful feedback to workplaces, the programme included indicative estimates of the potential productivity costs associated with high blood pressure and cardiovascular events, obesity and smoking. These estimates were calculated based on a combination of clinical risk data, published research on cardiovascular events, and standard UK labour costs (Appendix10).

Productivity Costs of Digital Health Check Users


£236,500 from 473 users with BMI 30+	£783,000 from 264 hypertensive users	£84,000 from 210 smokers

TOTAL COST £1,103,500 PER ANNUM

COST PER EMPLOYEE £ 1,165.26 PER ANNUM

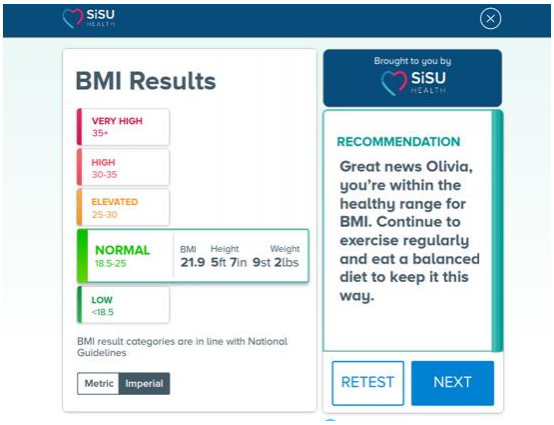
All businesses were also provided with the projected total cost if **all** their employees had used the machines and similar proportions of these risk factors had been seen.

Please note: The impact of mental health is significant on the costs of productivity but was not calculated during the pilot stage.

Follow-Up Support and Referral Pathways

Digital Health Check Results and Consent for Support

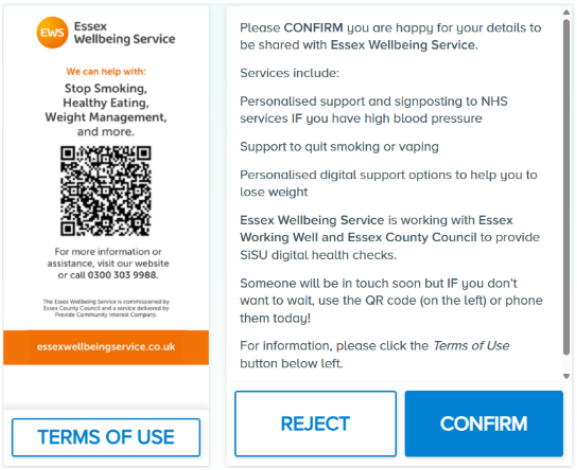
During the digital health check, users were provided with immediate feedback after completing each test. The results were displayed on the left side of the screen, while the right side provided advice on recommended next steps.



These guidance screens are pre-configured by SiSU and provide generic health advice, rather than signposting directly to local Essex County Council or Essex Working Well services.

To address this, the project team implemented an additional consent screen which allowed users to opt in to being contacted for support services. This option was triggered when users recorded:

- A Body Mass Index (BMI) of ≥30 kg/m², OR
- A positive response to the question "Are you a smoker?"



Users who provided consent were referred to appropriate support services to assist with behaviour change and risk reduction.

Referral Pathways

Two primary support pathways were available within the programme:

1. Smoking cessation support was delivered by the Essex Working Well in-house outreach team, while Weight Management services were delivered through Essex Wellbeing Service, another service provided by Provide and commissioned by Essex County Council. Both services operate primarily through telephone and online delivery models, allowing support to be provided remotely to participants.

2. Referrals generated through the SiSU system were received twice weekly via secure reporting, allowing timely follow-up by the relevant teams. Where appropriate, Essex Working Well staff contacted participants directly, or onward referrals were made to Essex Wellbeing Service weight management team.

Additional Blood Pressure Follow-Up Support

In May 2025, the Essex County Council and Essex Working Well combined project team introduced an additional support mechanism for individuals identified with Very High or Severe blood pressure readings during the health checks. Participants with these readings were offered follow-up signposting calls delivered by the Project Support Officer (PSO) between 5pm and 7pm, four evenings per week, to provide advice outside standard working hours. These calls followed a structured Blood Pressure Protocol and Flowchart (Appendix 10), which were developed collaboratively with the Mid and South Essex Integrated Care Board (MSE ICB). The aim of this intervention was to ensure that individuals with potentially urgent cardiovascular risk were supported to access appropriate follow-up care through GP services, pharmacies, or urgent care pathways.

Smoking Cessation Support

Smoking cessation services were delivered by the Essex Working Well outreach team, consisting of highly trained smoking cessation advisors. Individuals referred through the programme were contacted promptly and offered an initial assessment followed by the opportunity to set a quit date.

Participants could access a range of evidence-based cessation support options at no cost, including:

- Nicotine replacement therapy (patches, gum, inhalators)
- Behavioural support
- Cognitive behavioural approaches such as Allen Carr's method
- Vape starter kits through the Swap to Stop programme

In addition to direct referrals, businesses were supported with workplace smoking cessation resources, including posters containing QR codes for self-referral which were displayed within the workplace following installation of the SiSU machine. Businesses were also encouraged to undertake Very Brief Advice (VBA) training, enabling employees and managers to confidently initiate conversations about smoking cessation and encourage peer-to-peer support.

Weight Management Support

All users requesting weight management support were referred internally by Provide from Essex Working Well to the Essex Wellbeing Service Weight Management programme**,** delivered through the My Weight Matters (MWM) service, which provides structured support to adults seeking to achieve and maintain a healthy weight. The service combines personalised guidance, behavioural change techniques, and digital tools to help participants set achievable goals, monitor progress, and adopt sustainable lifestyle habits. Support is available via online sessions, telephone consultations, and mobile app resources, offering flexibility for users who may have limited ability to attend in-person appointments. The programme includes educational modules on nutrition, physical activity, and mindful eating, along with access to ongoing coaching and motivational resources, ensuring participants receive comprehensive, evidence-based support tailored to their individual needs.

There were 3 different processes used for the weight management referrals across the pilot phase. As the first referrals were received on 5th April therefore there were no referrals to weight management in month 1 of the pilot.

Phase 1 – April – July

Initially only those with a BMI of 35kg/m^2 were referred for weight management support from the referrals received as per Standard Operating Procedure (V1 March 2025).

Phase 2 – July – End of August

Those with BMI 35kg/m2 continued to be referred via the SPoA for weight management support. The Essex Working Well Manager decided that June to end of August referrals with a BMI between 25kg/m^2 and 34.9kg/m^2 would be sent an email offering AmaraHealth™ App. This is holistic health and wellbeing application designed to help users manage their weight, track physical activity, and improve lifestyle habits. Mindfulness for Weight management courses via a Microsoft form and the option to contact the SPoA directly if they wanted the full MWM course.

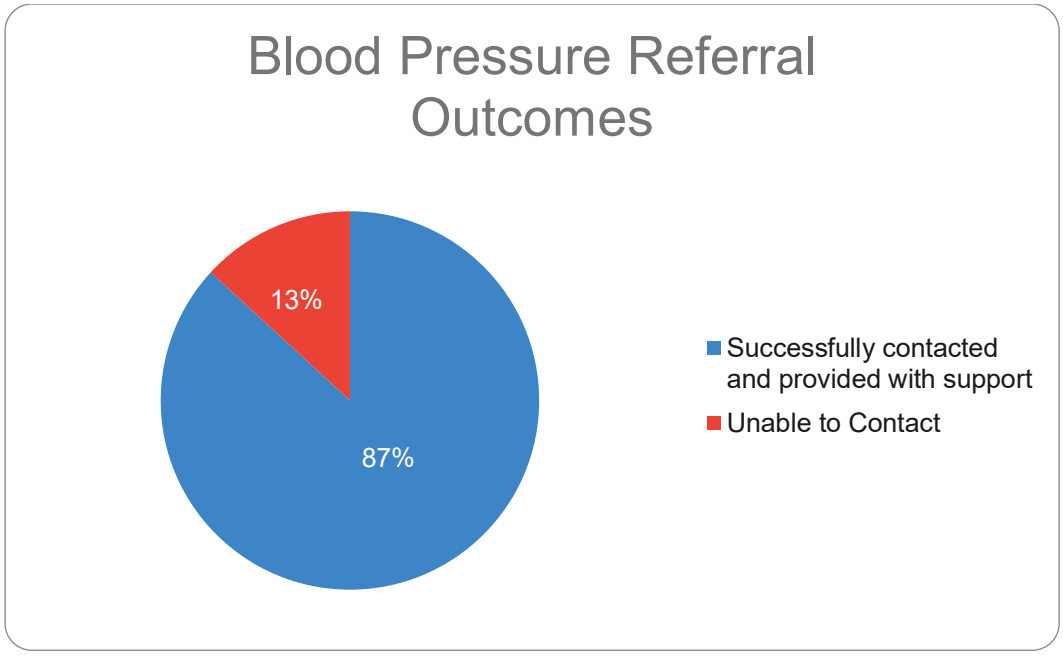
Phase 3 - September – End of November

Those with BMI 35kg/m^2 continued to be referred via the single point of access for weight management support with the Essex Wellbeing Service. In December it was agreed that all users between 25kg/m^2 and 34.9kg/m^2 who had referred between September, and end of November could also be referred via the SPoA for weight management support via Essex Wellbeing Service.

September was the only month where all users with overweight or obesity were referred to the Weight Management Service.

Blood Pressure Follow-Up 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 from the PSO.
- Users were directed to appropriate support from Pharmacies, GPs and the new blood pressure monitor loan scheme via library service (Appendix 11).



These calls typically lasted 5–15 minutes, and contact attempts were made on up to two occasions.

Strengths of the Blood pressure Follow-Up Process

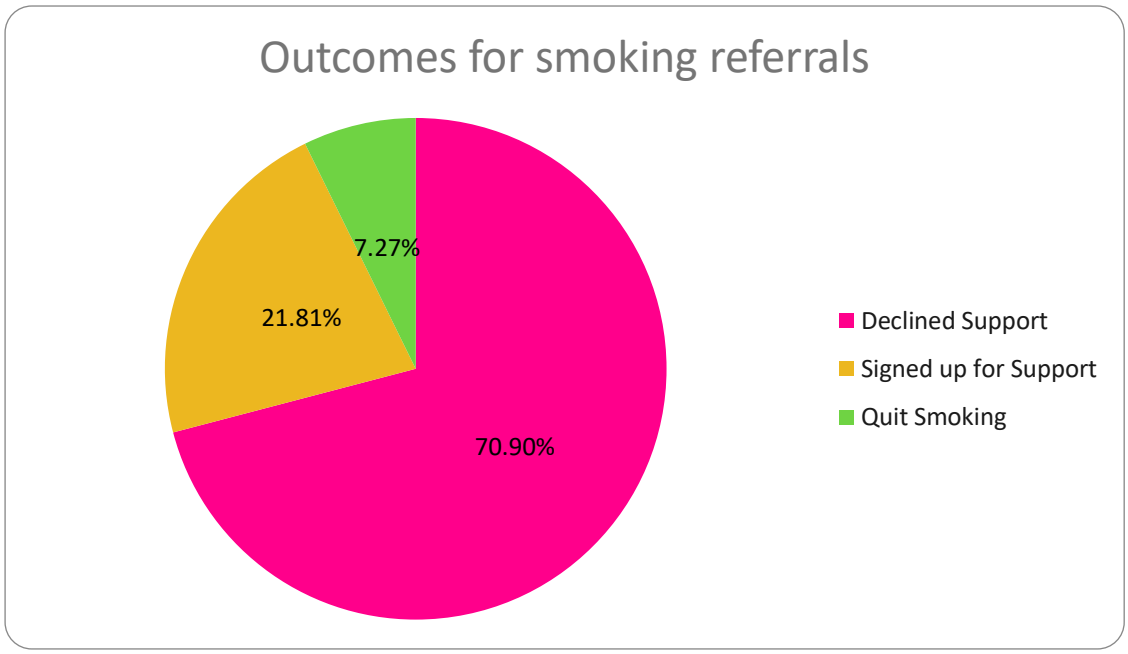
This targeted intervention proved manageable within existing staffing resources and provided several additional benefits:

- Ensuring individuals with potentially serious readings received timely advice and reassurance, at a time that they were available 5-7pm.
- Gathering feedback on the accessibility of signposted services, such as GP practices and pharmacies
- Assessing adherence to initial health check advice, which was reported at approximately 92%

The development of structured protocols, text messaging templates, and training materials also ensured consistency in the approach taken across all follow-up contacts.

Smoking Cessation 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.



Smoking Cessation Progress and Targeted Intervention Strategy

The programme identified 210 smokers, representing 14.9% of the cohort, which is higher than the Essex average smoking prevalence of 12.2% and smoking prevalence within in-person business outreach team which is 9%. Of these individuals, approximately 38% (80 people) chose to self-refer for support through smoking cessation services. At the end of the pilot 30% were engaged in cessation or had quit smoking.

Although conversion rates into smoking cessation services were lower than initially anticipated, the digital health checks generated valuable insight into workplace-level smoking prevalence. The SiSU health stations™ enabled detailed analysis at a business level, revealing significant variation across sites.

Several workplaces recorded smoking prevalence well above the Essex average of approximately 12%, with some sites reporting rates of 30% or higher. This granular data has provided a strong evidence base to inform a more targeted and efficient intervention approach.

In response, the programme has developed a targeted strategy focusing resources on workplaces with the highest smoking rates. From January 2026, targeted workplace drop-in smoking cessation clinics have been introduced at sites where smoking prevalence is 20% or above.

This approach ensures more effective use of limited staffing capacity by concentrating support where it is most needed and where it is likely to have the greatest impact. By aligning intervention delivery with identified need, the programme is better positioned to support behaviour change, improve quit rates, and contribute to Essex County Council's ambition of achieving a Smoke Free County by 2030.

Weight Management Referrals Outcomes

There were 497 weight management referrals received during the pilot phase of the programme approximately 44% of the total number of 1119 overweight and obese results on checks.

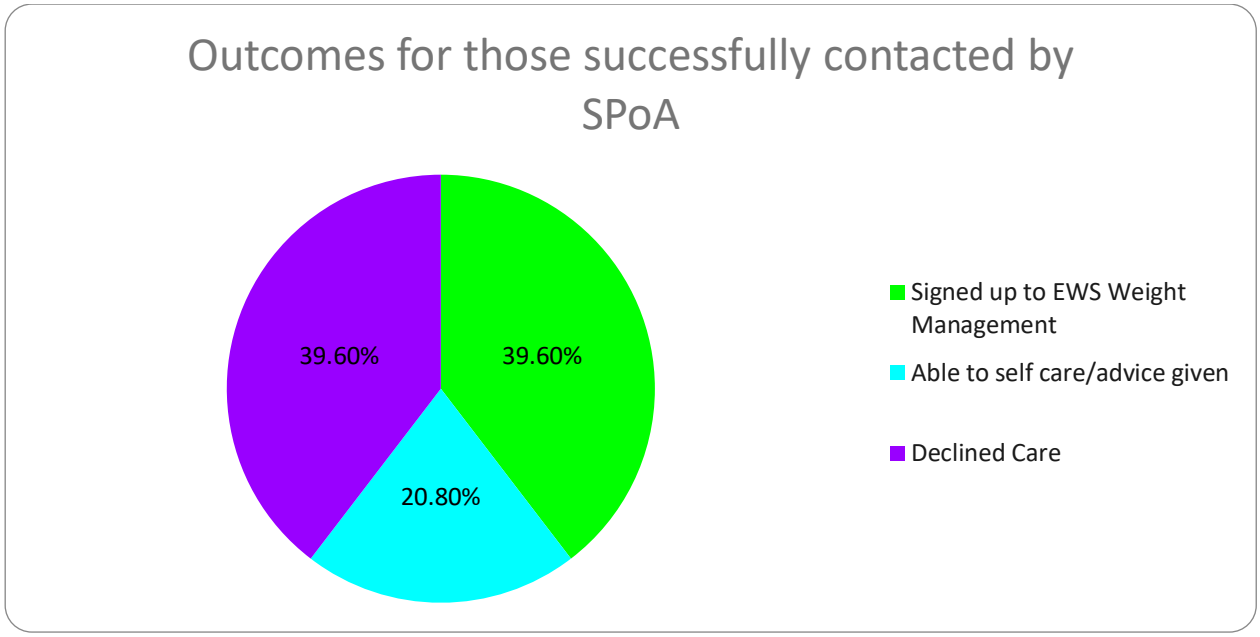
After screening:

- 177 referrals were unable to access services due to being out of area or duplicate referrals
- 346 individuals were considered suitable for referral

Illustration of the Weight Management Outcomes

180 individuals were referred to the My Weight Matters (MWM) service.

The table below shows the outcomes from the weight management referrals in the pilot phase.



Across the whole pilot 180 users were referred to SPoA for phone contact. Out of those who were spoken to on the phone:

- 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.
- Contact was made with all users that consented to be referred into the weight management service, however only 29.44% of user that were referred to SPoA were reached when contacted. This lowered figure takes into consideration that there is clear well-established evidence that people often accept a referral without firm intention to take up support, particularly for behaviour change services, which is recognised across behavioural science, NICE guidance, and NHS service date.
- BMI range signing up to MWM programme was 28.9kg/m^2 to 47kg/m^2
- Due to delays to this referrals/ weight loss programme commencement there is no current weight loss data from enrolled users to provide for this report.

Exploration of an Alternative Option

- 166 individuals were offered alternative digital support options, including Mindful Eating resources and the Amara app™

As part of the pilot, several dynamic adaptations were made to the referral process to provide more timely and accessible support for individuals who had expressed interest in weight management services. One of these changes was the introduction of the Amara digital app™ as a first-line weight management tool, allowing individuals to begin engaging with behaviour change support while waiting for a more structured assessment or programme place within the My Weight Matters service.

The intention was to provide earlier access to support, helping to maintain motivation and reduce the loss of momentum that can occur between initial screening and programme enrolment. However, engagement with this digital-first option was relatively low, with only a small number of users choosing to access the Amara app™ or associated resources. This alternative route of an email with MS Form to complete only yielded 2% (3) positive responses.

Next Steps

Further research is required to better understand the reasons for this level of uptake. One possible explanation is that some individuals within the target workforce may not regularly use smartphones or digital applications, which may relate to factors such as financial constraints, digital literacy, or cultural preferences around technology use. Understanding these barriers will be important for designing future weight management interventions that are accessible to the routine and manual workforce groups the programme aims to reach.

Strengths and Challenges of the Referral Process

A key strength of the programme was the ability to identify health risks at scale and connect individuals to appropriate services. The digital health check model allowed testing to take place 24 hours a day, seven days a week, significantly increasing access compared with traditional NHS Health Checks. This model successfully reached groups who are often underrepresented in traditional preventative services, including:

- Routine and manual workers
- Men
- Individuals living in more deprived communities
- Individuals with higher rates of smoking and obesity

Operational Challenges with Referrals

Challenges were identified during the pilot phase, relating to system functionality, data quality, and referral processes.

System Functionality and Data Quality
Several system and process-related challenges were identified during the pilot, impacting data quality, referral accuracy, and user engagement with follow-up services.

Data Quality and System Usability
User driven keyboard input errors on the machines also affected overall referral accessibility to support services. Although approximately 95% of these users provided email addresses, most of the support services relied solely on telephone contact, limiting the ability to follow up. This issue was resolved through adaptions to SiSU systems that ensured all users had to provide a phone number with a standardised number of digits to allow them to proceed to the next screen. In addition, multiple uses of the machines during installation periods resulted in duplicate entries within referral reports, falsely inflating referral number and requiring that data sets were cleaned to ensure accuracy.

Referral Pathway and Processing Constraints
Weight management referrals were processed externally within the wider Provide service, while Essex Working Well received additional resource and investment to manage blood pressure and smoking referrals within their core team. This provides a rationale to why there was reduced flexibility and a limited ability to tailor follow-up approaches for weight management to the needs of routine and manual workers and those in hard-to-reach occupations.

Access and Engagement Barriers
While digital health checks were available 24 hours a day, follow-up services operated primarily during standard office hours (9am–5pm, Monday to Friday) via telephone through the Single Point of Access (SPoA). This created a mismatch between access to screening and access to support.

Many participants worked in routine and manual occupations where access to phones during working hours was limited, schedules were inflexible, and attending daytime appointments

was challenging. As a result, some individuals who expressed interest in support were unable to fully engage with follow-up services.

Out-of-Area Users
A significant proportion of individuals completing health checks worked within Essex but lived outside the Essex County Council geographical area. This resulted in some referrals being ineligible for Essex-commissioned services, particularly for businesses located near county borders.

Response:
To address this, the project team utilized existing cross-referral pathways with neighbouring providers, including discussions with Everyone Health Southend, enabling users to be signposted to appropriate services in their local area. Future collaboration will focus on strengthening referral pathways and enabling outcome data sharing across service boundaries.

Access to Monitoring Equipment
Some individuals identified with raised blood pressure were advised to monitor their condition regularly but did not have access to a home blood pressure monitor.

Response:
Participants were signposted to community resources, including blood pressure monitor lending schemes available through Essex libraries and local pharmacies. Electronic templates and guidance were also provided to support self-monitoring.

Key Learning

If the pilot aims are to reach routine and manual workers and those in hard-to-reach occupations, then the support provided post the check needs to also reflect this. Whereas BP signposting and smoking cessation referrals are within the Essex Working Well staff resource, the MWM referrals are processed externally to the team and therefore it was much harder to have the same degree of flexibility.

It is important not to assume that the headline figures that indicate a lack of engagement in a service are the whole story and completing audits and research to understand rationale and possible issues so informed changes can be made is essential. An audit of the weight management referral SPoA processing was completed and a review document completed by the PSO post pilot to inform and support future plans in full programme.

Future Plans to Maximise Outcomes from Referrals

- Blood pressure follow-up calls at 1 month post initial calls to understand post signposting outcomes better. This will also be an opportunity to find case studies.

- Drop-in clinics for high smoking prevalence businesses, VBA focus etc; finding greater numbers of additional smokers outside of the initial checks.

- Weight Management pre-screening call trial between 5pm-7pm proposed for 2 months March and April 2026 to ensure better initial contact rates and optimisation of ROI from SPoA and Essex Working Well staffing resource.

- Referrals Survey - Listening to users and discovering needs and accessibility requirements going forward to maximise success in future.

- Analysis of referrals survey to inform suitable services for weight management.

- In business programme development for weight management proposed.

- Essex Working Well will look at developing a range of tools to prepare staff for behaviour change within workplaces, for example an updated Workplace Health Champion and peer support training.

Case Studies – Changing Lives and Avoiding ill Health

In addition to the health check results accessible on Tableau, referral data and outcomes there was desire on behalf of the project team to collect personal stories about how the health check had impacted people's lives. From September onwards, case studies were requested and collected via workplaces.

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'

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'

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'

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!'

Tony Payne -–working for a cleaning company

Tony's check revealed a very high blood pressure and Tony was advised to follow the blood pressure protocol and recheck the blood pressure and seek support from his GP asap.

His GP asked Tony to go to hospital as his blood pressure was getting higher by the time he reached the A & E department his BP was 198/110 and the consultant told him his life is in imminent danger!

Tony thanks the team and plans to increase exercise, get support to reduce stress and says, 'the digital health programme saved my life!'

Case study – Tracy

I am work as an employability advisor in Basildon and the Maxi™ came to our business in October in 2025. I used to live in London and moved out to Basildon five years ago. I'm 60 now but I've never been for a health check, I don't think I've ever been invited for one or not that I can remember anyway. I had been suffering from daily headaches and occasional dizzy spells for a few months, but I just couldn't be bothered to go to the GP, so I took headache tablets and seemed to help. I assumed it was all down to life stresses and strains and didn't think it was something serious. I didn't want to do something like bother the GP and it's so hard to get an appointment.

What was the machine like to use?

Oh, my goodness it was so simple. It felt comfortable. The instructions were super clear. It almost felt like the machine did it for you!

What did you find out?

I found out that I was overweight, but I already knew that so that wasn't anything new. However, until I sat down at that machine, the last thing I expected to find out was that I had very high blood pressure - it was such a shock!

What happened next?

As soon as I got my results, I realised I had to do something about them, so I took the SiSU app and showed it to the receptionist at the doctors on my way home from work who didn't seem to be particularly concerned. The following day I had a conversation from someone at Essex Working Well who supports people with high blood pressure. Who suggested that I needed to go back to the GP, so I phoned.

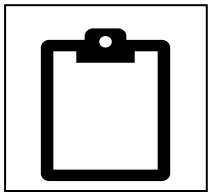
I didn't have a blood pressure machine to monitor blood pressure and so I borrowed one from the library service which I'd heard about from Essex Working Well. I was so impressed with the service I got at the library they were able to give me a blood pressure monitor to come home with and even though I've got slightly larger arms they managed to find me a really good large cuff that I could use to get accurate results and my GP rang me. They were extremely concerned and suggested I needed a 24-hour monitor to look at my blood pressure, but they didn't have any spare for a month. I said I was happy to wait a month, but the GP said, and I quote 'it could be too late' that really shocked me. He started me on tablets immediately and now my blood pressure is down to normal.

Would you recommend using the machines?

Oh my God yes definitely, I think this machine probably saved my life it definitely prevented me from getting really sick and told me something I've never known without it. There should be more of them, and they should be everywhere.

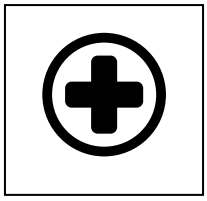
Post Placement Survey – Digital Health Checks Empowering the Workforce

In addition to Case Studies, a short survey was designed (Appendix 12) by the PSO that staff could access via a poster in their workplace after the installation to gauge views on the checks themselves, discover lifestyle changes. Results from the survey reported that 68% of individuals made household level changes like walking the dog more or making a healthy lunch rather than having fast food while at work. We have included some of this feedback below.

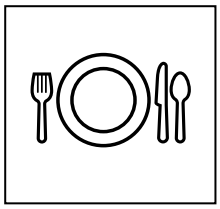


82.5% of those completing the survey had completed a check

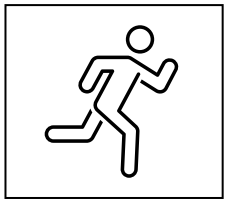
46.8% of respondents reported the check flagged a new issue



57% reported raised BMI or body composition
21% reported increased stress levels
11% raised blood pressure
11% elevated QRISK3 score

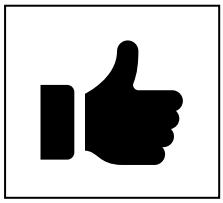


54.5% of people reported they were now eating better
'I am eating more fruit and vegetables' 'I'm eating more fibre' 'Cut back on takeaways and saving money too!'
9% mentioned they had 'cut back alcohol'



41% reported they were exercising more
'I am running twice per week' 'I am counting my steps' 'I have gone back to swimming' 'I am walking the dog again and not the teenagers'

10% of respondents reported testing prompted them to get primary care support for blood pressure medication reviews, stress management & menopause advice



94% of respondents said would be very likely to likely to recommend the digital health checks to others*
(*Tableau reporting when asked during the check is 93% of users would give the test a 7 or more out of 10 - so comparable)

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.

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.

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

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.

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.

Strengths of the Pilot

Scalable, Preventative Digital Delivery

The digital format enabled large-scale delivery at relatively low marginal cost compared with face-to-face approaches. The health check successfully increased awareness of preventative health, prompting reflection on physical activity, diet, lifestyle behaviours and mental wellbeing. The mobile health check stations supplied by SiSU also had the capability for the user journey to be adapted to meet the project needs of the target population and public health priorities.

Flexibility for Workers

Participants valued the ability to complete the health check at a time that suited them, reducing barriers such as travel, time off work, and appointment waiting times. Installations that allowed 24-hour access over several days were particularly effective, enabling participation before or after shifts and improving equity for manual and routine workers.

Dedicated Project Support Across a Large County

The appointment of a Project Support Officer in May was a significant strength. The postholder brought clinical experience (particularly in cardiovascular disease), project management, business development, communications, analytical skills, and experience supporting adult literacy. This breadth of expertise enabled rapid problem-solving across multiple sites and employers across a large and diverse county.

While highly effective during the pilot, reliance on a single post highlighted capacity and resilience risks. Learning from this emphasised the need for additional staffing with strengths in business development and analysis to maintain momentum, provide cover, and support potential expansion to multiple machines.

Clear Roles and Structured Communication

Defining roles and responsibilities across partners improved coordination and consistency. Tailored communication and support plans for each installation maximised awareness and engagement. Sharing visible usage figures within organisations acted as social proof, helping normalise participation and increase uptake.

Strong Partnership Working

Collaboration between public health teams, employers, and digital providers supported effective implementation and generated shared learning, creating a strong foundation for future scaling. Essex County Council and Essex Working Well coordinated sites, engaged employers, and aligned the pilot with local public health priorities. SiSU Health provided the technology, clinical design, and reporting infrastructure. Support services such as Stop

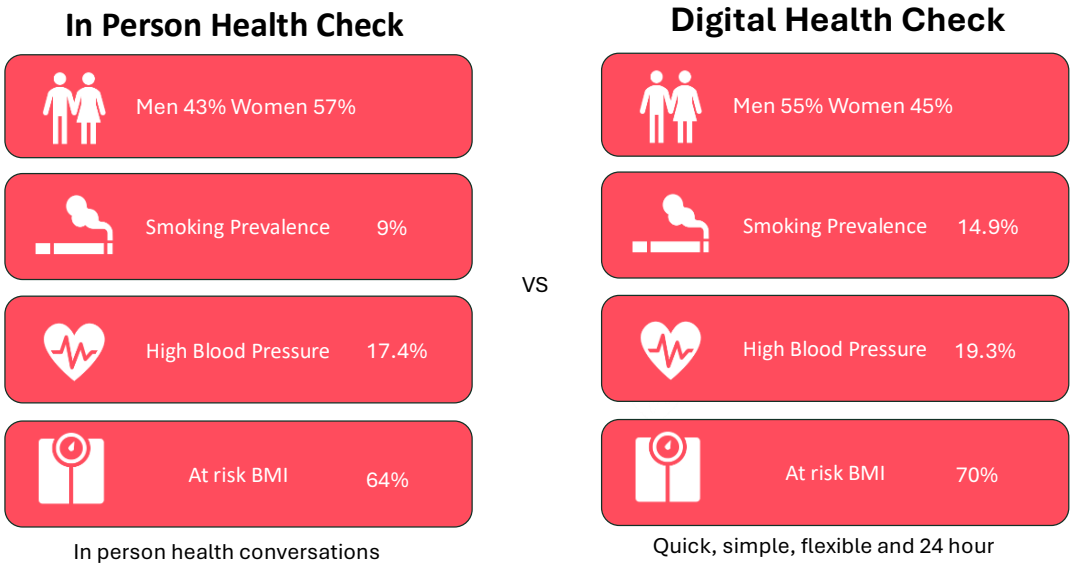
Smoking Support, My Weight Matters and Essex Working Well formed an important part of the wider pathway, providing onward support for participants who wanted to improve their health and wellbeing following their health check.

No Eligibility Barriers

All adults can undertake the mobile health check, providing an opportunity for a free health check for those who are not eligible for the NHS Health Check programme, increasing health literacy across the entire working cohort and supporting the under 40's to become comfortable and familiar with monitoring health metrics to prevent disease.

Compatibility with other Public Health Services

Digital health checks provided an option that worked very well and complimented the existing in-person business health check model. Surveys showed that while a significant majority of users preferred the accessible rapid digital option there were some employees who preferred and needed the option for an in-person chat that only the in-person health checks provided.



Both services work alongside each other to provide optimal care and health outcomes for all.

Having additional complimentary services such as the library BP monitor loan scheme and the pharmacy service available to the project team meant these could be used to signpost users for support that was extremely accessible and avoiding over stretched emergency and primary options in the vast majority of cases.

Accreditation Pipeline

A considerable strength of this pilot was the ability to use the digital health checks programme to drive a pipeline of suitable medium and larger businesses for the wider Essex Working Well offer, in particular accreditation. Feedback presentations with new businesses not previously known to the Essex Working Well team provided an opportunity to build on the rapport with key business decision makers in human resources and operations developed during the installation were first completed via Teams and were not leading to sign-ups. In the latter stages of the pilot there was the opportunity to focus on these new businesses within the digital health checks programme by completing in person feedback and accreditation introduction sessions with a Essex Working Well facilitator. Existing business already accredited were given feedback online to utilise staffing resource optimally. This new dual working in person approach, in contrast to the previous totally online approach, started in the latter part of the pilot transformed the accreditation conversion rate for these new businesses leading to 23%of the Essex Working Well team's new accreditations for the year 2025-2026 coming from digital health checks installations.

Summary of Impact

Overall, early delivery data indicated that the programme was:

- Delivering health checks at pace
- Improving access outside standard GP hours
- Reaching a demographically representative population
- Performing comparably with, and in some areas exceeding, traditional NHS Health Check engagement
- Disproportionately engaging people from the most deprived communities, far beyond what would be expected based on population size alone.
- Engaging more businesses in improving employee health and wellbeing.

This supports the plan to continue scale-up of the programme as an effective mechanism for improving access to preventative health checks and addressing inequalities across Essex.

Barriers and Limitations

Evidence from national and international literature indicates that digital health interventions risk widening inequalities if issues such as digital literacy, health literacy, trust, and working patterns are not explicitly addressed (Marmot et al., 2020; Public Health England, 2020; WHO, 2019). The barriers and opportunities identified during this pilot closely reflect these known challenges and provide locally grounded insight into how they can be mitigated in practice.

Digital and Health Literacy

A key barrier to engagement was variable digital and health literacy, particularly among workers in manual and routine occupations. Some participants had trouble navigating digital interfaces, understanding health terminology, or interpreting scoring systems. This occasionally led to partial completion, inappropriate responses (such as unnecessary referral requests), or disengagement. The PSO had experience in adult literacy issues and flagged potential issues with certain cohorts early in the programme to the project lead and additional support was placed in some businesses on certain days of the installation periods when a business had a significant percentage of staff identified by the workplace.

Trust, Privacy and Attitudes to Health

Concerns about confidentiality and employer access to personal health information reduced openness for some users, especially in sectors where job security is perceived as fragile. In addition, a prevailing “better not to know” attitude towards health was observed among some workers, reflecting fear, stigma or previous negative healthcare experiences. These factors initially limited initial uptake and honest engagement. New accessible employee resources were developed (Appendix 6) and sent to the businesses in advance to share with staff to support better understanding of what tests were included in the check and why these were important plus the confidentiality of employee’s results. On the install day the PSO would ensure that there was lots of staff engagement and time for questions to be asked of staff to maximise usage for the rest of the self-service placement. This increased update and engagement going forward.

Workplace and Environmental Constraints

Participation was strongly influenced by employer engagement and environmental factors. In some organisations, staff were not given protected time to complete the health check, resulting in lower uptake. Placement of machines also affected confidence and visibility; open locations reduced perceived privacy, while secluded locations reduced awareness and spontaneous use. Site visits were completed prior to the Maxi™ placements to ensure this large machine was able to fit in the business but also all businesses were provided with verbal and written advice and guidance around where to place the machine to ensure balance between privacy and awareness. On installation days the PSO scheduled additional time to ensure that the positioning of the Mini™ could be moved if unsuitable.

Timing and Staff Availability

The pilot included installations lasting from three days to three weeks, as well as deployments at full-day events, half-day events, and business park events. Whereas the installations for 3 days to 3 weeks captured more IMD 2-5, the shorter day-based events, typically operating between 9:30am and 3:30pm, disproportionately captured staff who were not the target users such as office-based and managerial staff in IMD range 6-10. Business Expo type events attended once or twice per month where there was an opportunity to showcase the machine to gain leads for placements were seen as essential to provide a pipeline for future target businesses. Single business day events where a company's manual and routine workers, often started work between 6–8am and return equipment after 3pm, making standard daytime provision inaccessible were found to result in more IMD5-9 and provided outcomes not as focussed on the aims and objectives of the pilot.

Geographic Scale and Travel

Essex's large geography created logistical challenges. Travel between sites was time-consuming, limiting the number of installations that could be supported for example the distance between two placements – one in Loughton and the other in Harwich was 73 miles. In addition, many employees working in Essex do not live within the county (for example in Saffron Walden, Loughton, Colchester, Clacton and Rochford), reducing their ability to access locally commissioned follow-on services such as Essex Working Well and Essex Wellbeing Service. Planning placements to avoid these long journeys, maximising time efficiencies was essential. Looking at collaborative working with neighbouring providers to enable people working in the Essex County Council area but living in a neighbouring area to have further support after a check.

Business Recruitment and Scale Requirements

The Digital Health Check model required participation from medium to large employers (40 to 150 + employees) to remain cost-effective and required large numbers of manual and routine businesses. Less than 50% of the Essex Working Well existing companies were suitable sites from a size and demographic perspective. Essex Working Well stock of smaller businesses was less able to participate, limiting reach and flexibility. A lack of a ready pipeline of suitable businesses meant significant time was spent on cold calling and business development during the pilot. Basildon Council and Colchester BID supported the pilot to offer checks to much smaller businesses by providing premises located in retail areas to allow 30-80 micro business employees to access a check.

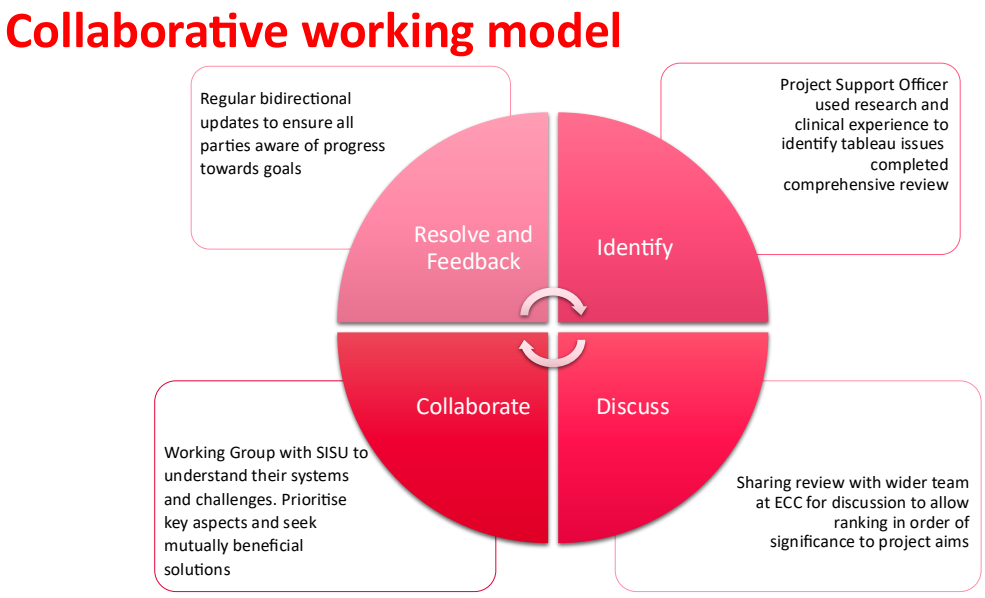
Engagement During Installation Periods and Post Placement

Even where businesses were supportive, engagement during installation periods was vulnerable to disruption. Unexpected staff sickness, annual leave or operational pressures could significantly reduce uptake during short deployment windows. Some managers while keen to have a free resource did not always proactively support the installation. This variability is difficult to fully mitigate and introduces uncertainty into participation levels. Developing a

presentation for management prior to sign up explaining the productivity costs associated with preventable ill health and the financial benefits to the company of fully engagement with workplace wellbeing programmes made positive difference to managerial engagement and promotion of the checks. Increasing time in business during set up on installation day would build rapport not only with the key business contact but also staff in on the day. This relationship building element of the new SOP allowed for the introduction of the other Essex Working Well services and lead to several new Health and Wellbeing accreditations across the pilot and beyond. Email health check updates throughout installation from the team pushed better usage.

SiSU issues and reporting issues

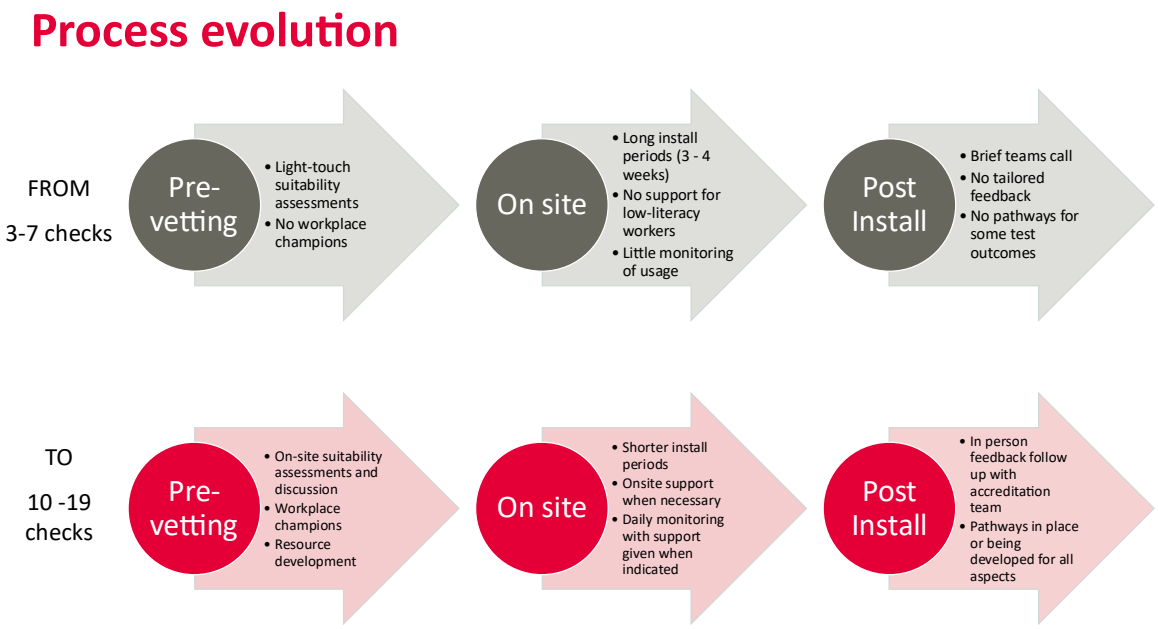
Early on in the pilot the PSO reviewed the reporting system provided by SiSU Health and it was identified that changes were required to ensure dynamic daily updates on usage to drive the enagement with businesses, compatability with standardised ICB and NHS methods, allowing more meaningful analysis, impactful results and improve accuracy. At the beginning of the pilot this delayed the time it took for businesses to receive feedback. However a collaborative working model was established in June, which meant that by September the vast majority of the issues were solved and there was a plan to acquire raw data to allow bi-variate and multivariate analysis once in full programme.



Learning and Mitigation Actions

Throughout the pilot, barriers were addressed through practical adaptation:

- On-site support from staff experienced in literacy support increased confidence and completion rates.
- Simplifying of information materials improved understanding of confidentiality and data use.
- Revised deployment models ensured appropriate machine selection and placement. e.g decreasing the length of placements from four weeks to two weeks within businesses where applicable
- Extended-access installations improved reach among manual and routine workers.
- Improved employer engagement pathways were developed through Essex County Council, Essex Working Well and economic development teams.



These actions demonstrated the value of flexibility, human support and user-centred design in digital workplace health interventions.

Next Steps and Future Opportunities

The SiSU Mobile Digital Health Checks Programme, launched in Basildon and Brentwood in March 2025, extended its reach to cover the full Essex County Council area during the halfway point in the pilot, representing a significant step forward in bringing preventative health services directly into workplaces.

This expansion aligns with national priorities to improve access to risk assessment and support for cardiovascular disease and other non-communicable conditions, particularly among working-age populations and underserved groups who are less likely to attend GP-based services (OHID, 2026; Consultancy.uk, 2024). Improving accessibility and participation especially among deprived populations and men is essential to achieving optimal outcomes from early risk assessment and management. NICE supports ongoing engagement and regular reassessment of risk across the life course, tailored to individual and community needs (NICE, 2025).

Opportunities for Future Development

Key opportunities include:

- Simplifying digital interfaces further using visual and in person support in a targeted way to minimise costs.
- Expanding blended delivery models combining digital tools with human support.
- Strengthening referral pathways with local and national services.
- Building a stronger employer recruitment pipeline.
- Extending delivery beyond pilot timeframes to allow longitudinal evaluation of health and economic outcomes.
- Designing a marketing and communications plan to widen the programmes reach and visibility

To build on early successes and evidence of need, the following next steps and opportunities have been identified:

1. Programme Expansion and Consolidation

Extending delivery across the entire council area ensures that all eligible adults and working populations, including routine and manual workers, can access rapid and convenient risk assessment. Consolidating operational processes and procedures will help embed quality assurance and consistency, in line with NICE emphasis on systematic service delivery and evaluation to reduce health inequalities (NICE, 2017).

2. Staggered Increase in Mobile Units

A phased increase in SiSU units will enable a controlled scale-up that maintains service quality while meeting demand. Evidence suggests that repeated and convenient access points, including digital platforms, can sustain engagement and support long-term behaviour change,

an approach recommended in national evaluations of hybrid digital and face-to-face health check models (Robson et al., 2022).

3. Enhanced Data Collection and Analysis

Collecting and analysing raw data from SiSU and linked services will allow the programme to monitor trends in risk factors and service uptake, adjust targeting strategies, and evaluate outcomes. NICE has highlighted the importance of robust data collection and monitoring in addressing health inequalities and refining interventions (NICE, 2017)

4. Strategic Employer and Economic Partnerships

Forging relationships with Economic Growth Teams at Essex County Council and district levels will expand the programme's reach into new businesses and integrate SiSU and Essex Working Well activity with economic development agendas. This partnership approach is consistent with NICE recommendations on community engagement and multi-sector collaboration to improve population health and wellbeing (NICE, 2017). Steps in providing stronger links with business through Economic development teams has already begun with articles in Economic Growth newsletters driving digital health check installations and accreditation signs up from companies (Appendix 13) and promotion of the scheme using strong examples from existing Essex Working Well Level 3 accredited companies like Baker Labels (Appendix 14).

5. Development of Clinical Pathways

Establishing a formal QRISK3 pathway with community pharmacy support will enhance follow-up for individuals identified at elevated cardiovascular risk. Looking at rapid cholesterol tests provided in 7 mins without the need to book fits the narrative and goals of the digital health check programme. Integration with evidence-based management guidelines, including hypertension and lifestyle risk management, is supported by NICE and national NHS guidance for systematic risk reduction following assessment (Public Health England, 2024).

Similarly, a PSS4 signposting pathway developed for inclusion on the screen during the tests for the individual but also linked to focussed mental health training and support for employers aligns with NICE's recommendations on mental wellbeing in the workplace and the importance of structured support for long-term conditions and stress management (Royal Society for Public Health and Business for Health, 2024).

6. Targeted Behaviour Change Offers

Targeting smoking cessation and weight management interventions at workplaces with higher prevalence of risk factors with smoking drop-ins for those with 20% smoking prevalence reflects both local needs and evidence from systematic workplace health research. Combining risk assessment with counselling can improve cessation outcomes, highlighting the value of multi-component interventions (Robson et al., 2022; NICE, 2021).

Weight management interventions that are in business focussed with support from Essex Working Well trained staff is an area being targeted to develop in 2026. Opportunities to explore targeted tier 2 weight management referrals for routine and manual workers aligns with emerging NICE guidance on obesity management and the need for tailored support to address high prevalence of overweight and obesity in local populations (Essex County Council, 2024). Seeking to gauge the needs and wants of those referring into the service is the next step in providing focussed and relevant interventions that maximise the numbers who engage.

7. Physical Activity and Productivity Evidence

Signposting to physical activity programmes and linking health risk data with measures of productivity loss will support employers to understand the economic benefits of a healthier workforce. National evidence links wellbeing initiatives to reduced absenteeism and improved capability at work (Royal Society for Public Health and Business for Health, 2024). Post install surveys indicate that exercise is a health priority for users post their checks.

8. Supporting Ongoing Monitoring and Self-Management

Referral and signposting to a Blood Pressure Monitor Library Loan Scheme will facilitate ongoing self-monitoring for individuals at risk of hypertension, aligning with NICE recommendations for regular assessment and long-term risk management following initial screening (Public Health England, 2024).

By expanding delivery, strengthening partnerships, embedding evidence-aligned pathways, and targeting high-need groups with tailored interventions, the SiSU Mobile Digital Health Checks Programme can further contribute to reducing health inequalities, supporting behaviour change, and improving population health outcomes in line with NICE guidance and national priorities.

Conclusion & Strategic Learning from Pilot

The Digital Health Check pilot has demonstrated that delivering preventative health interventions within workplace and community settings can significantly improve access to health screening for working-age populations in Essex. The SiSU digital health checks, which take approximately 4–6 minutes to complete and are available 24 hours a day, seven days a week, provide a highly accessible and flexible model. This approach enabled the programme to engage individuals less likely to access traditional primary care services, particularly those in routine and manual occupations, those working outside standard office hours, and younger individuals who may not routinely engage with health services.

The pilot identified a substantial level of previously undetected health risk across the cohort, including elevated rates of smoking, overweight and obesity, and high blood pressure. Notably, this included previously undiagnosed risk among younger individuals, highlighting the value of proactive, workplace-based screening in reaching populations who may not perceive themselves to be at risk. The digital model supported rapid identification of these risks and facilitated timely referral into appropriate support services, including smoking cessation, weight management, blood pressure follow-up, and mental health pathways.

Importantly, the programme also highlighted key barriers to engagement with preventative services. Challenges relating to limited-service availability outside standard working hours, cross-boundary eligibility, and digital access constraints emphasised the need for more flexible and responsive delivery models. These insights have enabled the programme to refine referral pathways, introduce targeted follow-up approaches, and better align services with workforce needs.

A key strength of the model is its ability to generate granular, workplace-level data on health risks, including cardiovascular disease indicators and mental health needs. This data not only informs targeted interventions within workplaces but also supports other local programmes, such as:

- ICB medicines optimisation and compliance initiatives, by highlighting populations at higher risk of conditions requiring medication adherence support.
- 30–39 health check pilots, by identifying previously undiagnosed risks in younger cohorts and informing early intervention strategies.

The programme also plays a central role in supporting businesses to develop comprehensive health and wellbeing strategies. Through the extensive support services offered by Essex Working Well, employers can access tailored interventions and guidance, contributing towards workplace accreditation and the development of healthier organisational cultures. This integrated approach supports both individual behaviour changes and organisational culture shift, helping to create healthier, more productive working environments.

Importantly, the pilot aligns with national NHS priorities, including the Core20PLUS5 framework and the NHS Long Term Plan, which emphasise reducing health inequalities and targeting five clinical areas—mental health, cardiovascular disease, maternity, early cancer diagnosis, and chronic respiratory disease. The programme demonstrates how digital health delivered in community and workplace settings, can support Core20PLUS5 objectives by

identifying unmet need in underrepresented populations, promoting early intervention for CVD and mental health and supporting proactive population health management.

Overall, the pilot demonstrates that the SiSU Mobile Digital Health Checks Programme provides a scalable, data-driven approach to workplace prevention. With continued partnership working, sustainable staffing models, and service adaptations informed by pilot learning, the programme has strong potential to reduce health inequalities, improve workforce wellbeing, and support a healthier and more productive Essex workforce. It also contributes to wider strategic ambitions, including the goal of achieving a Smoke Free Essex by 2030, while generating data that supports complementary public health programmes across the county.

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A special thank you to all the companies who have supported us!

Appendices

Appendix 1 – DHC Overview Slide Deck for Businesses

Essex Working Well

Health checks - What are they?

Every five years from the age of 40 every adult in the UK is offered a free health check from their GP.

Only about ½ those contacted attend the check (38% Men, 58% Women)

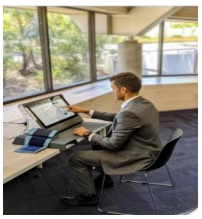
Some people forget, some are too busy to take time off work and others are worried about being **'told off'** about being overweight or smoking so, avoid the test.

Every day in the UK people who do not attend their checks become unwell with heart attacks, strokes and other avoidable conditions. Adults too young to qualify for a GP health check also become unwell with preventable conditions.

essexworkingwell.co.uk

The SISU Digital Health Project

- **Essex County Council** working in partnership with **Essex Wellbeing Service**
- **Over 3000 checks completed since April 2025**
- Using the Maxi and the Mini units from SISU Health
- Offering 24/7 self administered 5 -minute checks
- Available to ALL staff 16 and over
- Targeting hard to reach groups via their workplaces



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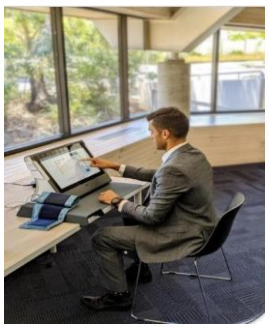
The SISU Mini

Business Size : At least 40 employees or more on a single site or training day with at least 40 staff attending

Positioning requirements: Mini can be placed in any indoor space and requires a table and chair plus mobile phone signal & power socket.

Installation Duration: 1 day – 2 weeks (dependant on staff numbers)

Delivery Information : Flexible delivery days- Working Well staff member installs the unit and provides support for 1 -2 hrs on the install day. (Staff member stays to support for the full day on an event day)



The SISU Maxi

Business Size : At least 150 employees or more on a single site

Height requirements: Unit is 2.4 m in height so requires a ceiling height of 2.5m

Positioning requirements: Maxi installations can only be on the ground floor of the business unless there is a suitable lift

Installation Duration: 2 – 4 weeks (dependant on staff numbers)

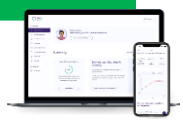
Delivery Information : Friday delivery via a SISU technician with Working Well staff member attending to support business

Essex Working Well

What tests does the machine complete and employee support available

- BMI - Body Mass Index
- Blood pressure
- Heart rate
- Smoking and Vape status
- Body Composition
- Stroke Risk Test (QRISK 3)
- Stress Test (PSS4)

- Results emailed instantly with an app view
- Personal results are NOT shared with workplace
- Support via Essex Working Well for Stop Smoking Support
- Weight loss support via Amara App and My Weight Matters programme
- Mental Health signposting available
- Blood Pressure Protocol in place



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Essex Working Well

Support for businesses

- All businesses have 1-2-1 support before and during SiSU installation period
- Feedback meeting with presentation and report from Essex Working Well
- Highlighting key metrics and considering impact of risk factors on business productivity and employee wellbeing

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Essex Working Well

Further support for businesses and organisations

- Small business Workplace Wellbeing Award – up to 50 employees
- Working Well Accreditation scheme – 50 plus employees

Plus ...

- Guest Speaker sessions, webinars, online training and eLearning
- Virtual Walking Challenges
- Free fast-track Stop Smoking Support (incl Vape Starter kits)
- Weight Management programmes

*support your business to develop a Health and Wellbeing Strategy and robust workplace Wellbeing programme

Essex Working Well Workplace Wellbeing Award

Essex Working Well Accreditation Level 1 ★☆☆

Essex Working Well Accreditation Level 2 ★★☆

Essex Working Well Accreditation Level 3 ★★★

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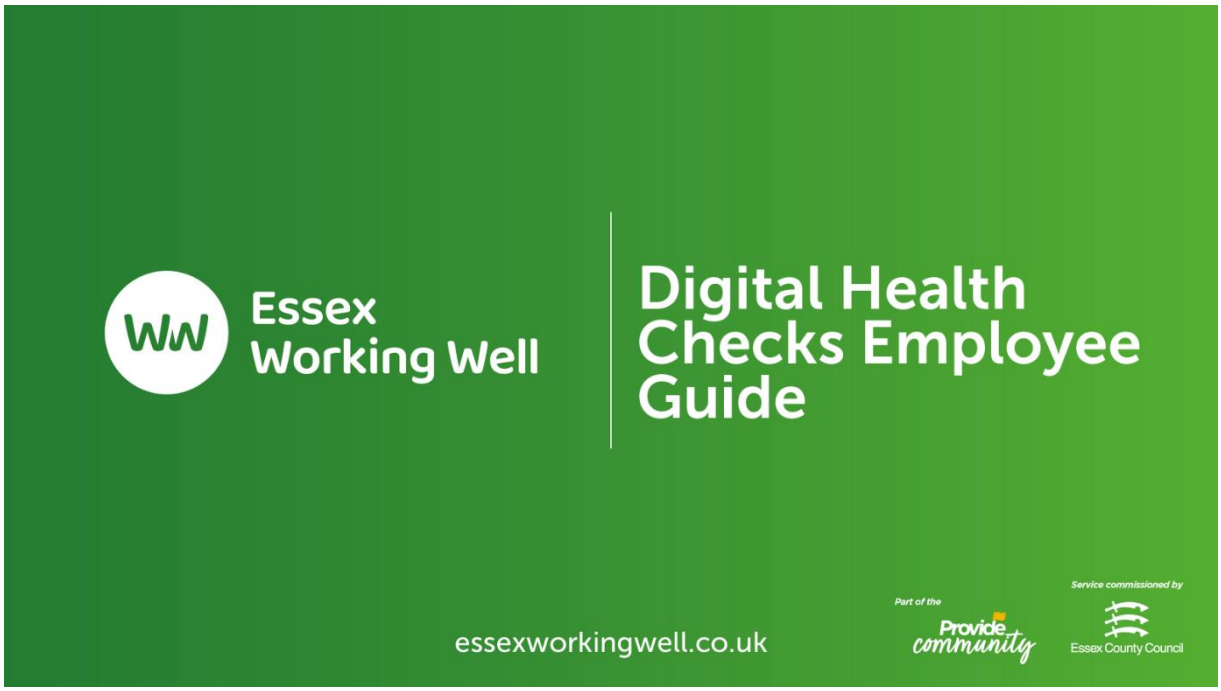
Appendix 2 – DHC Employee Guide



Essex
Working Well

Health checks what are they?

Every five years from the age of 40 every adult in the UK is offered a free health check from their GP. **Only about ½ those contacted attend the check.**

Some people forget, some are too busy to take time off work and others are worried about being **'told off'** about being overweight or smoking so, avoid the test.

Unfortunately, many conditions like high blood pressure do not have obvious symptoms so tens of 1,000s of people who do not attend their checks then become unwell with heart attacks, strokes and other avoidable conditions. Younger people also can have high blood pressure and other health issues which do not have symptoms but can cause significant health issues.

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SiSU HEALTH

The great news is that **Essex County Council** are working in partnership with **Essex Wellbeing Service** to provide a free 5-minute digital health checks in workplaces across Essex using the Maxi and the Mini machines from SiSU health.

Over 3000 have been completed since April 2025.

Think of it as health MOT or a body service just like we take our cars for a regular check and don't wait for them to breakdown - we need to do the same for ourselves!

The Maxi can pick up health risks **BEFORE** you become unwell so you can treat them and **AVOID** future illness!

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Who can use the machine?

Everyone **18 and over** can use the machine to get a health check – its not just for those 40 and over!

What do I need to do before using the machine?

- Make sure you have your **email address** with you to add to the machine so you can get your results
- If you have large bunches of keys, mobile phones or wallets in your pockets remove them and place on the table before starting
- If you have steel toe capped shoes/boots take them off normal shoes or trainers are OK to keep on.
- Make sure you have cleaned your hands with the wipes in the green packet or washed them.

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How long does the test take?

The test takes around 4-8 minutes to complete

How do I make sure I get accurate results?

- Read the instructions carefully as the machine will guide you
- Answer accurately and do not skip questions
- Do not use the machine to test yourself if you have just been running or in a very stressful situation – just sit for 2-3 minutes to calm down first
- **Do not talk** during the blood pressure check

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What tests does the machine complete?

- **BMI - Body Mass Index** – this test looks at your height relative to your weight. You will be asked to stand and face the high screen while the pad under your feet measures your weight and the laser above your height. (If you have a high BMI, you maybe overweight or obese and this can give you a high risk of heart issues and diabetes. Some people with a lot of muscle can get a high BMI result despite not being overweight so the Maxi also measures body composition as this will show those with a high weight due to muscle.)
- **Smoking and Vaping -** You are asked if you currently or used to smoke and how much. In addition, you are asked if you use vapes every day, some days or not at all.
- **Blood pressure** –You will be asked to place your arm through the tube and have your palm resting on the machine with palm facing upwards while the machine measures your blood pressure.
- **Heart rate –** Your heart rate is measured while your blood pressure is taken by taking a measurement from your arm.

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What tests does the machine complete?

- **Body Composition-** You will be asked to hold the bars on the machine for 40 seconds while the machine measures your body fat percentage. Having muscle rather than high levels of body fat is better for our health.
- **QRISK 3 –** The Maxi will ask you a series of questions around medications and health conditions and use this with the previous information it has collected like your blood pressure to work out your chance of having a heart issue or a stroke in the next 10 years
- **PSS4 - Stress Test –** You will be asked 4 questions to consider how stressed you feel. High levels of stress can be bad for our health. If you need support, there is further information on a poster next to the machine.

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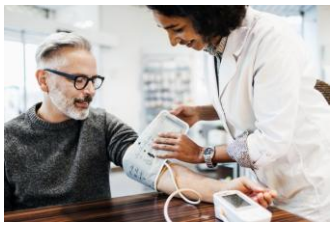
Blood Pressure– Please follow the guidance



- High blood pressure often has no symptoms if left untreated can lead to heart attacks and strokes.
- IF your blood pressure is **High, Very High or Severe** you will need to recheck it in 5 minutes on the Maxi
- IF it is still **High, Very High or Severe** then you **MUST** follow the advice on the screen and the large banner next to the machine
- This advice might be to go to a GP, a pharmacist or in the case of **SEVERE** readings seek **emergency help via 111 or A & E**

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Your results

- You get your results emailed instantly and can download an app which will show you all your results
- The results are just for you, and your personal results are not shared with your boss or workplace
- IF you **CONFIRM** you would like support and consent to share your details with Essex Working Well then if you are a smoker, you will be offered **Stop Smoking Support** and likewise if your BMI is 25 and above there is support to help you lose weight through **My Weight Matters.**

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Essex Working Well

Questions and Support

- If you have any questions about the tests or the Maxi please contact us.
- Some people in workplaces need support with using the machine, please reach out to your team if you do.

The Maxi is in your workplace from 1st August until the morning of 15th August

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Appendix 3 – DHC Business Install Poster

Essex Working Well

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Free Digital Health Checks

EDITION

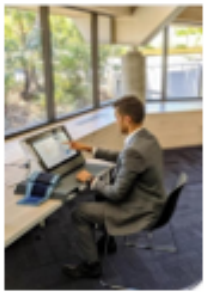
1st - 15th August 2025

SiSU Digital Health Checks
Start your health journey here today!

SiSU HEALTH

Essex County Council are working in partnership with **Essex Wellbeing Service** to provide a free 5-minute digital health checks in workplaces across Essex.

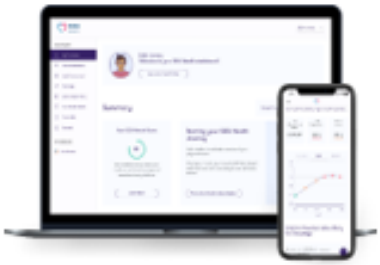
Great news! As part of our Working Well Wellbeing Strategy, we will be offering employees the opportunity to complete an anonymous and confidential 5-minute digital health check, which will include:



- Blood Pressure
- Body composition
- Weight, Height and BMI
- Smoking Status
- Heart Rate
- 10-year Stroke Risk
- Stress Level

IF you record a Very High/Severe Blood pressure reading, please follow the guidance on the Pop-up Banner next to the unit.

After the Digital Health Check, you will receive:



- Your health check results via the SiSU Health App
- Opportunity to track your changes over time
- Your SiSU Health Score that breaks down your health risks & information on how to improve them

During the digital health check, you will be asked to consent to your details being shared for support. This means that if you record a "very high" BMI or select that you are a smoker, you will be contacted by a member of the team and offered free NHS stop smoking and/or weight management support.

If you have any questions, please contact essex.workingwell@nhs.net

Part of the Provide community

Commissioned by Essex County Council

Appendix 4 – Blood Pressure Pop-Up Poster

Appendix 5– Project LinkedIn Post Example

Essex Working Well
860 followers
8mo ·

As part of the **Essex County Council** SiSU Digital Health Check programme, the **Brentwood Borough Council** are currently hosting the **SISU Health UK** Digital Health Check station.

Paul Ellis, Brentwood Depot Manager said "I am excited to host the unit at the Brentwood Depot, as I could clearly see the benefits it would have for our team, after seeing the unit "in action" at the **Basildon Borough Council** depot earlier in the month."

Pictured below, left, is Ben Smee, one of the first to try out the Maxi unit, followed by Edward Gilbert, right.

Read more about the SiSU Digital Health Checks Pilot **https://loom.ly/JFjCZpA**

Read more about the SiSU Digital Health Checks Pilot **https://loom.ly/JFjCZpA**

18 1 comment · 4 reposts

Appendix 6 – Example of Company DHC Feedback Report

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Digital Health check feedback company report

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Part of the Provide community

Service commissioned by Essex County Council

Essex Working Well

Key Headline Usage Data

SiSU digital health check unit was placed between 21st November & 4th December

- 113 Health checks completed
- 104 participants
- 22.1% outside GP hours
- Median age 33 (younger cohort than project average 44)
- 42% Male and 58% Female participants

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Health Key Metrics

HIGH BLOOD PRESSURE

15.2% of participants had high blood pressure (≥ 140/90 mmHg)
(approximately 25% of the UK adult population has high blood pressure)

77 of those testing their BP had not had a blood pressure check in the previous 12 months

19 health checks resulted in a GP call for action for raised BP*

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Health Key Metrics

AT RISK BMI READINGS

74 % of participants were overweight or obese (BMI ≥ 25)
(UK average 64%)

63.2% of participants had elevated or high body fat percentage (30% or higher body fat)

17 health checks resulted in a GP call for action as the participant had BMI ≥ 35

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Other Key Results

Heart and Stroke risk (QRISK3) results suggested that 7% of participants had elevated risk.

5% the participants self-report as having high stress levels, 63% moderate stress levels and 32% have low stress levels.

11.7% of staff reported they were smokers (Essex 12.2%)

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Referrals to Essex Working Well

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Cost to Productivity of Increased Health Risk Factors

Obesity (BMI≥ 30) cost £75,690 per annum	High Blood Pressure cost £4,937 per annum	Smoking Prevalence cost £41,143 per annum

TOTAL COST = £121,770 PER ANNUM

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FINAL THOUGHTS AND SUGGESTIONS FOR NEXT STEPS

- Fantastic use of the machine during placement
- Issues with overweight/obesity identified
- Smoking rate moderate
- A lot of moderate stress and higher percentage of women suffering from high risk
- The Maxi Installations was a great first step towards understanding issues and taking positive steps as individuals and as a business with accreditation

Essex Working Well

SiSU Feedback

FEEDBACK SHOWED THAT 93% OF PARTICIPANTS SCORED THE DIGITAL CHECKS AT 8 OR MORE OUT OF 10 SO WERE VERY LIKELY TO RECOMMEND THIS SERVICE TO OTHERS!

Have you got any feedback for us?

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Appendix 7 – QRISK Question set used in SiSU Digital Health Checks

1.Have you been diagnosed with diabetes?
No
Type 1
Type 2

2.Has one of your parents, brother or sister had a heart attack and/or been diagnosed with angina (chest pain) before they were 60 years old?
Yes
No

3.Have you been diagnosed with chronic kidney disease?
Yes
No

4.Have you been diagnosed with atrial fibrillation (a type of abnormal heart rhythm)?
Yes
No

5.Do you have migraines?
Yes
No

6.Have you been diagnosed with rheumatoid arthritis?
Yes
No

7.Have you been diagnosed with systemic lupus erythematosus?
(This is an auto-immune condition, also known as lupus)
Yes
No

8.Do you take steroid tablets regularly?
(e.g. prednisolone or dexamethasone)
Yes
No

9.What is your cholesterol :HDL ratio?
(Typically, between 3–8. Not the same as total cholesterol. Please leave empty if unsure)
Numeric entry

QRISK Scoring / Reading
Output: % risk of heart attack or stroke in the next 10 years
Example ranges: Low Risk: 0–9% Elevated Risk: 10%

Appendix 8 – PSS4 – Perceived Stress Scale - Questions used in SiSU Digital Health Checks

Response scale (applies to ALL questions)
Never = 0
Almost Never = 1
Sometimes = 2
Fairly Often = 3
Very Often = 4

1.In the last month, how often have you felt that you were unable to control the important things in your life?

Never (0)
Almost Never (1)
Sometimes (2)
Fairly Often (3)
Very Often (4)

2.In the last month, how often have you felt confident about your ability to handle your personal problems?

Never (0)
Almost Never (1)
Sometimes (2)
Fairly Often (3)
Very Often (4)

3.In the last month, how often have you felt that things were going your way?

Never (0)
Almost Never (1)
Sometimes (2)
Fairly Often (3)
Very Often (4)

4.In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never (0)
Almost Never (1)
Sometimes (2)
Fairly Often (3)
Very Often (4)

PSS-4 Scoring (Total score = sum of all 4 questions) Low: 0–5, Moderate: 6–10, High: 11–1

Appendix 9 – Risk Estimation Costs for Raised Blood Pressure

- Participants with very high or severe blood pressure readings (≥160/100 mmHg) were considered at elevated risk of a cardiovascular incident, such as a heart attack or stroke, if untreated within the following 12 months.
- Published studies suggest that individuals in this category have a 33–34% probability of experiencing a major cardiovascular event in a year.

These probabilities are based on clinical epidemiology data and have been used in public health modelling, including Health Economic Research Centre studies on the economic burden of cardiovascular and cerebrovascular disease in the UK. Additionally, research on lost productivity after cardiovascular events indicates an average of ~53–59 working days off per heart attack or stroke (Kotseva et al, 2019), accounting for absenteeism and reduced performance during recovery.

Business-Level Modelling

The number of expected incidents was calculated based on the number of employees with high-risk readings. For example, if a workplace had 6 employees with blood pressure readings ≥160/100, applying the 33–34% risk would estimate 2 staff members (6 × 33%) likely to experience a cardiovascular event within 12 months if untreated.

Productivity Cost Estimation

- Lost workdays: Each cardiovascular incident was assumed to result in approximately 60 working days off (based on the average of 53–59 days reported in the literature).
- Cost per working day: For reporting purposes, a standard labour cost of £150 per day was applied, consistent with average UK wages for the relevant workforce.
- Cost calculation:

    2 staff × 60 days = 120 lost workdays

    120 days × £150 per day = £18,000 estimated productivity cost

- For simplicity in feedback reports, costs were often presented in £3,000 per 20 working days, so businesses could easily scale estimates based on the number of high-risk employees.

Assumptions and Limitations

- Estimates assume no treatment or lifestyle intervention occurs within the 12-month period.
- Probabilities reflect average risk based on clinical studies; individual risk may vary.
- Lost productivity estimates focus on absenteeism and do not include additional indirect costs such as replacement staff, overtime, or long-term reduced performance.

- These figures are indicative and intended to support employer understanding, not as precise financial liability or insurance calculations.

Example Application for Employer Feedback:

"If 6 staff members have a blood pressure reading ≥160/100 mmHg, approximately 2 are at risk of experiencing a heart attack or stroke in the next 12 months. This could result in ~120 lost working days, representing an estimated £18,000 cost to productivity, highlighting the potential benefits of proactive health interventions."

Risk Estimation Costs for Obesity and Smoking

Obesity

To provide employers with an indication of the potential productivity impact associated with obesity, estimates were derived using national economic modelling from the Nesta and Frontier Economics report on the economic and productivity costs of obesity and overweight in the UK (Bone et al, 2025). The report estimates that obesity-related productivity losses total approximately £18 billion annually across the UK, including around £8.3 billion attributable to absenteeism (increased sickness absence) and £9.7 billion attributable to presenteeism (reduced productivity while at work).

For the purposes of employer feedback within this programme, these national estimates were translated into an approximate per-employee productivity cost of around £500 per year, comprising approximately £230 associated with additional sickness absence and £270 associated with reduced productivity while at work. These indicative values were used within workplace feedback summaries to illustrate the potential economic impact of obesity within a workforce and to help contextualise the benefits of preventative interventions, such as workplace health checks and wellbeing initiatives aimed at supporting healthier weight and improving workforce productivity.

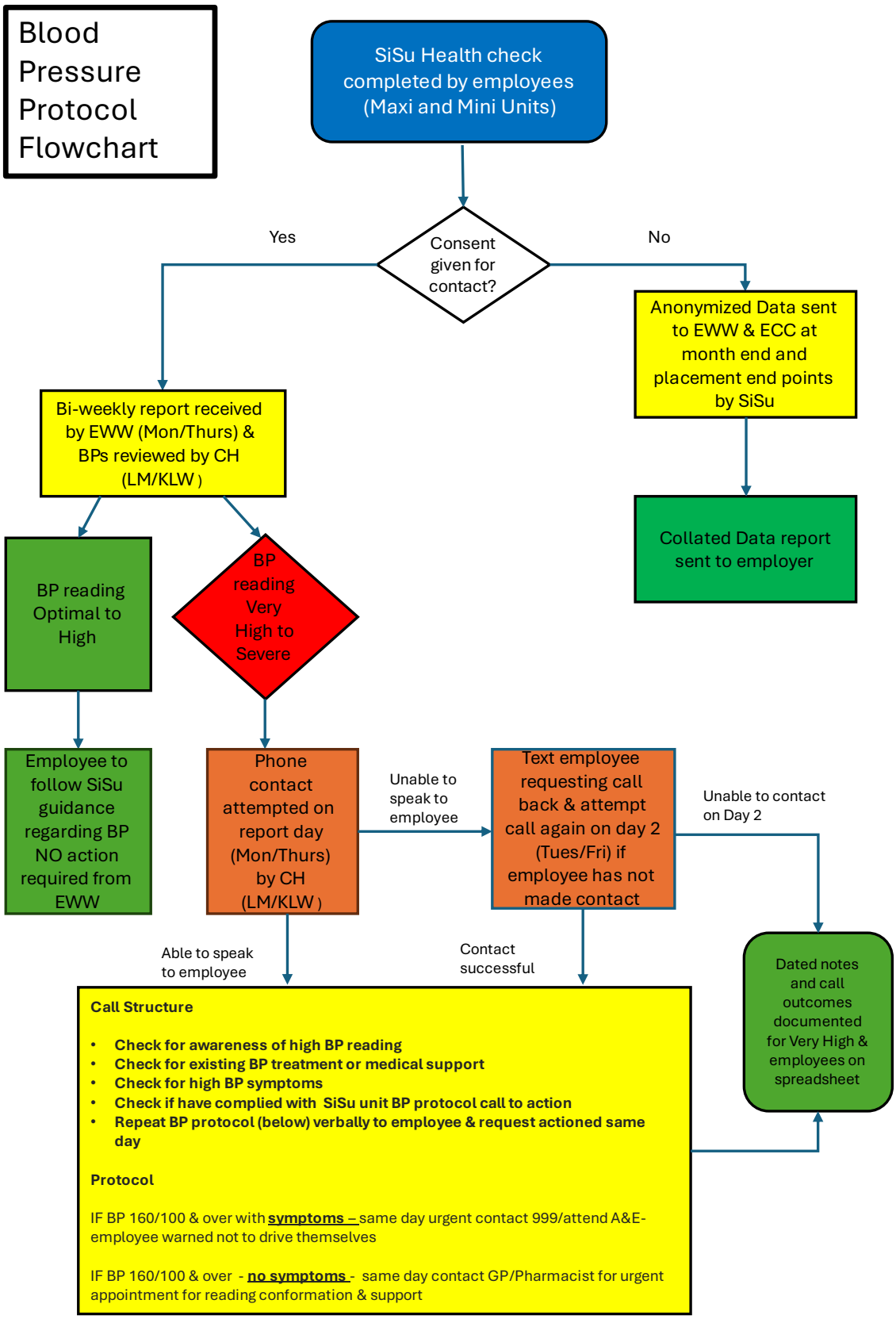
Smoking

To provide employers with an indication of the potential productivity impact associated with smoking, estimates were derived from UK research examining smoking-related absenteeism and productivity loss. Evidence from the UK Centre for Tobacco Control Studies at the University of Nottingham (Weng et al, 2013) indicates that smokers take an average of 2.7 additional sick days per year compared with non-smokers and are more likely to experience sickness absence, contributing to significant productivity losses for UK employers.

For the purposes of employer feedback within this programme, this additional absence was translated into an approximate employer cost using an assumed average labour cost of £150 per working day, equating to approximately £400 per smoker per year in additional absence costs. Evidence also shows that a substantial proportion of productivity losses associated with smoking occur through presenteeism, where employees are present at work but operating below full productivity due to smoking-related health impacts. These indicative

estimates were therefore used within workplace feedback summaries to help employers understand the potential economic impact of smoking within their workforce and to highlight the potential value of preventative interventions such as smoking cessation support and workplace wellbeing programmes.

Appendix 10 – BP Protocol Flowchart



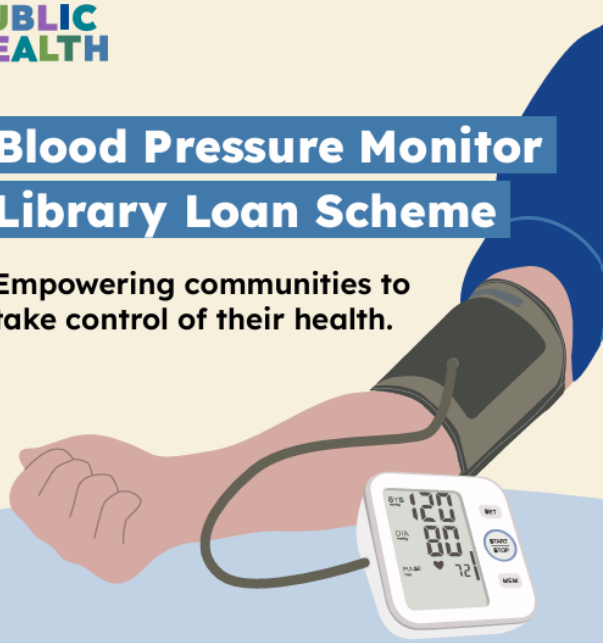
Appendix 11 – BP Monitor Loan Scheme Resources

Essex County Council
PUBLIC HEALTH

Healthy lives. Healthy communities.

Blood Pressure Monitor Library Loan Scheme

Empowering communities to take control of their health.



Essex County Council Public Health Team are making blood pressure monitors available at all their libraries.

This guide will tell you more about how to check your blood pressure and why it's important.

Supported by NHS

Essex County Council
PUBLIC HEALTH

Healthy lives. Healthy communities.

Blood pressure diary

Day	Time	Morning (mmHg)		Time	Evening (mmHg)		Symptoms
e.g Sunday	9.42am	132/81	144/84	7.31pm	131/82	130/81	
1							
2							
3							
4							
5							
6							
7							

What do the numbers mean?

Your blood pressure is measured in mmHg (millimetres of mercury) and is made up of 2 numbers.

The top number is your systolic blood pressure, which is the pressure as your heart pumps blood around your body.

The bottom number is your diastolic blood pressure, which is the pressure when your heart rests between heartbeats.

For example, a blood pressure reading of '120 over 80' or 120/80mmHg means a systolic pressure of 120mmHg and a diastolic pressure of 80mmHg.

When is it best to monitor your blood pressure?

If you are taking your blood pressure at home, it's best to check over seven days, checking twice in the morning and twice at night.

Please avoid eating, exercising or having any caffeine or nicotine before you take your readings.

Your blood pressure naturally goes up and down during the day as you are going about your day-to-day activities, however if your blood pressure stays high even when you are resting, it's important to act.

Supported by NHS

Appendix 12 – Post-installation Survey Template

Client: Provide CIC
Survey: TEMPLATE Digital Health Check Feedback Survey version 3
Start Message: Your company hosted a Digital Health Check Unit as part of a pilot project to support people with their health. We would love to complete this short survey to find out more about why you decided to use the machine or not and if you made any changes as a result of the check. The survey takes 2-3 minutes to complete. (All responses are anonymous - if you want to share a story about your digital health check experience and provide contact details, your responses to the survey remain unidentifiable))

End Message: Thank you so much for completing this survey! Your responses will help guide our team to improve the health check programme.

1. Which age group do you fit in to?
(Multiple Choice, select one only)

○ 16-24
○ 25-34
○ 35-44
○ 45-54
○ 55-64
○ 65 and over
○ Prefer not to say

2. What is your gender?
(Multiple Choice, select one only)

○ Male
○ Female
○ Non-binary
○ I prefer to describe myself as..
○ Prefer not to say

3. What type of work do you do?
(Multiple Choice, select one only)

○ Manual and routine role (Labourer, Waste Management Operative, Cleaner, Factory floor, Retail Shop Floor)
○ Office Role (Administrator, Call Centre staff,
○ Sales and Customer Service roles
○ Process operative roles (Drivers and machine operators)
○ Trades (plumber, electrician etc.)
○ Professional roles (Nurse, Teacher, Engineer, Surveyor, Accountant)
○ Managerial
○ Other

4. Did you use the digital health check machine when it was in your place of work?
(Multiple Choice, select one only)

○ Yes, I used the machine	Route to: Q6
○ No, I didn't use the machine	Route to: Q5

5. Why didn't you use the digital health check machine?
(Multiple Choice, multiple answers allowed)

○ I was on holiday or off work when it was available	Route to: Q16
○ I had recently had an NHS health check	Route to: Q16
○ I was too busy at work	Route to: Q16
○ I didn't know how to use it	Route to: Q16

○ I was worried about what it might tell me	Route to: Q16
○ I prefer to get checks from my GP	Route to: Q16
○ I already know about my health	Route to: Q16
○ I have multiple health conditions so see my GP regularly	Route to: Q16
○ I am not comfortable using new technology	Route to: Q16
○ I forgot/ran out of time	Route to: Q16
○ I wasn't interested	Route to: Q16
○ Other reasons	Route to: Q16

6. Did the digital health check flag any issues that needed attention or follow up?
(Multiple Choice, select one only)

○ Yes	Route to: Q8
○ No	Route to: Q7

7. Even if the digital health check found no issues, has it triggered you to try and improve your health?
(Multiple Choice, multiple answers allowed)

○ Yes, I am eating better	Route to: Q11
○ Yes, I am exercising more	Route to: Q11
○ Yes, I have cut down on alcohol	Route to: Q11
○ Yes, I have cut down on smoking	Route to: Q11
○ Yes, I have seen a doctor or a nurse for general health advice	Route to: Q11
○ No, I have made no changes	Route to: Q11
○ Other - please give details	Route to: Q11
○ Prefer not to say	Route to: Q11

8. What were the issues that needed attention or follow up? (Please tick all that apply)
(Multiple Choice, multiple answers allowed)

○ The digital check found I had high blood pressure
○ The digital check found I had a high BMI or Body Fat Composition
○ The digital check found I had high stress levels
○ The digital check found I had an increased risk of stroke or heart disease in the next 10 years
○ The digital check found I had something else (please provide details)
○ I don't remember/I'm not sure

9. If the digital health checks flagged something, what action/s have you taken? (Tick all that apply)
(Multiple Choice, multiple answers allowed)

○ I have seen my GP/nurse about my blood pressure
○ I have seen a pharmacist to have my blood pressure checked
○ I have started taking blood pressure medication after a consultation with a medical professional
○ I have had my blood pressure medication reviewed in light of the test
○ I have started making changes to my lifestyle (eating better, exercising more) (please give details)
○ I have seen the GP/Nurse for support with losing weight
○ I have requested support from Essex Working Well weight management service
○ I have stopped smoking
○ I have cut back on smoking
○ I have requested support from Essex Working Well Stop Smoking Team
○ I have started the Swap to Stop Programme (swapping cigarettes for vapes)
○ I have spoken to my GP about stress management and mental health

○	I have reached out to support groups for mental health
○	I have reached out to Mental health first aiders at my place of work for support
○	Other actions - please give details
○	I am planning to take action soon
○	No, I don't plan to take any action

10. Are there any other changes you have made, as a result of having a digital health check, to improve your health?
(Multiple Choice, multiple answers allowed)

○	Yes, I am eating better
○	Yes, I am exercising more
○	Yes, I have cut down on alcohol
○	Yes, I have cut down on smoking
○	Yes, I have seen a doctor or a nurse for general health advice
○	No, I have made no changes
○	Other - please give details
○	Prefer not to say

11. Overall, how helpful did you find the digital health check? (Please choose one option)
(Multiple Choice, select one only)

○	Very helpful
○	Quite helpful
○	Neither helpful or unhelpful
○	Not very helpful
○	Not helpful at all

12. How likely are you to recommend having a digital health check to others? (Please choose one option)
(Multiple Choice, select one only)

○	Very Likely
○	Likely
○	Neutral
○	Unlikely
○	Very Unlikely

13. Would you be interested in doing another digital health check in the future (e.g. 6-12 months)
(Multiple Choice, select one only)

○	Yes, I would be interested
○	Maybe, I am not sure yet
○	No, I would not be interested

14. Would you like to share a story about your digital health check experience? (Please choose one option)
(Multiple Choice, select one only)

○	Yes, I have a story to share!	
○	No, not at this time	Route to: Q15

15. Thank you for being willing to share your story! Please provide your name, phone number and email address so we can contact you and learn more.
(Open Ended)

○	Free Format Text

16. Has your GP offered you a free NHS health check (only for people aged 40-74 years old) in the last six years?

(Multiple Choice, select one only)

○	Yes, I am 40 and over and my GP offered me one
○	No, I am 40 and over and my GP did not offer me one
○	No, I am over 40 but I was not offered one as I am not eligible due to pre-existing condition/s
○	I am under 40 so not eligible due to my age
○	I am not sure/ do not remember

17. IF your GP offered you a health check, did you actually go and have it?

(Multiple Choice, select one only)

○	Yes, I had the health check	Route to: Q19
○	No, I did not have the health check	

18. If you did not have the GP health check can you share the MAIN REASON you did not attend

(Multiple Choice, select one only)

○	I forgot/just never got round to it
○	Couldn't not get time off work
○	Appointments available are only 9-5pm so do not work with my shifts
○	Asleep in day when appointments available as work nights
○	Will lose pay if take time off work to attend appointments
○	Did not feel unwell so didn't see the point
○	Thought I would be 'told off' (alcohol intake, weight or smoking) so did not attend
○	Know what I need to do to improve my health already so no point
○	Too busy with family and caring responsibilities to prioritise my health at the moment
○	Did not want to know what was wrong with me
○	Could not get through to the GP surgery on the phone to book the appointment so gave up
○	Do not like going to the doctors
○	Did not know what the health check was about so did not want to go
○	Other (please provide details)
○	Prefer not to say

19. Do you have any other comments or suggestions about the digital check checks or workplace health initiatives - add comments below

(Open Ended)

○	Free Format Text

Appendix 13– Example of DHC Comms with Economic Development Teams

Free Digital Health Checks – Coming to Workplaces in Epping Forest

Want an easy way to support staff wellbeing and show your business cares about health in 2026?

Essex Working Well is offering **free Digital Health Check stations** to workplaces across Essex. TVS (Terra Verde Services) based at North Weald Airfield, has already had the Maxi™ Health Machine in December and we're now looking for more businesses in the **Epping Forest area** to get involved.
The self-serve **SiSU Health stations™** allow employees to complete a quick, confidential health check during the working day. In just 4-6 minutes, staff can check things like blood pressure, BMI, stroke risk, body composition and stress levels, with **instant results sent straight to their phone**.

Why does this matter?

Many people don't attend their NHS Health Check due to time pressures, work commitments or fear of being judged. These digital checks remove those barriers by making health support **accessible, judgement-free and convenient** preventing strokes, heart attacks and other health issues which can impact both the individual but also the business.
The programme is already making a real impact:

- Over **2,600 health checks** completed across Essex workplaces since April 2025

- Over **400 cases** of High Blood Pressure identified to date
- **93% of users** rated the experience 7/10 or higher
- Hundreds of referrals made for stop smoking, weight management and wellbeing support
- Employers receive **anonymous insights** via in person feedback sessions highlighting key health risks, the cost to productivity and free ongoing support from Essex Working Well.

Essex Working Well has helped over 700 businesses develop Health and Wellbeing strategies that have led to numerous companies across Essex being accredited and going on to win National Awards. Through funding from Essex County Council this service is also **FREE** to businesses.

There's **no cost** to eligible businesses, and personal health data is **never shared with employers**. Employees who need extra help are supported through Essex Working Well, the Essex Wellbeing Service, GPs or community pharmacies.

We have two types of units available:

- A larger **Maxi™ unit** for workplaces of **100 and more employees**
- A flexible **Mini™ unit** ideal for smaller sites with **30-100 employees**, training days or wellbeing events

Both are simple to host and supported by our team throughout the installation.
If you're a business based in **Epping Forest** and would like to offer something meaningful for your workforce, now's the time to get in touch and **book an installation**.

Contact **Essex Working Well** essex.workingwell@nhs.net to find out more about our accreditation programme and Cherry to book your Digital health check installation cherry.hagger2@nhs.net

Appendix 14 – Essex County Council Comms Example from Bakers Labels

Over 1400 checks already completed across 30 businesses.

Earlier this year Essex County Council launched a digital health check scheme for workers in Essex.

The scheme started in the south of the county with Digital health check stations set up in businesses across Basildon and Brentwood, and we are now expanding out to other areas in Essex.

These free, self-service stations by SiSU Health UK help users check blood pressure, heart rate, BMI, stress levels, and more in minutes.

The goal is to help people detect early signs of health risks like high blood pressure, heart disease and type 2 diabetes.The units also signpost to free support and advice from:

- the Essex Wellbeing Service
- the Community Pharmacy
- a local GP.

SiSU users have also now accessed further support services, including support for quitting smoking and weight management.

Councillor John Spence, Cabinet Member for Children's Services, Adult Social Care, Public Health and Integration recently visited business Baker Labels in Brentwood to see the health checks in action.

Councillor Spence said: "Healthy workforces are happy and competitive workforces. Businesses that sign up to this scheme are truly enlightened. Baker Labels is a shining example of how investing in staff wellbeing boosts productivity and reduces health inequalities.

"The SiSU Health Stations™ are a fantastic step forward for public health in Essex. By taking the stations directly to local people we are making health checks accessible and helping residents, especially those in manual jobs, take control of their health."

Steve Baker, Managing Director of Baker Labels, added: “The digital health checks have been incredibly well received by our team. It’s a simple, quick way to check overall health and supports our commitment to a healthy workplace.”

This initiative is one of many that the council public health’s team is running as part of its Workplace Health Programme. The team has worked with over 800 employers since 2011, improving workforce health. Businesses can host the stations for up to four weeks, helping staff take control of their health without needing to visit a GP.

The scheme is now expanding to other parts of Essex. Employers interested in taking part should contact essex.workingwell@nhs.net or learn more here

Lyn Mowforth, Essex Working Well Manager said: “We are proud to be supporting this innovative approach to workplace health.

“The digital health check stations not only give people the chance to spot potential health risks early but also connect them directly to free support and advice. It’s a practical, accessible way of helping colleagues take control of their wellbeing, and we are delighted to see so many businesses embracing it.

“I would encourage any organisation in Essex that is interested in hosting a station to get in touch with us to find out how they can bring this service to their workforce.”

This work is supported by the Mid and South Essex Integrated Care Partnership, which brings together health and care organisations with local authority partners to support residents in achieving healthier lives, including healthier hearts.

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