

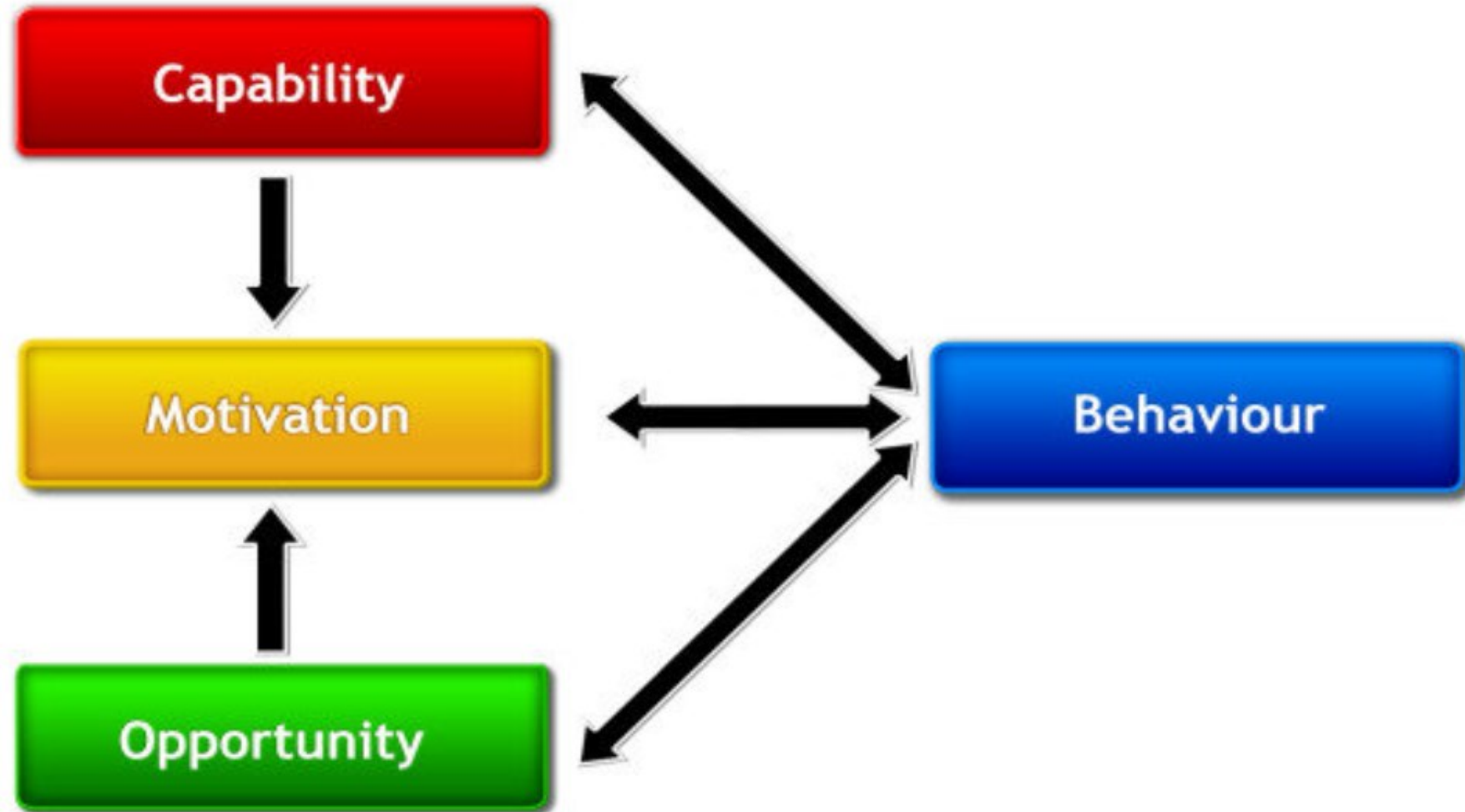


Informed by “Community Voices”

# Programme overview

- A two-year programme working with partners across the system aiming to address health inequalities in Lowestoft
- Focus: cardiovascular disease (CVD) risk factors – hypertension
- Anticipated outcomes
  - Reduce morbidity and mortality from cardiovascular disease in our most deprived communities.
  - Increase the diagnosis of hypertension
  - Optimise hypertension management.
  - Reduce barriers to accessing healthcare
  - Empower Lowestoft residents to make healthy behaviour choices which have an impact on heart health
- Phased approach
  - Community Voices (engagement)
  - Lowestoft Healthy Hearts (interventions)

# Community Voices analysis using the COM-B Behaviour Change model



# Capability - summary

Capability	<b>Physical</b> (physical skill, strength, stamina)	Do they have the physical capacity and skills needed for the behaviour? Are they able to overcome any physical limitations they might have?
	<b>Psychological</b> (knowledge, interpersonal skills, cognition)	Do they know that the behaviour needs to change? Do they know what achieving this requires? Do they fully understand why it is important? Are they likely to remember to do the behaviour? Can they focus?

## Barriers

### Physical

- limited mobility or wheelchair user, long-term conditions such as back or joint pain
- Perceived – “felt her age was a big issue”, “ unable to walk any distance without stopping for rest”

### Psychological

- Some people didn't know diet was important for heart health
- Not believing the link between heart health and lifestyle
- History of heart disease in the family and a feeling that if it happens it happens and that there isn't much they can do about it
- The person is aware of her heart health, but in conversation kept saying "but I'm still here" as a reason for not taking action such as giving up smoking
- He said that as he has no problems he doesn't need to do anything
- None specific other than he feels that at his age (84) he doesn't need to take special measures to improve his heart health

## Enablers

### Psychological:

- Many people knew the importance of heart health, and the need for exercise and good diet
- Some older people had started think more about heart heath and their health in general. They had cut down on fatty food and were thinking more around their drinking. The younger members hadn't thought about it and seemed to indicate a stoke was more of a worry for them
- Anxiety about own health after seeing serious deterioration in sister's health.
- “He is very mindful of his own health and well-being as he is at times her carer.”
- Wants to live life to the full
- **“Being overweight for most their life prevented them from being active or confident to go to new places, or speak to strangers about how to lose weight. But one day they just knew they had to do something as nobody else could do it for them.”**

# Opportunity - summary

## Barriers

### Physical

- Not being able to get appointments at GP
- “Healthy” food is (too) expensive and foodbanks have long-life / less healthy food
- Some would only use monitors in a private space or at GP practice
- Some saw rural areas as “isolated from services”
- Concerned that as resources have been withdrawn he may have difficulty accessing services - was not able to be specific
- Difficulty is accessing GP appointments and perceived GP attitude that older people don't need the level of health support as younger folk do

### Social

- She does not like visiting the GP
- **“Before losing the weight they hadn't given any information a second thought (only how annoying medical staff are when talking to people that are over weight - always just felt judged). Since losing the weight they feel much healthier and determined to keep up with eating healthier so they can enjoy life more.”**  
(same interview as previous page)

Opportunity	<b>Physical</b> (location, space, time)	Do they have the time to do the behaviour? Do they have the financial resources? Do they have the material support required? Do they have easy access? Are there competing tasks and time constraints?
	<b>Social</b> (peer-pressure, social norms, culture, credible models)	Are social influences likely to facilitate or hinder the behaviour (e.g. peers, social/group norms, managers, other professional groups, service users, carers, relatives)? Do they have the social support required Do they have people around them doing it?

## Enablers

### Physical

- Most respondents (where recorded) would use blood pressure monitors / health checks in community spaces
- Some saw rural areas as offering “easy access for walks”
- He has been able to find a gym (in Gt. Yarmouth) where he can exercise and swim

### Social

- A very caring and supportive family / Support from family who are very vigilant to her health and well-being
- Felt it would be a good idea to offer free Gym membership to retirees
- To improve their heart health. Joining walking groups and seated exercise classes they felt would be a social event as well. Some don't get out much
- Having good family and social relationships and the sharing of roles within the family e.g. in terms of cooking and housework, therefore removing stress
- She and her husband both enjoy exercise and good diet to keep their hearts healthy
- Supporting his wife

# Motivation - summary

<b>Motivation</b>	<b>Automatic</b> (emotions, habits, urges)	Is doing the behaviour likely to evoke an emotional response? Can they be led to develop a habit of doing it ? Do they need to find a way of avoiding or coping with cravings and urges? Are they likely to feel bad or good if they do or don't do the behaviour?
	<b>Reflective</b> (beliefs, identity, plans, cost & benefit analysis)	Do they feel that they want or need it enough? Are there other things they want to do or achieve that might interfere with the behaviour? Do they see the behaviour as normal and commonplace? Do they have effective plans for doing it? Is doing the behaviour compatible or in conflict with the person's identity?

## Barriers

### Automatic

- Lack of motivation / getting out of the house / low mood
- None specific other than he feels that at his age (84) he doesn't need to take special measures to improve his heart health
- Mum didn't engage in the topic and said she felt she would be healthier once she had managed to get on top of her home conditions and in a better routine with the children
- Often wondered about participating in the Saturday morning Lowestoft 'park run' but has not been sufficiently motivated yet

### Reflective

- Peer pressure, examples of family/friends who lived longer despite smoking / weight / heart problems, "more important issues" (such as cost of living or housing)
- He didn't do anything to cause the heart attack and therefore can't prevent a further one
- "Overcoming inertia" is the biggest barrier to taking up swimming and cycling again, but he has other distractions at present

## Enablers

### Automatic

- Having a positive outlook, well-motivated, doing the best for yourself
- Although she is advised to rest for much of the day because of the leg ulcer, she chooses to be up - either sitting in the lounge talking to other residents or walking around the garden. She said she likes to be as active as possible, within the limitations of her disabilities

### Reflective

- Peer pressure, group activities, thinking of family (setting a good example, or wanting to have quality time with them)
- This person used to snack loads in the evenings but has now cut that out as he knows it's bad for him
- Very proud to have given up smoking for good
- Some wanted to be healthy so they could be around longer for their grandchildren
- He has close relationship with teenage sons and wants to be there for them

# Lowestoft Healthy Hearts project

Underpinned by Community Voices

## PREVENT

- Hypertension media campaign (social media, posters, busses, newsprint)
- Feel Good Suffolk Advisors (behaviour change support & signposting) – Dedicated Lowestoft Healthy Hearts Advisor
- Self help resources (information leaflets)

## DETECT

- Public health detection/launch event.
- SiSU Health Check Station (Lowestoft Library)
- *@Home BP tests (X1000 monitors across N&W ICS) as part of a wider system intervention.*
- *Community Pharmacy Hypertension Case Finding Scheme. As part of a wider system intervention*
- *Primary care system code cleansing (Interface Clinical Services). As part of a wider system intervention*
- Primary care hypertension training/education on protocol/pathway (wider workforce included)

## PROTECT

- *Eclipse Live searches. As part of a wider system intervention*
- Lowestoft PCN patient texts for @home BP monitoring
- ExpertCare (digital intervention) - Medication review across Lowestoft Primary Care Network.

Blue writing = resourced from outside LHH project

Patient pathway

# Community Voices Influence - SiSU Health Check Station

- Most respondents (where recorded) would use blood pressure monitors / health checks in community spaces
  - Allows people to monitor changes
- Addresses perceived barriers
- No appointment needed – don't have to go to GP
  - People can choose when to use the station to fit into their routine
  - Visible resource showing investment
  - Not necessary to engage with health professionals (addresses fear of judgment)



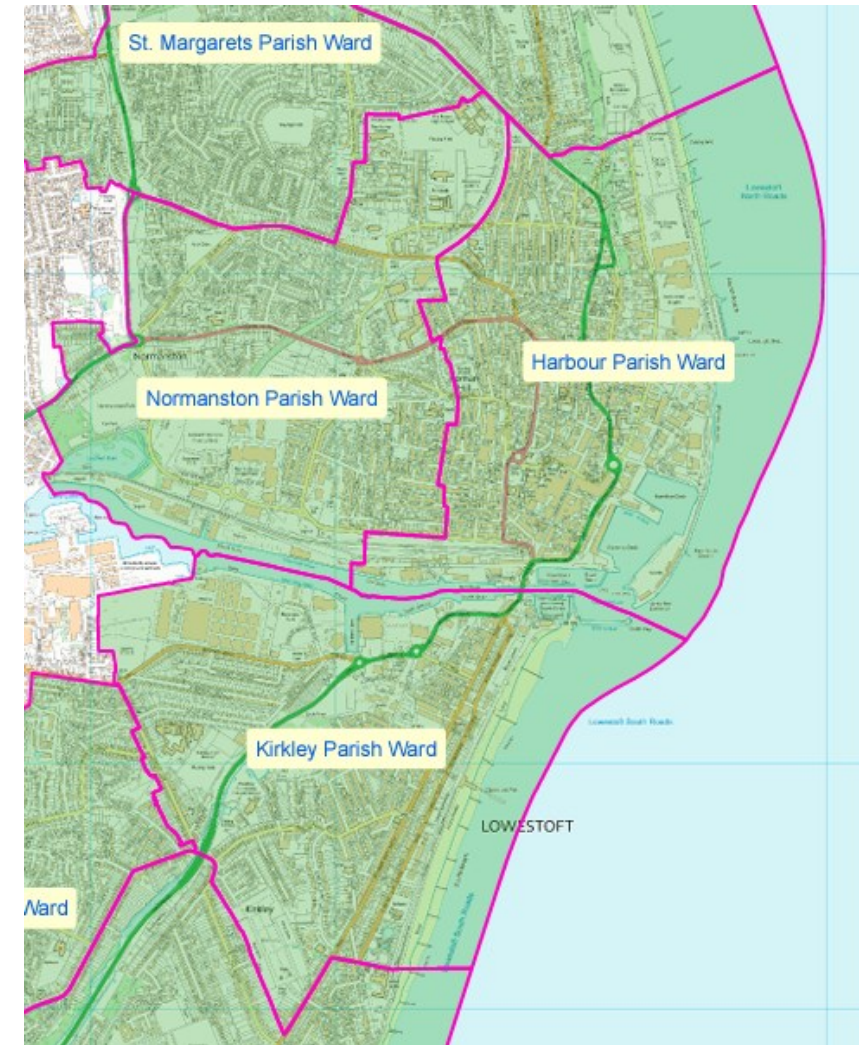
Lowestoft Library



# Community Voices Influence – Feel Good Suffolk Advisor (Healthy Hearts)

FGS Advisor with a Heart Health remit working across the Normanston, Harbour and Kirkley wards in Lowestoft.

- New FGS Advisor will link back to CV feedback to work with individuals and communities. At the same time expanding on the CV insight.
- Community Heart Health Hubs
- BP Checks - **supporting those who prefer to speak to a professional**
- Onward referrals - Including local community groups – **value of the social side of improving their health**
- Health Coaching
- Link into the **Feel Good Suffolk** services offer – Stop Smoking, Be Active, and Healthy Weight



# Community Voices Influence – Communications

Communications campaign reflecting CV feedback to inform how this looks.

- Educate/ inform
- Encourage/ motivate
- Raise awareness
- Local knowledge = Health Checks/ BP Checks
- Briefings



**Make these moments last**

**Check your blood pressure**

Take action and prevent diseases like stroke and heart disease



# Thank you!

If you would like more information on Lowestoft Healthy Hearts, please contact me:

[steve.gray@suffolk.gov.uk](mailto:steve.gray@suffolk.gov.uk)

Or you could visit our Healthy Suffolk Website for more information on Heart Health

