Nottingham City Place-Based Partnership

# Heart of the community

## Tackling Heart Disease Together in Nottingham City

26th September 2024: ICCA
Event Outcomes Summary

# Purpose of the Event

Nottingham City Place-Based Partnership

On 26th September 2024 partners were invited to an event to launch a programme aiming to improve heart health and reduce cardio-vascular disease related inequalities in Nottingham City. People attending the event had the opportunity to:

- Gain an introduction to heart health and Integrated Neighbourhood Working in Nottingham
- Hear primary care and community care perspectives on supporting people with their heart health
- Understand the different levels of prevention and where the opportunities are to make an impact
- Hear from Nottingham Community Voluntary Action Service on the power of the community voice

Following the presentations attendees were engaged in two interactive exercises:

- **cardio-vascular case study analysis:** this exercise asked groups to review different patient journeys in order to identify missed opportunities for prevention and more integrated care
- I**dentifying priorities:** groups were asked to discuss ideas that could improve heart health, mapping these to the 4 levels of prevention: primordial, primary, secondary and tertiary

# Case Study Outcomes

Three different Case Studies were studied by the 8 groups and a number of themes were identified.

**Missed Opportunities and Suggested Actions:**

**Education:** opportunities to increase the health literacy of the patient and their family during all parts of their journey. Needs to be tailored to needs of the patient (culturally/education level/different types of communication).

PCN Support

**Community voluntary sector:** holistic support from CVS organisations. Support to people when they disengage, emotional support, culturally specific support. Social prescribing can direct people to the right support/ increase peer support opportunities.

**Accessible services that are available when patients need them:** out of hours appointments/ evening weekend/ community locations/ digital options for working age.

**Pharmacy:** medication reviews and pharmacist support at an earlier stage.

PCN Support

**Earlier referral to preventative services:** lifestyle discussions as part of a *Making Every Contact Count Approach* across all services. Family approach. Using Health Checks or GP registration as a way of having proactive conversations.

PCN Support

**Carer and whole family support:** stop thinking about the individual and start thinking about proactively supporting the whole family, particularly carers.

PCN Support

# Outcomes from the Priority Setting Group Exercise

| 1. Primordial Prevention | 2. Primary prevention | 3. Secondary Prevention | 3. Tertiary prevention |
|---|---|---|---|

| **Identifying Priorities:** the following themes were identified and mapped to prevention level | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| A more comprehensive approach to health literacy/ education. Including: Education in schools. Culturally specific education/information. Localised materials with appropriate reading ages. Embed lived experience/peer support into education. | | X | X | X |
| Develop group consultation models that use peer support models and connect to the Community Champion Programme | | X | X | X |
| Integration of lifestyle/support services into all clinical pathways. E.g Thriving Nottingham, social prescribing, peer support embedded into hypertension pathways/primary care cardiac pathways etc/NUH secondary care | | | x | x |
| Increased screening and uptake of health checks; link to community hub development and roving offers. Blood pressure/AF screening. Health checks targeting cohorts of patients experiencing the greatest inequalities. Opportunities for whole family approach. | | X | X | |
| For digitally capable people increase digital support and monitoring options. | | x | x | x |
| Create healthier environments, increasing access to healthy food and exercise options at a neighbourhood level. Connect the most at risk people. | X | X | A | |

# Next Steps

## How you can get involved

Email us and tell us if you would like more information on any of the following:

- Join the Long Term Conditions INW Programme Group - first meeting **21st November 2024.**
- Join the new **Raleigh** or **Aspire** Integrated Neighbourhood Teams which are launching soon!
- Find out more about the existing Integrated Neighbourhood Teams in **Bulwell and Top Valley** or **Nottingham City East** (covering the Sneinton and St Anns area)
- Join the distribution list for our Nottingham Heart Health newsletter which will launch soon.
- Tell us if you are interested in leading a task and finish group or supporting in another way.
- Contribute to the content of the heart health newsletter - share details on events, tell us about a project or a team that contributes to improving heart health in Nottingham.
- Get involved in a project with Nottingham Trent University and **Majority Black Led Churches** to work with communities to understand barriers Black men face in up taking blood pressure screening.

# City LTC Integrated Neighbourhood Working Programme Group

**Purpose:**

- Agree priorities and develop a city-wide plan to improve heart health using an integrated neighbourhood working
- Establish and receive updates from task and finish groups to drive forward agreed priorities
- Receive progress updates from Priority Neighbourhoods and support with any escalations, risks and issues
- Discuss community intelligence
- Create a space for info sharing and best practice via spotlight sessions
- Agree and plan how to scale up things that work

**Who needs to attend:**

- Anyone working in Nottingham City with an interest in improving heart health or reducing health inequalities. Includes NHS/social Care/ community voluntary sector/ Health Champions/ Public Health/ NUH/ PCNs

**When and Where:**

- Third Thursday of the month. 12:30-2pm. Primarily on Teams but occasional face to face workshops (plenty of notice given)

If you would like more information or an informal chat please email: nnicb-nn.citylocalityteam@nhs.net