

## READING HEALTH AND WELLBEING BOARD

<b>Date of Meeting</b>	15 March 2024
<b>Title</b>	Community Wellness Outreach Project Update
<b>Purpose of the report</b>	To note the report for information
<b>Report author</b>	Beverley Nicholson
<b>Job title</b>	Integration Programme Manager
<b>Organisation</b>	Reading Borough Council / BOB Integrated Care Board
<b>Recommendations</b>	1. That the board note the progress made in the Community Wellness Outreach project

### 1. Executive Summary

- 1.1. This report is being brought to Reading Health and Wellbeing Board to provide an update on progress made by the Community Wellness Outreach Project.
- 1.2. The Integrated Care Board have received funding from the Prevention and Inequalities fund, and have asked Reading Borough Council, through the Integration Board, to set up a Community Wellness Outreach project that encompasses the NHS Health Checks as a core service and offering wrap around support from Voluntary and Community sector parties to provide a holistic support offer. This pilot project will run until the end of June 2025. There is a target to complete 5,200 NHS Health Checks within the project period, with particular emphasis on identifying those at risk of cardiovascular disease.
- 1.3. This report summarises the progress made up to the end of February 2024. It should be noted that due to the time taken to set up the service, a soft launch occurred in December 2023, and started scaling up to incorporate multiple sessions from January 2024. The teams delivering the service are working on refining the sessions to ensure as smooth a service as possible and we have remained cautious about the communications to avoid having long queues which could potentially damage the reputation of the pilot, so we are working with our Community partners to ensure an appropriate reach. The clinics are currently operating on a drop in model but will be phasing in a hybrid of invitation and drop in by mid-March 2024.

### 2. Policy Context

- 2.1. This project aligns with several key objectives from the Council's Corporate Plan.
- 2.2. Firstly, the project demonstrates 'Collaborating with others', in particular that we are stronger in partnership and we collaborate with organisations from major corporations to local groups; with the business sector, charities, education institutions, health and social care, the police, faith groups, and the voluntary sector in Reading and across the Thames Valley to achieve our vision for Reading.
- 2.3. Secondly, the project contributes to the objective of achieving a 'Healthy Environment'. Our Health and Wellbeing Strategy aims to reduce the differences in health between different groups of residents and support those who are at high risk of poor health outcomes. This is exactly the aim of the Community Wellness Outreach project. The programme is focusing on reaching the Core20 Plus5 population groups i.e. those in deprivation deciles 1 to 4.

- 2.4. Thirdly, the project supports an aim of 'Thriving Communities': Committed to tackling inequality in our society, to ensure everyone has an equal chance to thrive wherever they live and whatever their economic, social, cultural, ethnic or religious background.

### **3. The Proposal**

- 3.1. The Programme is building on an existing model of mini-Health Checks that were being delivered within the Community as there were already links with community providers within the areas we wished to reach, e.g. Whitley and Church. We have several sessions running in different locations across Reading in order to enable access to the Health Checks, including the Atrium, Acre, Southcote, and Coley Park. Working with the Royal Berkshire Hospital Meet PEET (Patient Engagement and Experience Team) service and Reading Voluntary Action (RVA) as the key providers for the outreach NHS Health Checks being delivered in community settings, and the wrap around support services for wellbeing to which people could be referred or to discuss issues impacting their overall wellbeing on the day with the Social Prescribing Team and Community Volunteer groups.
- 3.2. This is a pilot programme, which will run to the end of June 2025, to primarily increase the number of NHS Health Checks delivered for people in Reading, and focused in areas where we are more likely to reach cohorts of people who may be more disadvantaged e.g. may include (but not exclusively so): rough sleepers, socially isolated, military veterans; substance users; refugees and asylum seekers; those in financial hardship; not registered with a GP; ex-prisoners; ethnic groups; disabilities; LGBTQI).
- 3.3. The age group for the NHS Health Check is 40 to 74 but this pilot will open the offer up to all people over the age of 18 in Reading with an aim of early identification of health or welfare conditions that could potentially cause poor health or wellbeing outcomes and working with that person to address these and support them to achieve their health and wellbeing goals.
- 3.4. We had a "soft launch" of the programme whilst equipment is being tested and procured and to test the model of delivery in the community settings. As at 26<sup>th</sup> January there had been 36 people who had received a health check, with a range of outcomes, including onward clinical referral and social prescribing support for other issues impacting health. As at the end of February, we have seen 193 people. We are increasing capacity at each session where we can now see 15 to 20 people, and with a minimum of 5 sessions per week running, and larger events planned, we believe we will be able to reach the target of 5,200 people by the end of June 2025.
- 3.5. The outcomes for the cohorts seen so far are that 32% had high or very high blood pressure readings, 66% had high or very high BMI, 20% had high blood glucose readings and 17% had high cholesterol. Follow up action was recommended and will be monitored. The ethnicity breakdown of people attending was 44% White, 37% Asian/Asian British, 10% Black, African, Caribbean or Black British and 3% other ethnic group. There were 6% of people who declined to state their ethnicity. People seen to date have spanned 12 GP surgeries in Reading and 3 people were not registered and are being supported to complete that process.
- 3.6. Of those seen, 38% were in the age ranges that would ordinarily be outside the range to receive the Universal Health Checks (40 to 74), 13% above 75 and 25% below 40, ensuring a wider reach and more likelihood of picking up early indicators that impact on health and wellbeing outcomes.
- 3.7. We are working with primary care partners to agree the most effective method for updating ethnicity within the primary care records. The Health Check information is uploaded directly to the care records following the checks, but ethnicity is a core element of data that cannot be uploaded via the community sessions. We are keen that the outputs from this collaborative approach are impactful for all our key partners, and ultimately benefit our residents.

- 3.8. Feedback from one of the Community Health Champions: *"I've just got back to the centre, and a lady has just thanked me for the health check as Angina, cholesterol and high blood pressure were picked up and she is now under a consultant."*

#### **4. Contribution to Reading's Health and Wellbeing Strategic Aims**

- 4.1. The desired outcomes of the project are very much in line with the overall direction of the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#) by contributing to the following priorities (in bold):
- 1. Reduce the differences in health between different groups of people**
  - 2. Support individuals at high risk of bad health outcomes to live healthy lives**
  3. Help children and families in early years
  4. Promote good mental health and wellbeing for all children and young people
  - 5. Promote good mental health and wellbeing for all adults**
- 4.2. The project aims to reduce the differences in health between different groups of people and support individuals at high risk of bad health outcomes by targeting those who may not be accessing their GP and therefore are not accessing a NHS Health Check. By not accessing their GP, these groups are at higher risk of complications from medical conditions (such as cardiovascular disease) that could have been identified earlier. By offering the health check in a community setting where they feel comfortable, this difference can be reduced.
- 4.3. Through the wrap around service provided by the Voluntary Sector and the Social Prescribers this project will also promote good mental health and wellbeing for all adults (as Reading is extending the offer of a health check and onward support to people from the age of 18).

#### **5. Environmental and Climate Implications**

- 5.1. There are no environmental or climate implications arising from this project as sessions will continue to be facilitated in community venues that are already active and close to public transport.

#### **6. Community Engagement**

- 6.1. We worked with our Voluntary and Community sector, Primary and Secondary Care Health providers, Public Health Community Champions and Academic services to develop the pilot programme, including the Communications Plan, Training, Monitoring and Evaluation and reporting. There has been effective collaboration and engagement and a shared vision for this new way of working.
- 6.2. This work has been carried out in conjunction with neighbouring Local Authority services in West Berkshire and Wokingham to ensure the approach was aligned across the Berkshire West Place. Whilst there are some slight variances in the delivery model, which will enable evaluation of the effectiveness, in each locality there has been a shared approach in respect of clinical and digital pathways to ensure consistency.

#### **7. Equality Implications**

- 7.1. An Equality Impact Assessment was started and the outcome was that a full assessment was not required, the reasons are set out below:
- 7.2. This programme will not have any differential impact on people with protected characteristics. The aim of the programme is to reach people who may be disadvantaged due to a number of factors impacting on their ability to access health and wellbeing services within their locality. By delivering the health checks and other wellbeing support within the community settings that they are more likely to attend, as well as targeting those that may be more at risk of poor health outcomes, we are aiming to address inequalities and ensure equity of service for all adults in Reading.

## **8. Other Relevant Considerations**

- 8.1. The proposals for the project were scrutinised through the Reading Integration Board and Procurement and Legal services.
- 8.2. Officer Decision Notices were completed, and a briefing provided to Councillors.

## **9. Legal Implications**

- 9.1. Procurement of services was through direct award under Regulations 12 and 72 of the Procurement Regulations and the subsequent Memorandums of Understanding and Deeds of Variation have been agreed in alignment with current policy.
- 9.2. Guidance was provided by Legal Services and the Procurement Hub at the Council.

## **10. Financial Implications**

- 10.1. Funding for this scheme is via the Prevention and Inequalities Fund. Reading Borough Council have been allocated £811k by the Integrated Care Board to deliver this community outreach programme up to the end of June 2025. The programme aims to deliver 5,200 Health Checks as well as the wrap around wellbeing support, training and evaluation.
- 10.2. Confirmation of funding has been received from the Integrated Care Board via a Letter of Intent setting out the funding and the payment schedule. Invoicing has commenced and funding received to enable the onward funding support to our core health and community partners.
- 10.3. Governance of the funding and monitoring of spend against the plan has been incorporated into the Section 75 Framework Agreement 2023/24, for the Better Care Fund, grant funding as the funding for this programme will operate within the same governance structure.

## **11. Timetable for Implementation**

- 11.1. The programme has taken a phased approach:

Phase 1: Aug – Sep 2023 – Preparing for upscale.

Phase 2: Oct 2023 – Dec 2023 (Q3 23/24) – Initial upscale.

Phase 3: Jan 2024 – Mar 2024 (Q4 23/24) – Building momentum.

Phase 4: Jul 2024 – Dec 2024 (Q1-Q3 24/25) – Fully Established.

Phase 5: Jan 2025 – Jun 2025 (Q4 24/25 - Q1 25/26) – Final phase of pilot.

- 11.2. Sessions are currently being delivered and an overview of what to expect, alongside the timetable of events, is available via the RVA Web pages set up for this pilot programme: Posters and leaflets include a QR code linking to the web pages, along with a telephone number for anyone wishing to speak with someone to find out more information.

Info and clinic list: <https://rva.org.uk/community-wellness-outreach/>

Details of the health check: <https://rva.org.uk/nhs-health-check/>

Calendar of the clinics: <https://rva.org.uk/health-checks-grid-calendar/>

## **12. Background Papers**

- 12.1. There are none.