## West Yorkshire Healthier Hearts Community Approach

A familiar face plus a familiar place = great results!



West Yorkshire Integrated Care Board: Third Sector Kirklees and VCSE organisations in Kirklees: NOVA Wakefield and VCSE organisations in Kirklees: CVAC – Voluntary Action Calderdale and VCSE organisations in Kirklees: Bevan Health Care: Wakefield Integrated Care Board: Kirklees Integrated Care Board: Calderdale Integrated Care Board: University of Huddersfield: Yorkshire and Humber Improvement Academy

Stroke: QOP prevalence (all ages)

Under 75 mortality rate from stroke (Persons <75yrs) NEW DATA

## Introduction

An initiative to identify undiagnosed cardiovascular disease (CVD) in the most deprived communities in Calderdale, Kirklees and Wakefield. Deaths from circulatory disease, all ages, standardised mortality ratio per ICB sub-group (2016 – 2020) are shown in the table. All 5 West Yorkshire places have a mortality ratio greater than England.

Deaths from stroke, all ages, standardised mortality ratio (R2 value of 0.18) means 18% of association can be explained by deprivation as measured by IMD2019 (OHID Local Inequalities Explorer Tool (2023).

#### **Project aims:**

- Increase awareness of blood pressure (BP) and understanding the numbers using Making Every Contact Count
- Increase number of patients detected for any of the three focus ABC areas and the anticipated return on investment
- Build a network of community champions creating community capability
- Improve ability to self-manage own health
- Build local CVD prevention awareness and resource.

| Place       | Bradford | Calderdale | Kirklees | Leeds | Wakefield |
|-------------|----------|------------|----------|-------|-----------|
| Deprivation | 34.7     | 24.6       | 25.2     | 27.3  | 27.3      |

### Method

The vision was a comprehensive, consistent yet adaptable outreach approach for the detection and identification of atrial fibrillation, hypertension, and cholesterol. Aimed at improving health literacy, engaging people in screening/conversations to improve clinical outcomes and reducing health inequalities for those most at risk.

Worked collaboratively investing £3,000 per place (and gifting BP monitors) VCSE anchor organisations to promote health and prevention conversations in a non-medicalised setting working with trusted community partners. Yorkshire and Humber Improvement Academy delivered agile rapid cycles of evaluation to learn and embed tests of change.



"During our food share event one gentleman had his BP taken for the first time, after using the NHS health assessment tool to check the reading and seeing it was very high, we advised that he speak to the GP surgery who said that he definitely needed to come in – he booked an appointment.

This is someone who would have not been picked up if he wasn't accessing the community food share where trained champions were present."

# SHOLE MICHORA

## Results

**Ninety one** blood pressure (BP) champions trained, speaking **nineteen** different languages, reflective of population of West Yorkshire. Included carers and people living with disabilities. Champions gained impressive reach using their local knowledge linking with activity leaders, local services, groups holding sessions and events (e.g. museums, libraries, walking groups, community groups, supermarkets, places of worship).

**Insights** from champions about the general public and BP included:

- Many had never heard the term CVD and didn't know what it was
- Many didn't have any idea what their blood pressure was
- Many didn't know that there are several types of CVD many thought it was "just a heart attack".

#### Resources developed included:

- A pulse protocol, an AF detection device SOP to support AF detection screening. template linking data captured at events through the clinical system with the ability to track patients through their journey with better
- Training materials
- Data collection template for community champions.

Outcome data may be available at a later date.

Targeted sessions included: health inclusion groups (including dependency groups, justice system, refugees, low literacy, homeless, sex workers), people living with mental and/or physical health conditions, learning disabilities, serious mental health Issues and sensory needs aged 18-85.

"I have had my BP done 3 times now by a champion, it is still higher than it should be, I have taken their advice and booked a GP appointment – there were keen to get me in to check me over - thank you!"

| Events                 | BP checks<br>completed | AF checks<br>completed | Outcome data (referrals made in line with protocol)   |
|------------------------|------------------------|------------------------|---|
| Calderdale events (x2) | 21                     | 21                     | 2 x high BP<br>5 x slightly raised BP   |
| Kirklees events (x4)   | 1496                   | 1201                   | 8 x irregular HR detected<br>1 x irregular HR detected (pre-existing condition)<br>7 x high BP<br>12 x high BP (pre-existing conditions)<br>3 x low BP<br>2 x low BP (pre-existing condition) |
| Wakefield events (x3)  | 367                    | 279                    | 103 x elevated BP readings<br>11 x irregular HR detected<br>2 x high respiration rates<br>1 x had low O2 sats   |
| Leeds                  | 6                      | 6                      | 1 x irregular HR detected   |
| Bradford               | 0                      | 17                     | 1 x irregular HR detected   |

## Conclusion and Recommendations

The project demonstrate why this collaborative approach is a cost-effective option. It will continue our upstream prevention work with the public, particularly those facing health inequalities. Due to the success and lessons learned the project was awarded additional funding to spread its reach to include Leeds and Bradford. All five places now have £5,000 to continue this work.

Things to consider for the future of the project and for those considering undertaking a similar project:

- True collaboration from the start. The project was created and shaped by a wide range of stakeholders across the system which helped contribute to it's success, evaluation and delivery
- The value of working with VCSE sector. Never underestimate the reach they have, the skills they bring and the trust they hold
- The project captured invaluable insights
- Utilise resources that are already in the system to grow the CVD workforce. Working with community pharmacy, health inclusion providers and health care students from a local university. The workforce is stretched but there are opportunities to do more together
- There are IT and IG barriers that we need to work through to ensure innovation isn't stifled. Point of care testing receives mixed clinical reviews in terms of validity and financial benefits
- Project management resource for coordination of activities must not be underestimated
- Finance investing in upstream prevention will contribute to improving the health of West Yorkshire.







