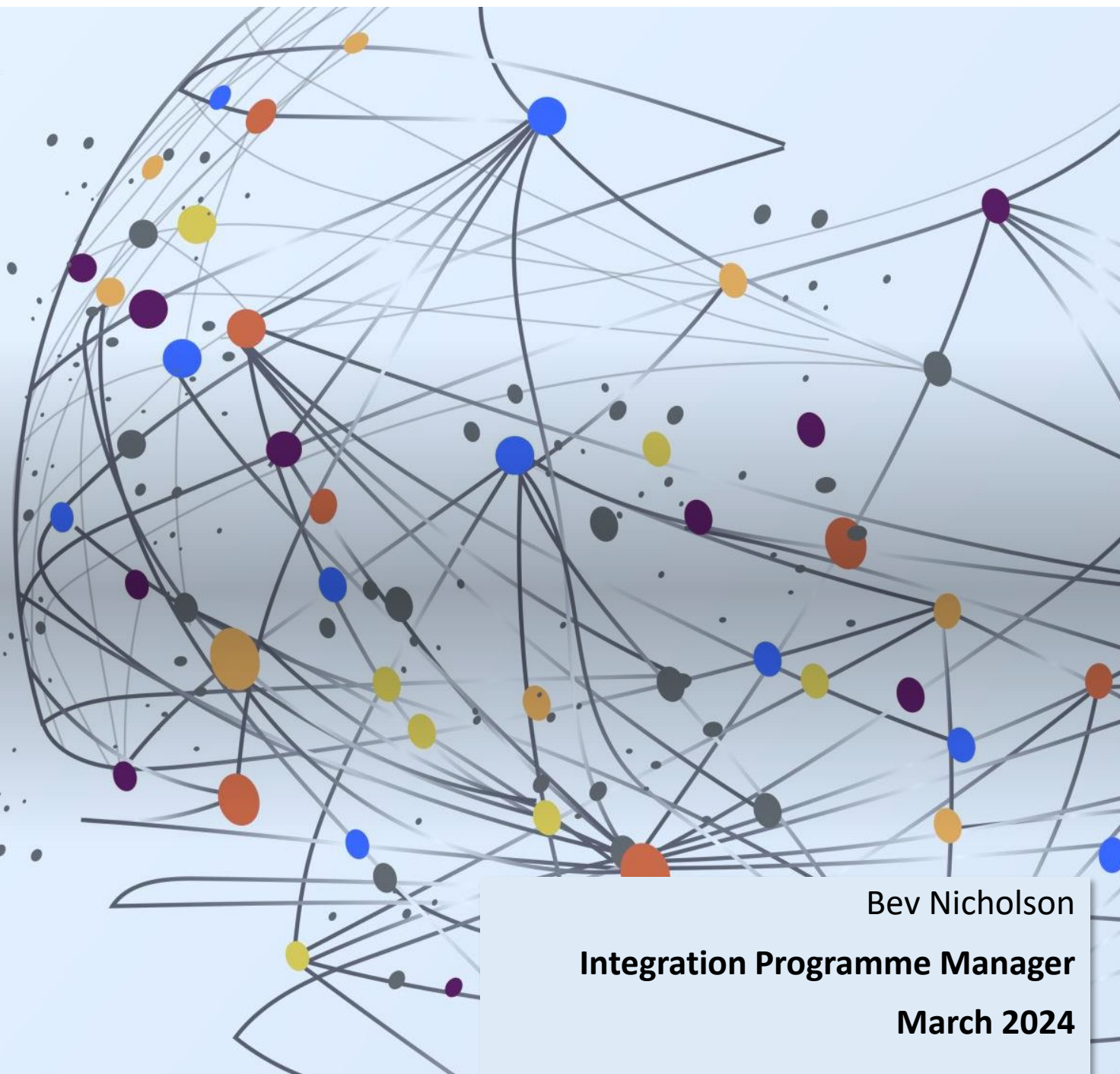


Community Wellness Outreach Programme

A collaborative programme
across Berkshire West

Reading specific Model

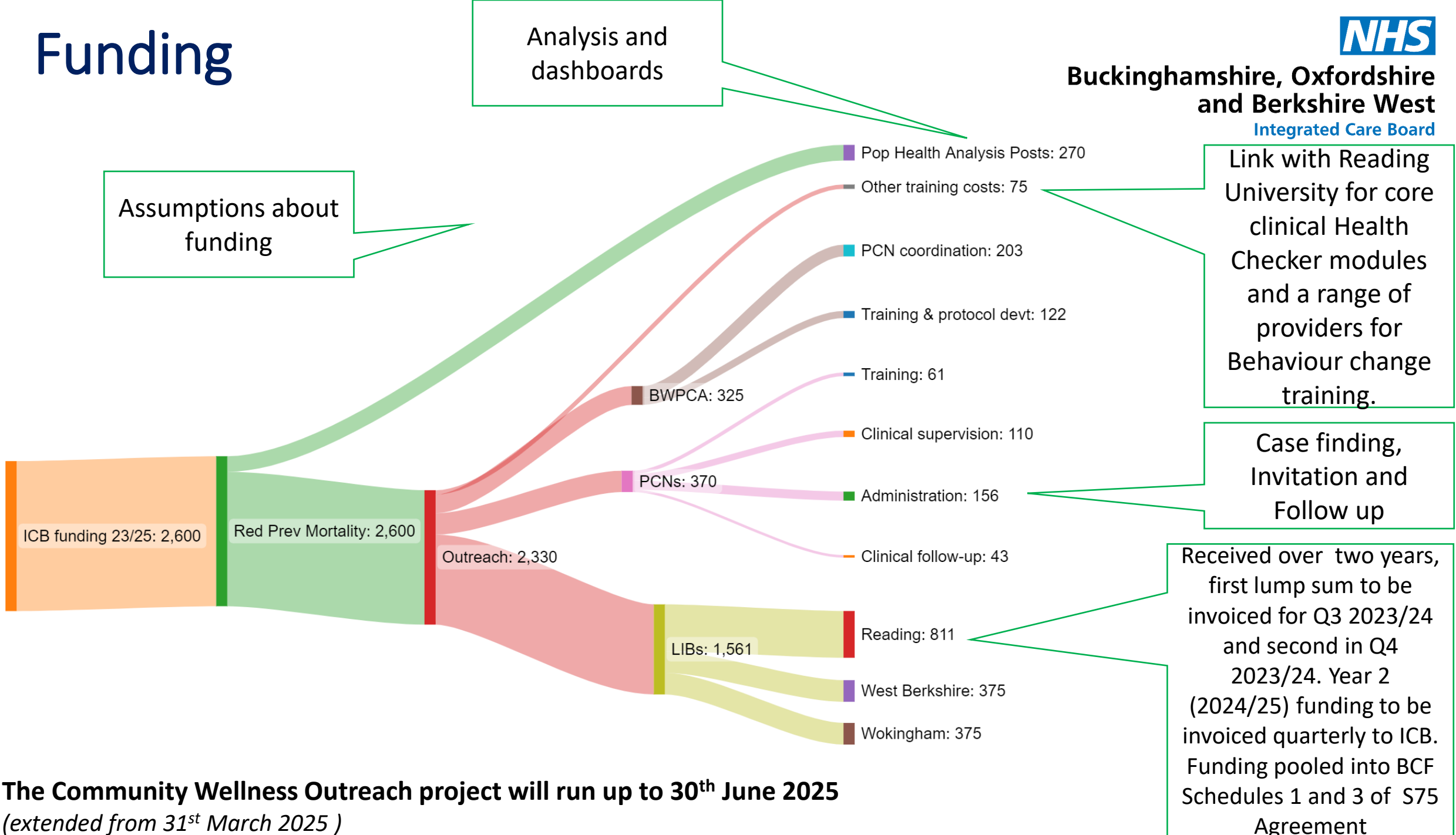


Bev Nicholson
Integration Programme Manager
March 2024

Funding



**Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board**



Assumptions about funding

Analysis and dashboards

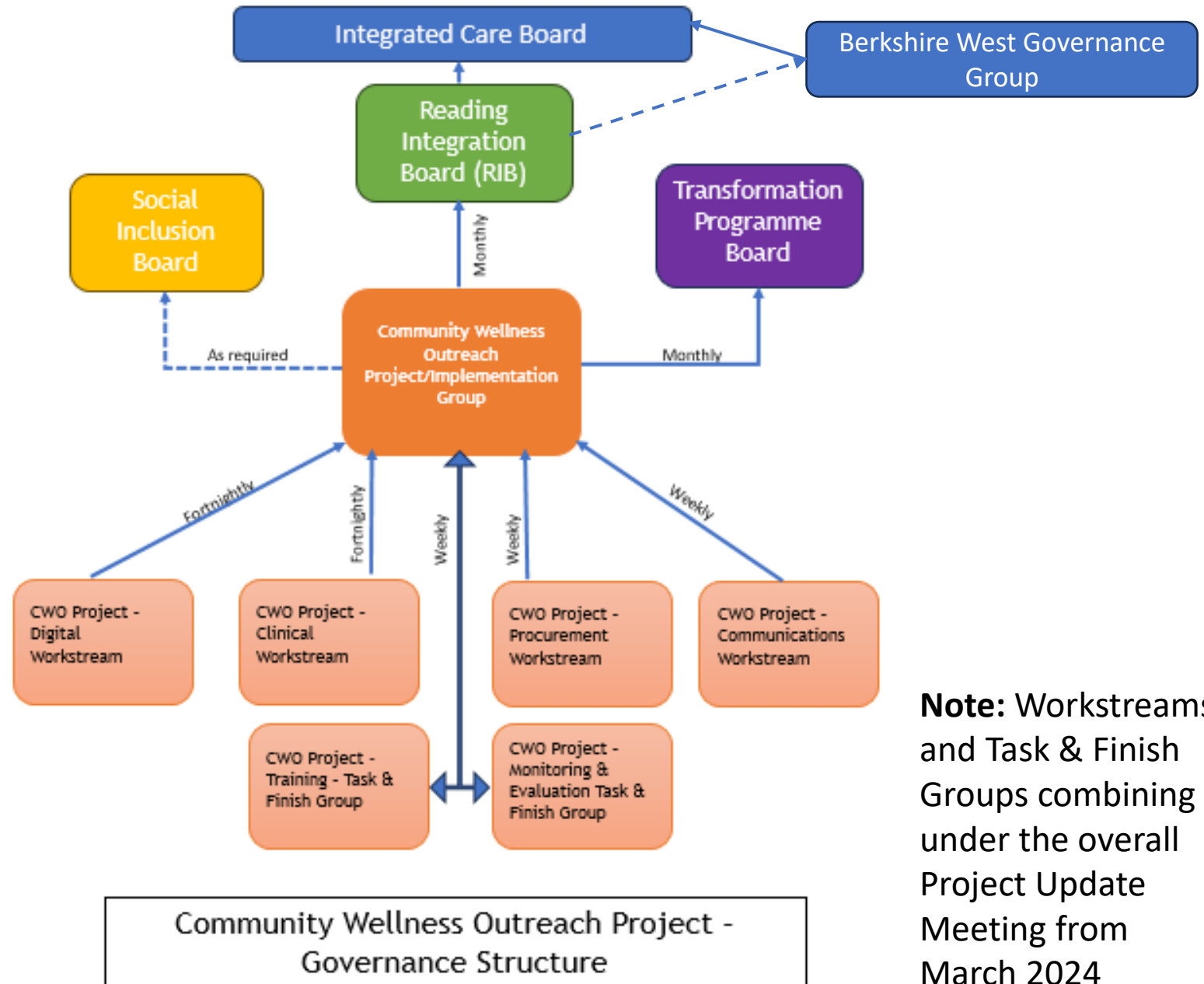
Link with Reading University for core clinical Health Checker modules and a range of providers for Behaviour change training.

Case finding, Invitation and Follow up

Received over two years, first lump sum to be invoiced for Q3 2023/24 and second in Q4 2023/24. Year 2 (2024/25) funding to be invoiced quarterly to ICB. Funding pooled into BCF Schedules 1 and 3 of S75 Agreement

The Community Wellness Outreach project will run up to 30th June 2025
(extended from 31st March 2025)

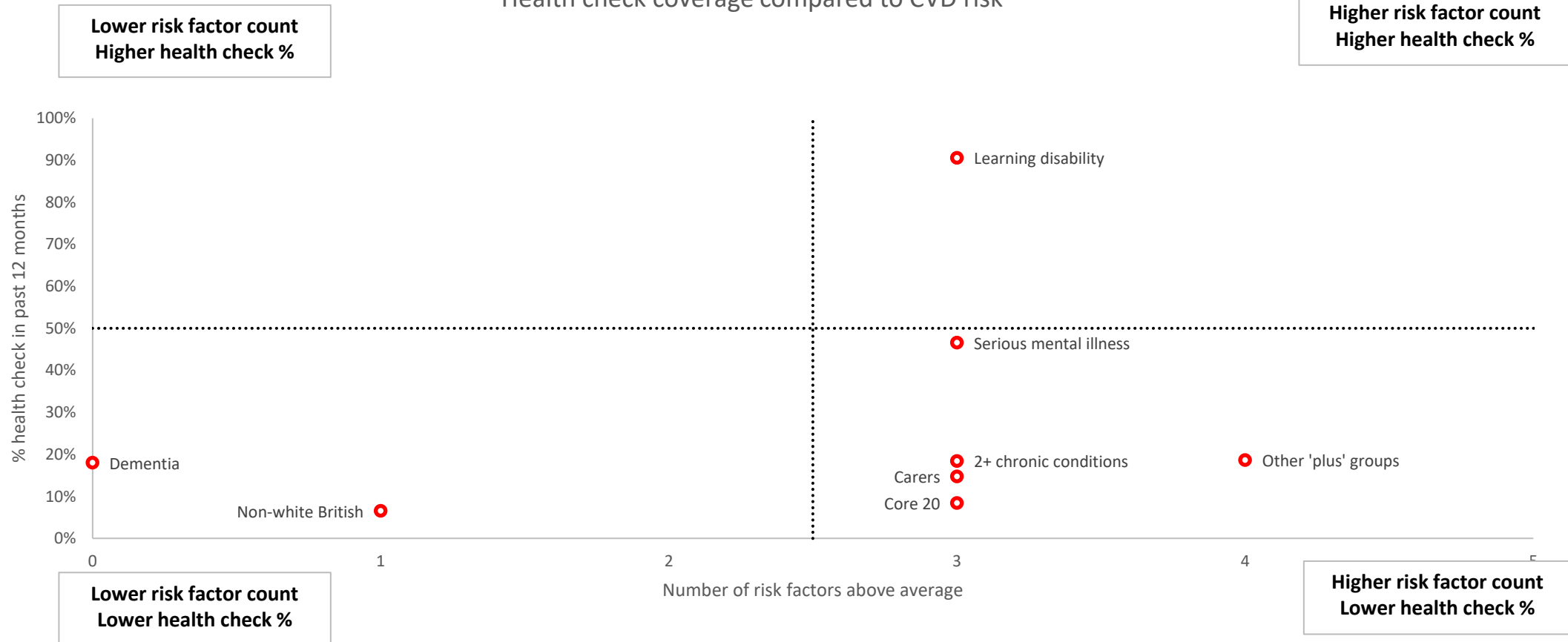
Governance



Note: Workstreams and Task & Finish Groups combining under the overall Project Update Meeting from March 2024

Health Check Data (Reading)

Health check coverage compared to CVD risk



The Primary Care Alliance and GPs have limited capacity to deliver the NHS Health Checks required and our local data shows a low rate for NHS Health Checks in many of the GP Surgeries across Reading. We also know that there are people in our communities that do not attend a GP for a variety of reasons and may also be within the focused “Core 20 Plus 5” group i.e. “Those identified in System Insights as being on any of the following lists; Homeless, learning disability, left military service, refugee or asylum seeker, released from prison, requires support to communicate, social isolation”

Community Outreach Delivery Method



We were asked to implement an outreach service rapidly in order to start reaching into our communities to deliver NHS Health Checks primarily to address the risk of Cardiovascular Disease. We have worked alongside our neighbouring Local Authorities in West Berkshire and Wokingham, leading the project and sharing across Berkshire West aspects of the programme that will be beneficial to all and ensuring consistency. There will be some slight differences in the delivery of the health checks in each location which will enable comparison of the different models at the end of the programme.

The Royal Berkshire Hospital, Patient Engagement and Experience Team (PEET) were already running a programme in our communities working in collaboration with Reading Voluntary Action (RVA) to provide mini-Health Checks. We worked with them to identify what additional resource and equipment would be needed to scale up this scheme to delivering the full NHS Health Check and to support the voluntary and community sector partners to provide the wrap around Wellbeing support, such as debt and benefits advice, mental health support, and lifestyle behavioural change such as smoking cessation, weight management and exercise through the JOY platform for Social Prescribing.

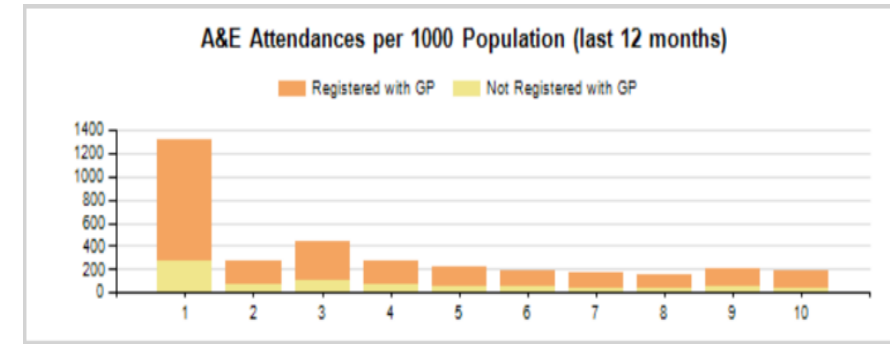
The Programme is available to all people over the age of 18 and will prioritise people from communities and groups that may be more disadvantaged and have not had any Health Checks or identified long term conditions.



Why is engagement important?

1) Data shows that those in lower deciles on the Deprivation Index:

- Are significantly more likely to attend A&E.
- Are more likely to be admitted as inpatients.
- Are more likely to have longer waits for outpatient appointments.
- Are more likely to 'do not attend' (DNA) appointments.



2) We know particular community groups are disproportionately affected in their experience of health care.

- More likely to have a poorer patient experience.
- Find it harder to access our services
- Need our services adapted to meet their needs.



Web page for calendar of events



12 March 2024

Coley Park Community Centre

140 Wensley Road RG1 6DW

10.00 am - 2.00 pm

This community centre is served by the No 11 bus. A few car parking spaces are available on site, or park in nearby streets. Enter through the double doors.

13 March 2024

Whitley Wood Community Centre

Swallowfield Drive, RG2 8UH

9.00 am - 1.00 pm

The centre is served by the No 6 bus, bus stop Engineers Court. Car park available on site, drive down Copenhagen Close, car park on the right.

14 March 2024

ACRE

344 Oxford Road RG30 1AF

9.00 am - 1.00 pm

How to find us: On Oxford Road, go through the blue gates underneath the old Battle Hospital sign. This hub is served by the No 15, No 16 and No 17 buses, bus stops Beresford Road and West Village Tesco. Small car park on site

March 2024						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1 The Atrium	2	3
4	5	6 The Weller Centre	7 Launchpad 135 Work and Life Skills centre Reading Central Library, 3rd Floor	8	9	10
11	12 Coley Park Community Centre	13 Whitley Wood Community Centre	14 ACRE Reading Central Library, 3rd Floor	15 By Appointment Only - The Forgotten British Gurkha Centre	16 South Reading Community Hub/WCDA	17
18	19 Southcote Community Hub	20 South Reading Community Hub/WCDA	21 Reading Central Library, 3rd Floor	22	23	24
25	26	27	28	29	30	31

As well as the drop in option, Letters / messages will be sent to eligible patients with a link to enable them to book an appointment at one of the regular sessions:

<https://booking.appointy.com/healthchecks>

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

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

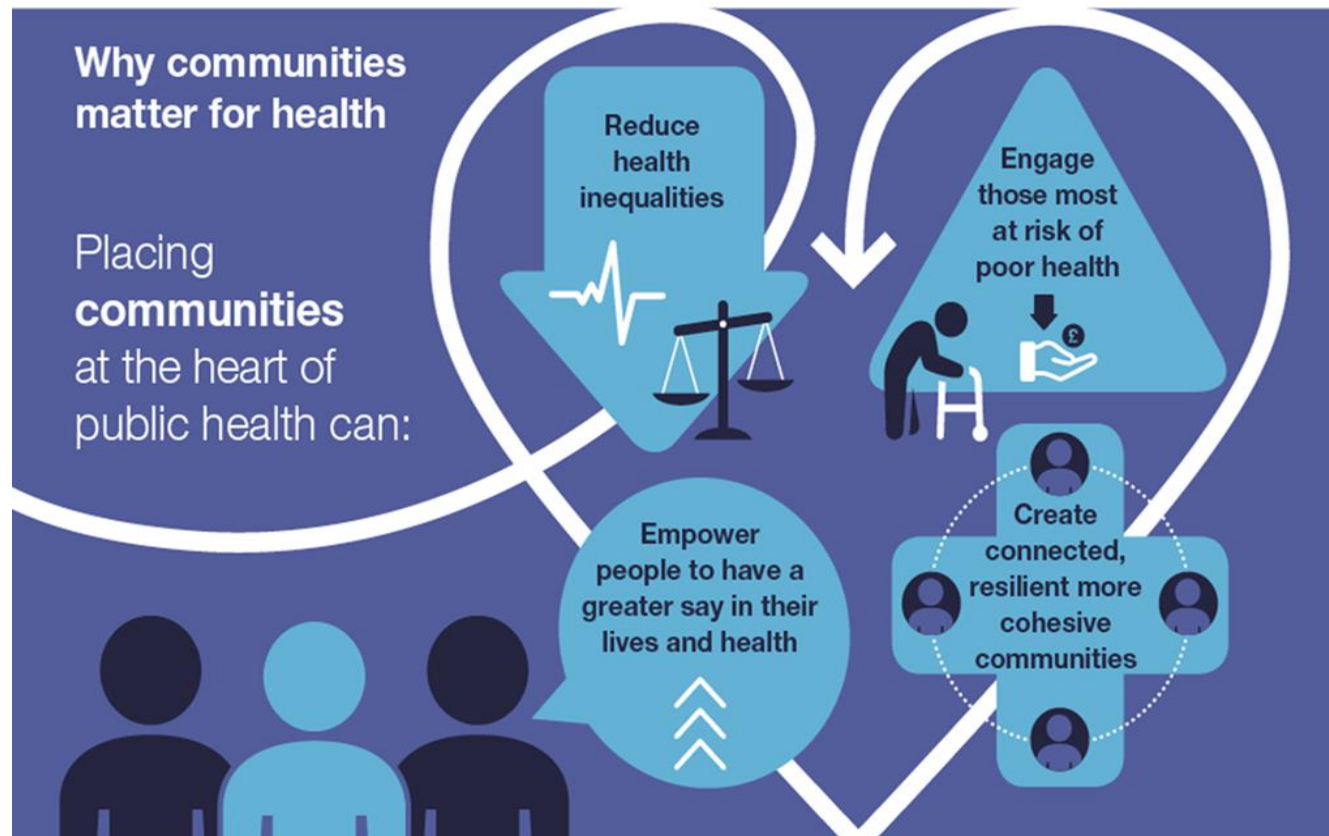
Calendar of the clinics: <https://rva.org.uk/health-checks-grid-calendar/>

Adopting the Public Health approach

It is all about improving access, experience and the health outcomes.

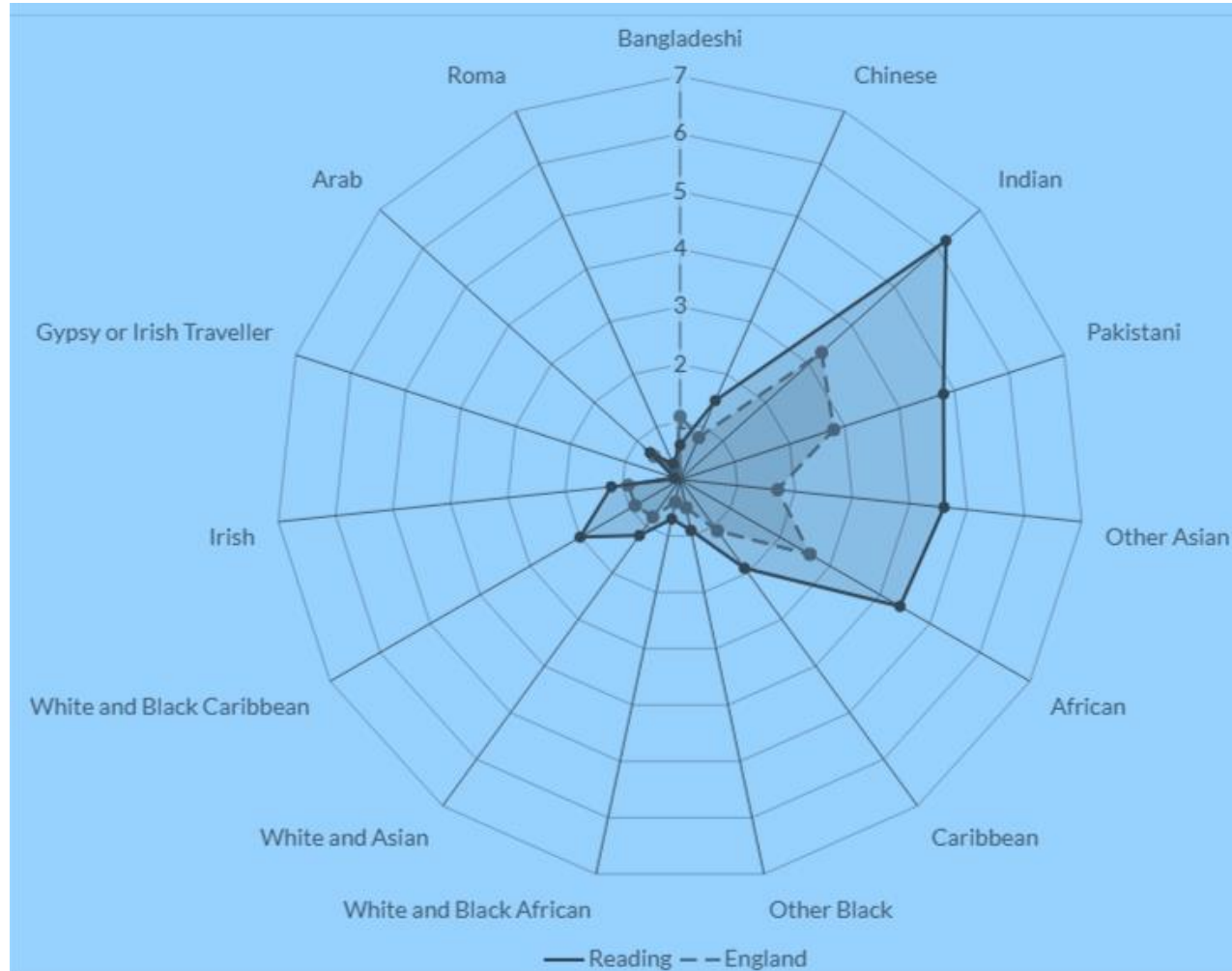


Healthmatters



- The NHS Health Check data will be automatically fed into the GP records system
- Where someone is not registered with a GP, the programme team will support them to register.
- They will also be able to take away the outcomes of their check and this can either be delivered via a digital transfer or on a “results” card, whichever suits their needs best.

Reflection on data ...



Percentage of population by ethnic group (2021)

Source: ONS, Census 2021

There is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England. *ONS Census (2021)*

Black, Asian and other Minority Ethnic groups are at higher risk of type 2 diabetes and other health conditions at equivalent BMI levels. For Asian (South Asian and Chinese), Black African and African-Caribbean populations rising BMI and or waist circumference levels indicate increasing health risks such as Diabetes.

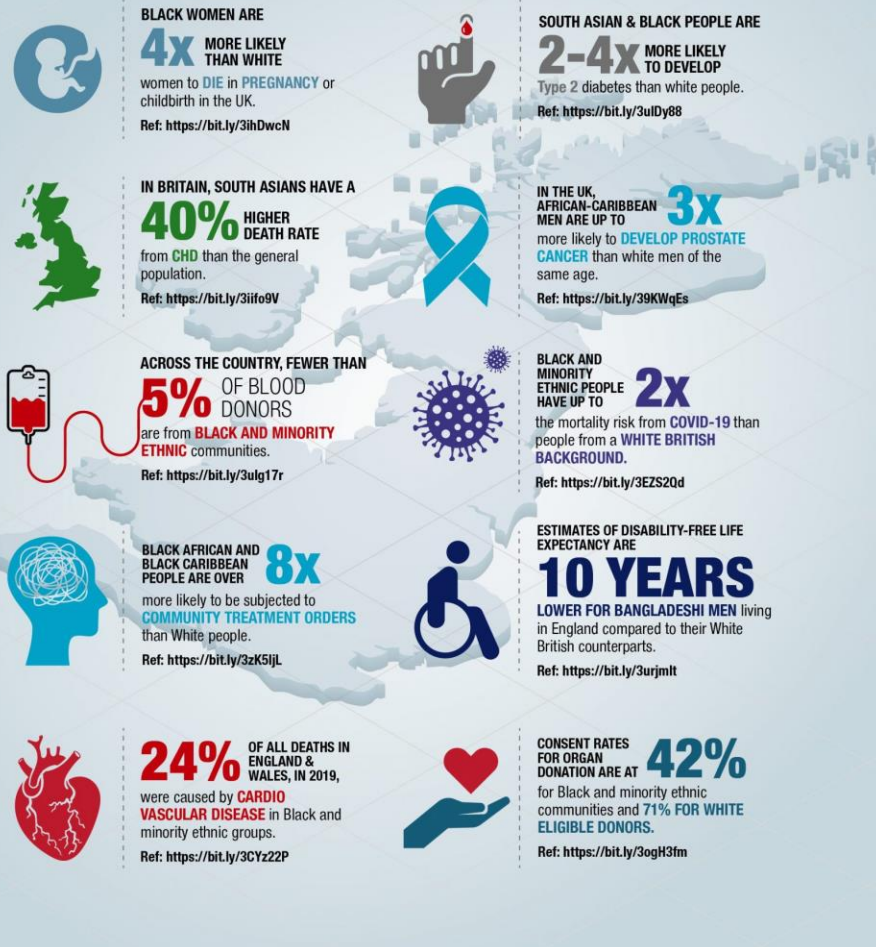
NICE (2013)

Diabetes is a key risk condition in developing CVD.

<https://fingertips.phe.org.uk/profile-group/cardiovascular-disease>

One of the aims of delivering the NHS Health Check in the community is to help people feel more comfortable in accessing the checks and increase opportunities to address health and wellbeing concerns.

ETHNIC HEALTH INEQUALITIES IN THE UK



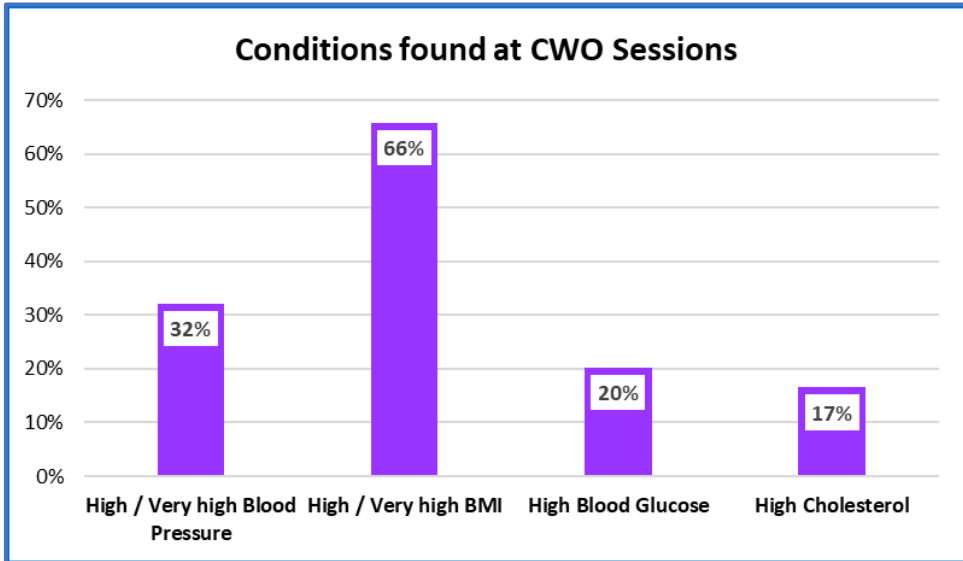
Data from the Race & Health Observatory (2021) indicated that:

- South Asian and Black people are 2 to 4 times more likely to develop Type 2 Diabetes than White people
- 40% of South Asians have a higher death rate from Coronary Heart Disease than the general population
- 24% of all Deaths in England and Wales in 2019 were caused by Cardiovascular Disease in Black and minority ethnic groups.

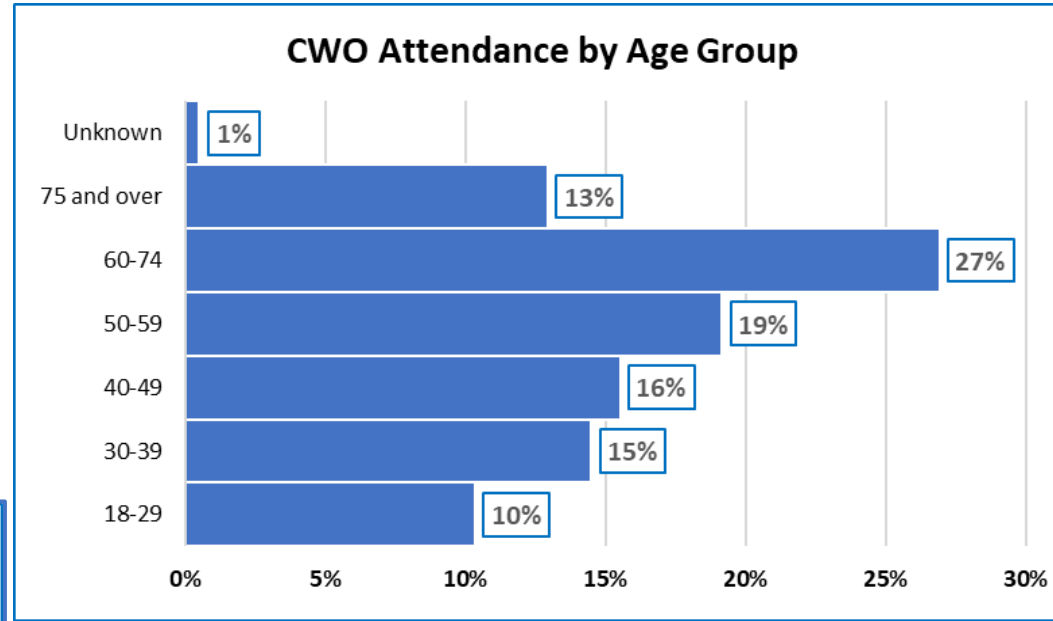
Progress so far...

- 32% of people had High or Very high Blood Pressure
- 66% had High or Very high BMI.

Note: Percentages do not total to 100% because some people had more than one health risk identified.

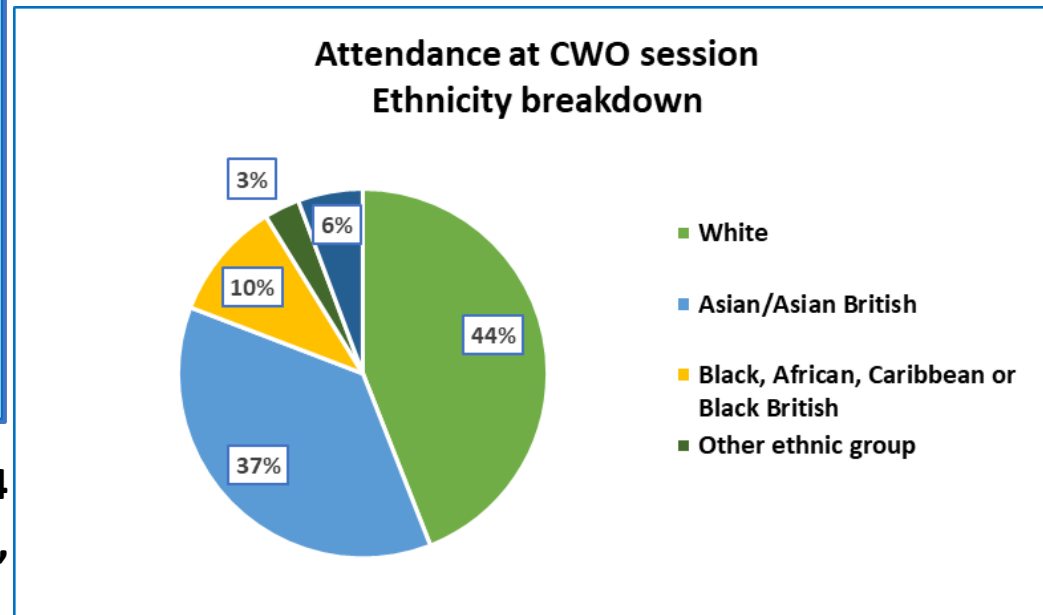


- 193 people seen as at the end of February 2024
- Capacity building – 15 to 20 people per session, 5 sessions per week + Larger events planned



38% were outside the usual age range (40-74) for NHS Health Checks

- 13% aged 75+
- 25% below aged 40



- 37% of people attending sessions were from an Asian or Asian/British ethnic background.

Outcomes



- In Reading we need to achieve 5,200 NHS Health Checks through this outreach programme
- We had a 'soft launch' of the service in December 2023 whilst resources were being sourced and equipment was being tested, working collaboratively across Health, Social Care, Voluntary and Community services.
- Increase the awareness of the impact of cardiovascular disease and opportunities to prevent or effectively manage conditions and reduce cardiovascular disease health inequalities.
- Increase the number of NHS Health Checks, and particularly for more disadvantaged groups and aligned to the Core20Plus5 health inequalities programme.
- To refer people identified as being at risk to the appropriate services to support their needs and reduce their risk of cardiovascular disease.
- Reduce inequalities in relation to accessing Health Checks and Wellbeing advice and support.
- To provide other support in relation to issues impacting on Wellbeing.
- To hear from people in the community about their experience of the Health Check outreach programme.
- To identify academic research opportunities in relation to health inequalities.

Outcomes



From a Community Health Champion:



“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.”



The voice of our teams

Let's hear from our key delivery partners, one of our community providers and our Clinical lead, about their experience of setting up the Community Wellness Outreach Service and why it is important to them...

- Sharon Herring – Royal Berkshire Foundation Trust (RBFT) Meet PEET
- Rachel Spencer – Reading Voluntary Action
- Trisha Bennett – Whitley Community Development Association (CDA)
- Dr Lizzie Mottram – Project Clinical Lead (Primary Care Alliance)

Questions

