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Healthy Heart Peer Support Project Year 1 Report

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BARNET LONDON BOROUGH

North Central London Integrated Care System

Executive Summary

The Healthy Heart Peer Support Project aims to empower Barnet residents from South Asian, African, or Caribbean heritage to better manage their cardiovascular health, through community outreach, peer support and culturally competent resources. Inclusion Barnet, in partnership with Barnet Public Health, delivered the first year of the programme from May 2022 to May 2023, and the programme has been extended for a second year.

Year 1 Peer Support work

In the first year of this project, a peer support co-ordinator and two peer support workers were recruited and trained to support people to make behaviour changes to improve their cardiovascular health, with a focus on blood pressure control. The peer support team are from local communities at increased risk of CVD, specifically of South Asian and Black African or Caribbean. Culturally appropriate educational materials were co-created, and the peer support work was developed with local partners, including clinicians and VCS organisations. A project Steering Group and Clinical Reference Group was established.

Healthy Hearts Peer Support community engagement activities included:

1. Brief interventions – one-off interactions between peer support workers and members of the public, offering information and advice about blood pressure and cardiovascular health.
2. Workshops and multi-session interventions – group sessions delivered by peer support workers, including taking blood pressure, sharing videos about blood pressure and healthy diets from a local GP and dietician, and offering advice about physical activity and other behaviours that promote cardiovascular health.

During Year 1 of the Health Hearts Peer Support Project:

1. 402 people received brief and extended brief interventions.
2. 123 people attended at least one of the workshops or multi-session group interventions.

From the evaluation of the group sessions, participants reported that they had learnt about increasing physical activity, reducing salt intake and other dietary changes to promote heart health, and using the local pharmacy to support blood pressure monitoring. The most common behaviour change that was reported in response to attending the session was reducing salt in food, and participants also reported that they had shared what they learnt with their immediate family.

Community engagement and wider learning

While delivering the Healthy Hearts peer support work, it was clear that developing trust with members of the community was very important. Time was needed to build trust and to understand the needs and perspectives of different groups. The relationships that were built with the communities helped to develop the peer support work during the year. Relationships with other VCS organisations was also very helpful for accessing different communities and resources.

The Peer Support team identified barriers that people face to accessing health and other services that help to promote health. These included language barriers, lack of understanding the roles of different healthcare professionals and the available services, and some reluctance to share concerns outside of the community. This wider learning helped to inform the project development and was shared with the Barnet health and care system.

Now in Year 2 of the project, the Healthy Hearts Peer Support Project team are building on Year 1 and continuing to engage with Barnet residents from South Asian, African, or Caribbean heritage, to promote heart health.

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'Learning from our communities'

People of South Asian or Black African and Caribbean heritage are more likely to get cardiovascular disease (CVD), live with it for longer and die from CVD than people of white European heritage (Kings Fund - Health of people from ethnic minority groups - CVD).

The risk factors for CVD are also significant risk factors for COVID-19, with these communities already adversely affected by the pandemic (PHE disparities review). In Barnet, CVD accounts for the largest difference in deaths between the most and the least deprived residents in Barnet, with approximately 60 premature deaths a year.

Cardiovascular disease prevention is one of the two priorities for the Barnet ICP health inequalities work stream. Cardiovascular Disease prevention is a key deliverable for the NHS Long Term Plan,

Introduction

Why develop the Healthy Heart Peer Support project?

The Healthy Heart Peer Support project was developed in recognition that addressing the problem of high blood pressure in the Caribbean, African and South Asian community from trusted reliable sources who understand and are part of the community can reduce both high blood pressure and associated conditions.

There is evidence that if individuals have increased knowledge of their health issues, believe they can make the changes needed to improve their health, and have access to interventions to address the condition, get sign-posted to optimal treatment and be empowered to adhere to a plan to improve their health through support, then these changes can be sustained.

We also know that *'people living in more deprived areas or from more marginalised communities are less likely or less able to participate. (Tackling Health Inequalities: Tackling CVD; Webinar by Professor Chris Bentley, NHSEI, 2020).'* And that *'Peer support programmes have been found to empower patients to manage their long-term conditions with a broad evidence base about what makes for a more effective programme (Peer Support - What is it and does it work? and Helping people help themselves).'*

Aim of the inequality proposal

The aim of the proposal was to empower local residents, in 5 key areas of Barnet from South Asian, African, or Caribbean heritage to better manage their own cardiovascular disease through the provision of outreach, systematic peer support and culturally competent resources in order to reduce health inequalities in CVD disease outcomes.

Inclusion Barnet, in partnership with Public Health Barnet was selected to deliver the peer support programme from conception to completion. This was initially a one-year programme but has now been extended for a second year.

As noted above, accredited data shows that people from the 3 target groups are disproportionally impacted by cardiovascular disease and post Covid, this has increased. Local research also pointed to a multiplicity of issues which includes deprivation. Through the inequalities funding the intention was to address this health disparity and 'tackling the gaps'. Thus, data for all wards in Barnet was gathered, alongside deprivation indexes, which led to the identification of the 5 wards that Healthy Heart (HH) targeted. Figure 1 below provides some detail.

Figure 1 | Barnet JSNA Population Data

5 wards represent 27.2 % of 402,700 BAME = 164,000	% of borough	% BAME Per Ward	% Black African	% Black Caribbean	% South Asian
Colindale	8.2	59.9	7	1	7.5
West Hendon	5	50.6	8	1	12
Golders Green	5.3	34.2	2	0.5	4
Edgware	3.9	39.2	3	0.5	6.5
Burnt Oak	4.8	33.5	Joint with Colindale		

Core elements of the programme

Further to identifying the target groups, key areas of the programme were jointly agreed herein:

1. Recruitment of a peer support co-ordinator and 2 peer support workers from within local communities at increased risk of CVD, specifically of South Asian and Black African or Caribbean heritage. Who are trained to work within their own communities to encourage individuals to come forward to screening and to support them to make the behaviour changes needed to improve their health.
2. Co-creation of culturally appropriate materials to support this.
3. Liaising with local support e.g.: GPs, social prescribers, health champions, pharmacies, to ensure targeted signposting to the appropriate providers and accessing relevant, clinically endorsed materials (Good and Bad Help, Nesta, 2018), alongside *'being mindful of the social model of disability, recognising that people may need support with social challenges before they can focus on their own health.'*

Outcomes | Key headlines

36
COMMUNITY FORUMS AND VCS ORGANISATIONS ENGAGED

COMMUNITY MEMBERS ENGAGED WITH HEALTHY HEART
210 SOUTH ASIAN
127 AFRICAN
35 CARIBBEAN

Overview of activity in Year 1

As the project was new to Barnet, increasing awareness of its existence was key, alongside finding out who best to approach to make it a success. Figure 2 provides an overview of the work HH did throughout the year (May 22 – May 23). We have highlighted May – July 2022 activity as this not only saw the peer workers trained, but also created the programme itself, engaged with community leaders and enabled us to promote the programme in the targeted wards

Figure 2 | Healthy Heart year 1 activity

	Healthy Heart Activity
May – July 22	1. April - Co-ordinator in post (previously trained in Motivational Interviewing skills) 2. May - 2 x Peer Support Workers in post Various forums were presented to, to raise awareness of what Healthy Heart (HH) will provide and how different organisations and individuals could contribute to spreading the word. These included: • Health Champions (Groundwork) • Care Co-ordinators (LBB) • LBB Senior leadership Team (x90) • *CVD Task & Finish Group (PH) • *Healthy Living Hub –(RFL) • Health & Well-being coaches • Social prescribers (Age UK/NCL) • Adult Services Liaison (IB) • *Environmental Network (IB) • *Fit & Active in Barnet (LBB) • Dr Ameet Bakhai – (RFL, Cardiology) • Sarah Milne – Renal Nurse • Vasundra Taylor – LPC (pharmacy) • Colindale Imam • *Public Health – monthly reviews • Writing the Healthy Heart programme *Group attended regularly

August – September 2022 (pt1)	• Engagement of local councillors • September – Peer workers receive Motivational Interview training | Over 2 sessions • Links with Director of Adult Services LBB to engage GP practices in PCN6 • LBB Care Co-ordinators • Links with local community leaders to support the delivery of the HH programme: • Somali community (Centre of Excellence), men's and women's groups | Sept - began weekly programme (5/6 sessions) • Colindale Consortium Trust | Sept - began weekly programme (4 sessions) • Barnet African Caribbean Association | Sept began week programme (6 sessions) • Colindale Imam in local Mosques • Priest in Burnt Oak church • Support from Community Barnet to engage with and the Barnet African Caribbean Association (BACA) • Engagement with the Edgware Foodbank, at St Alphage • Day of Prayer – Living Ministries | Colindale • *Inclusion Barnet – Equalities Network
September – October (pt2)	• Partnering with BeLIfted organisation (supporting vaccine confidence), in the delivery of two face to face events. • Sept - Hypertension training, North London Healthwatch teams • Continuing to write the programme and creating video content: • Dr Amit Shah, GP advice on hypertension • Nourhan Barakat, Chartered Nutritionist, speaking on reducing salt and preparing culturally appropriate foods • *Sept - Clinical Reference Group (CRG) first meeting • Notting hill Genesis – Urban Gamez event • Deanesbrook Islamic Centre outreach • Supported GDPQ with list of 100+ local groups to engage regarding community health screening. • NCL – 6 months stocktake carried out • Barnet Borough Partnership (BBP) – Inequalities Workshop • Black History Month events x 3 | Grahame Park, Hendon and Burnt Oak • Oct - Hub Connections (Community Barnet) – Mental health
November 22 – January 23	• Nov – Met with Director of Public Health to discuss, co-chairing of CVD T&F group • Dec - Begin programme delivery at the West Hendon Hub (on-going) • Jan - Met with Dr Narishta Sebastian-Pillai – consider SOP for issues the community are raising Community & LBB groups where represented: • New Citizens Gateway discussion about supporting refugees

	• Yaran (Muslim) women's group • Homeless Action Barnet - community event • LBB - Black Workers Resource Group • Unitas events x 2 • Jain community meeting (45+ attending) • Fit & Active in Barnet, disability group • Health screening support @ Centre of Excellence with GDPQ • Inclusion Barnet AGM – HH presentation • **Dec - CRG – 2nd meeting** • **Jan – CRG – 3rd meeting**
February – March 23 (pt. 1)	• March - Completed the Blood Pressure Resource Pack (paper based) | Pulling vital information together in one place • Feb - Deralynn Hughes (RFL) – Scoping meeting on access issues | Primary to secondary care • Barnet Voluntary Sector Forum – LBB Events: • Feb - CofE Fun day @ Saracens School • March – International Women's Day (IWD) – Burnt Oak Leisure Centre |With FAB (Resource Pack launched) • Mar - Community Barnet AGM • Mar – IWD – New Citizens Gateway | Mill Hill • March – IWD – Centre of Excellence | Grahame Park • March – Age UK | Living Well community event | Cricklewood
April - May 23 (pt. 2)	• April - Equalities Network • April - Environmental Network • April – Barnet Asian Older People's Association | Began programme delivery, with Gujarati translation | 4 sessions • May – Barnet Voluntary and Community Sector Forum, LBB • May – Hub Connections – Mental health awareness • May – Jain community, programme delivery in one session to 80 plus community members, providing lunch • May – meeting Dr Katie Coleman, Healthwatch addressing hypertension /Core 20+ with community members • **May - Begin Diabetes Awareness week planning | 23 June event at Brent Cross shopping centre**

Role of Peer Supporters

April through to August of 2022, the Healthy Heart (HH) team was established, and peer workers recruited and trained. During this time the creation of the intensive programme was led by the co-ordinator and peer workers contributed from their experience of community development and cohesion, sound local knowledge of residents, services and socially excluded groups. They bring a background of marketing, advocacy, human rights, mental health awareness, cross sector work experience and offer

multi-lingual delivery in local languages. Peer workers were recruited from the communities that HH would serve and additionally have long term health conditions that they, like the co-ordinator are managing. All of this has enabled them to build trust with local leaders and communities, act as conduits of relevant health information, learn on the job as peers, from those that HH serve and support the up skilling of local people to be confident in self-management of high blood pressure and personally empowering individuals to relay their learning to friends and family. This mode of operating is in line with the work and report from the Good Help Project, 'Good and bad help' (2018), which emphasises the importance of prevention and self-efficacy.

Input from colleagues and partners

1. The Healthy Heart project is an individual project of Inclusion Barnet, a deaf and disabled people's organisation operating in Barnet which utilises a model of peer support to deliver services across Barnet with the social model of disability being the front and centre of all delivery and it this was incorporated into the delivery and support offered by the Healthy Heart Programme. As part of Barnet Together, in partnership with Young Barnet Foundation and Volunteering Barnet, Inclusion Barnet represents the voluntary sector across the Borough and was able to support identifying target groups and organisations.
2. Public Health Barnet supported with the Memorandum of Understanding (MOU – see appendix 1) which contained the KPIs, gave guidance and direction including engagement with wider borough networks and working groups and with support with evaluation, monitoring and staff training.
3. A central role of the public health partners enabled the Healthy Heart team to create a Clinical Reference Group, to advise, direct and support any clinical delivery

Governance structures

A Clinical Reference Group (CRG) was created, and members came from a variety of sources, many of which were already known to Inclusion Barnet. The CRG, HH and Public Health created a Terms of Reference for the group (see useful links). In essence it provides a mechanism for the quick turnaround of information where clinical advice is needed

CRG Members

- Dr Ameet Bakhai, Cardiologist, RFL
- Dr Narishta Sebastian-Pillai, Oak Lodge Medical Centre
- Dr Will Meyer, Village surgery
- Vasundra Taylor, Pharmacy Consultant, LPC
- Sarah Milne, Renal Nurse, RFL
- Candice Bryan, Public Health Strategist
- Deborah Jenkins, Public Health Consultant
- Courtney Warden, Fit & Active in Barnet, LBB
- Caitlin Bays, Social Prescribing Link Worker Manager, NCL ICB/Age UK
- Debbie Bezalel, Head of Community Services – Inclusion Barnet
- Judi Dumont-Barter, Healthy Hearts Peer Co-ordinator

Outreach, engagement and peer support activities

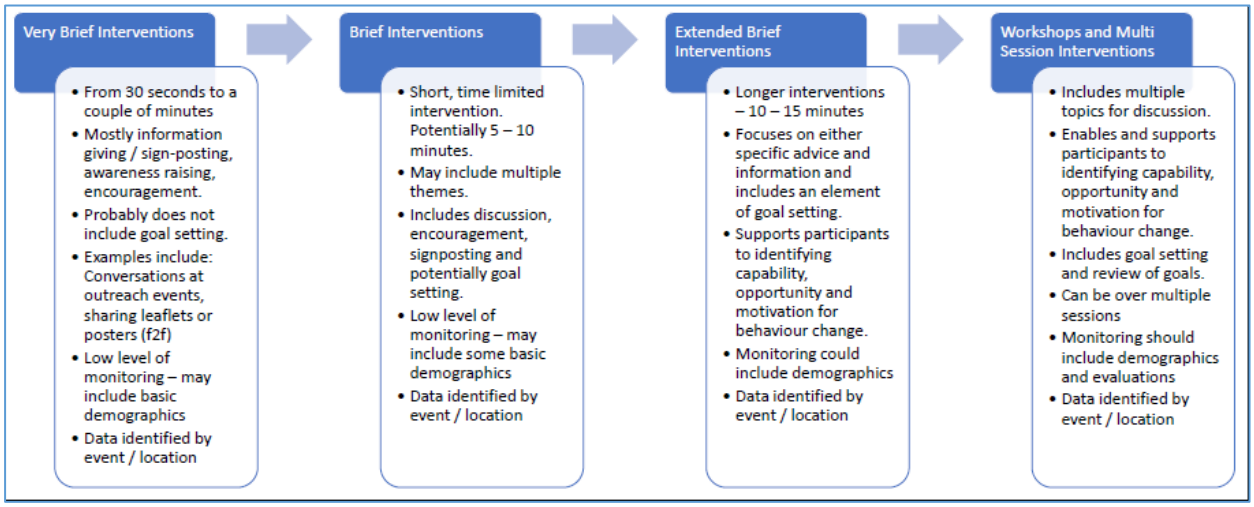
The original proposal had been to set up a course of sessions for each target community across Colindale and Burnt Oak with the intention that this would run over 4-6 weeks with online registration.

Where take up for this was low it became apparent that an organic approach, engaging and building relationships with existing community groups was a more effective approach as well as partnering with other local larger VCS partners, commissioned organisations like GPDQ *Limited*, who provide community health checks throughout Barnet and smaller charities and faith groups. This holistic approach has not only informed and educated Inclusion Barnet / Healthy Heart but also the target communities and built trust with them. It has opened doors for them, to additional community support and potential access to funding and development of their wider programmes, because Inclusion Barnet and Barnet Together have involvement in numerous Barnet-wide projects and initiatives.

Range of interventions to support participants

As the programme developed and our understanding of the communities improved it was clear that a range of interventions from very brief, to quite extensive, would result in an increased engagement in the target communities. The table below highlights how these interventions work.

Figure 3 | Levels of Healthy Heart interventions



Examples of the above are:

<u>1. Very brief interventions:</u> *Black History Month stall at Grahame Park – someone takes the HH flyer and has a brief conversation about high blood pressure and relates what is being said to a personal story about themselves or someone they know. They do not want follow-up but are happy to take the flyer and pass this on.

<u>2. Brief interventions:</u> **International Women's Day – person sits down and asks about what HH do. They receive both the resource pack and British Heart Foundation booklet. They want their blood pressure taken and discuss either a recent diagnoses of high blood pressure (HBP) or diabetes for example. That are interested in the HH programme but do not live in Grahame Park or Hendon or Burnt Oak. They complete the registration form and HH commit to follow them up.

<u>3. Extended brief interventions:</u> ***Local group preliminary meeting with HH (precursor to offering the full programme). Customer gets their BP taken because they are aware there are some family issues with HBP. They are interested in joining the programme when it starts. They complete the registration form, take paperwork to support them and are particularly interested in reducing their salt intake. Customer stays engaged with the group discussion after a one to one. The intervention with the Jain community, though happening in a 2-3 hour period straddles intervention 3 and 4, covering all aspects of what the intensive course provides: BP is taken, materials are given out and a full group discussion takes place

about behaviour change and getting support. Demographic details are collected, and an interpreter is used.

4. Workshops and multi-session interventions: ****. Centre of Excellence were provided with the intensive 4-session programme, where BP was taken, monitoring forms are completed and a full discussion takes place with the group. Videos are used to deliver sessions and customers are encouraged to discuss any barriers that may get in their way of achieving their goals, this could be: GP access, financial restrictions or / and comorbid health problems.

*Black History Month Events | Oct 2022

Figure 4 | Very brief interventions

	Colindale, Grahame Park 15/10/22 12-4pm	Hendon School 23/10/22 12-4pm	Centre of Excellence 28/10/22 1-4pm
People seen	**30**	**16**	**18**
Blood pressure taken	30	6	9
Follow-up provided	3 of the target groups	3 of the target groups	2 of the target groups
Materials provided	40	20	10

** International Women's Day Events

Figure 5 | Brief interventions

	Burnt Oak Leisure Centre 8/3/23 10-1pm	New Citizens Gateway 17/3/23 10.30-1pm	Centre of Excellence 21/3/23 4-7pm
People spoken to	**60+**	**12**	**60+**
BP taken	15+	0	0
Materials provided	37	10	5
Follow-up	4	0	1

****Healthy Heart Intensive Programme Delivery | Sep 22 – May 23

Figure 6 | Multi-session interventions

	Somali women	Somali men	Grahame Park Centre	BACA	West Hendon Hub	BAOPA plus Gujarati	African A	Caribbean C	South Asian
<----------Attendance per session---------->									
*** Pre-session	17	18	0	5	6	0			
Session 1	21	5	2	13	2	21			
Session 2	9	7	4	6	2	24			
Session 3	11	8	4	8	3	16			
Session 4	6	7	1	10	1	17			
Session 5	0	0	0	13	0	0			
TOTALS UNITS	43 A	27 A	4 2 – C 2 - SA	18 C	6 5 – A 1 - SA	25 S	75	20	28
1 unit = an individual | Some individuals attended many sessions and others just one. Demographics are based on units.								GRAND TOTAL	123

Meeting the community

Due to the peer workers unique cultural understanding of the communities that they were working with, we found that their ability to engage with different communities was much better than if they did not themselves come from those communities. This was particularly significant in the case of the Jain Centre in Colindale who had recently been through a significant change following the death of their leader and a large capital building campaign for a new temple and where local community engagement was not a priority. This relationship developed to the point where we were able to run 2 large engagement sessions

alongside a Gujarati interpreter, initially with 50 people and then we engaged with a further 80 at a dinner we were able to fund for the community. We expect to return to run further sessions for their community during year 2.

Healthy Heart have worked very closely with the Somali community in Grahame Park - Colindale, through the Centre of Excellence CIC. Various meetings with the founder and the directors provided opportunities to understand the challenges facing the community and to introduce our work as a mechanism of support, bringing people together and building confidence. 'Tea & Talk' sessions were held with women from the community and the post mosques sessions were developed for the men. Culturally it was important for us to work with the men and women separately.

HH initially found it challenging to identify Caribbean community members and while visits to local cafes, barber shops, mini-cab firms and hairdressers proved useful it was not possible to find a group or a specific leader.

Community Barnet were able to introduce us to the Barnet African and Caribbean Association (BACA) in Hendon (Multi-cultural Centre) and subsequently we were able to meet the Barnet Asian Older People's Association (BAOPA), based in the same venue. Relationships of trust have been built beyond the delivery of the HH programme. We have also been able to share our knowledge of local resources and funding available (as noted above) with these groups and as a result of this, both BACA and Centre of Excellence were able to access food specific funding through Public Health.

Figure 7 provides a breakdown of other community events, local groups and demographics of the people we have engaged with throughout the year. The interventions are a mixture of both brief and pre-intensive engagement.

Figure 7 | Community engagement and Barnet events

Event	[redacted]	African	Caribbean	South Asian	Other
LBB Housing event					4
Islamic Centre		17	2	31	
Edgware Broad walk				6	6
Unitas - 2 events		4 5	6 5	5	5
West Hendon Hub		1			6
Yaran Persian Women				3	27
GDPQ screening		4	2		2

Centre of Excellence: Saracens		21			
***Jain Centre				50	
Foodbank – North Road				3	1
Age UK - Wellness				4	6
***Jain Centre (HH provided a meal and Gujarati interpreter)				80	
		52	15	182	57

Healthy Heart Peer Support Course

The focus of the training programme was to look at raising awareness of the risks of high blood pressure and to identify simple behaviour changes which could be realistically implemented to address this. Information to develop the programme was created using existing reliable resources including data from Public Health England, the British Heart Foundation, Hypertension UK and NHS guidelines. It was important to ensure that information was reliable, accessible and accurate. In addition, the team drew on some of their own lived experience of managing high blood pressure.

It was important for the programme to have clinical information, which was imparted in a clear, concise and accessible way and supportive information about managing the condition which could be shared by non-clinicians.

Initially we had hoped that a GP could deliver some of the sessions but due to other commitments this was not realistic. However, a local GP and nutritionist were able to film two videos to be used at the training sessions. Below is some detail about what HH delivered.

Figure 8 Healthy Heart intensive course breakdown

Session 1		1. Healthy Heart project introduction 2. What is high blood pressure? 3. Why is it important? 4. What does it mean to you personally?
Session 2	Medical Perspective Dr Amit Shah (video)	1. Medical advice (via video) 2. Risks of having high blood pressure 3. Familial Risks 4. Medication

Session 3	Nutrition Nourhan Barakat (video)	1. Nutrition advice (via video) 2. What does healthy eating look like? 3. Q&A from participants 4. Aids from YouTube on healthy diet | Salt video
Session 4	Fit & Active in Barnet	1. Fit & Active in Barnet provide activity session 2. Course recap

Locations of the intensive courses

1. Centre of Excellence - Colindale (Somali men's & women's groups)
1. Grahame Park Community Centre – Colindale (mixed group)
2. Barnet African Caribbean Association – Hendon (mixed group)
3. West Hendon Hub – Metropolitan & Thames Valley Housing (Mixed group)
4. Barnet Asian Older People's Association - Hendon (mixed group Gujarati speaking)

Evaluation findings from the intensive programme

Monitoring forms

Healthy Heart began sessions with a simple bespoke monitoring form which consisted of just 7 questions. The form was a brief questionnaire and was used as a gateway to conversation and discussed with participants as they completed it (see 'useful links' below).

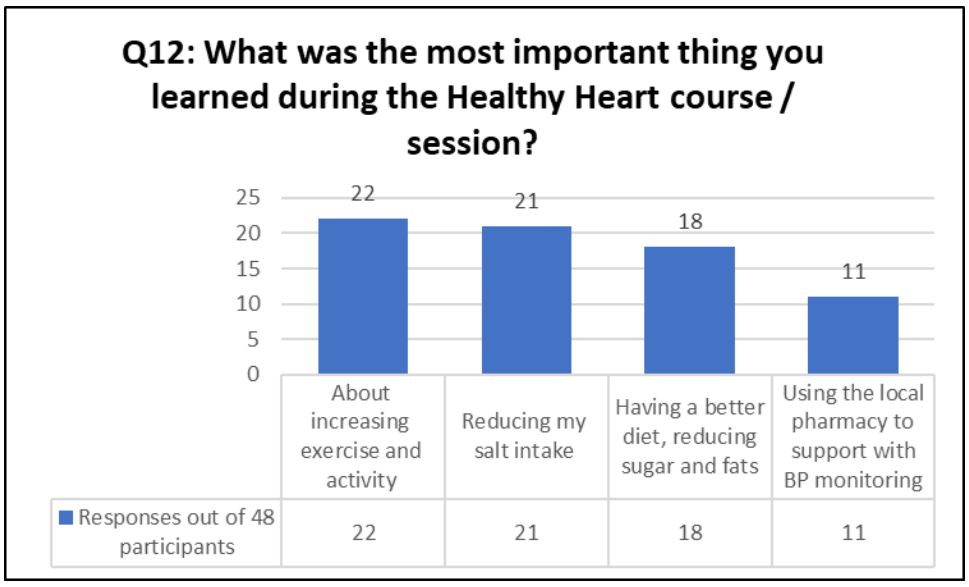
This short questionnaire worked well (8 questions used for BeLifted sessions) initially but was later reviewed to focus more on the impact that the training had had on the participant. In partnership with Public Health and NCL, revisions were made to the monitoring form.

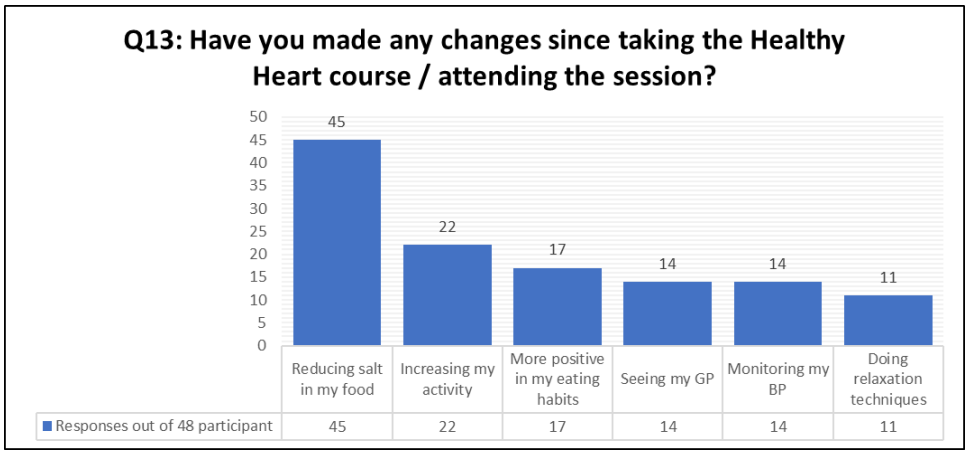
The new forms increased the number of questions (see pre-monitoring and post monitoring forms). However, due to barriers such as cultural sensitivities, language and literacy these could be challenging to complete, and many participants needed considerable support to complete them. We also found that significant numbers were unable to commit to attending the full 4-week course which made accurate impact monitoring challenging. Figure 9 provides summary data of a selection of questions that provides from the monitoring form and provides a flavour of our findings and impact. There is a brief summary below.

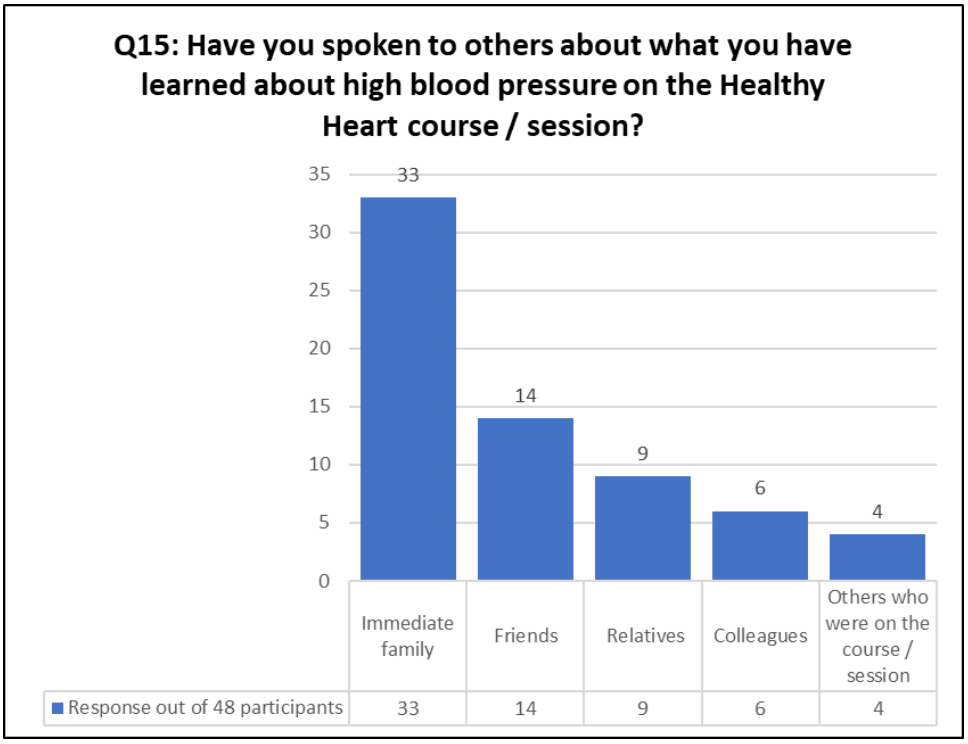
Figure 9 | Healthy Heart intensive programme results data

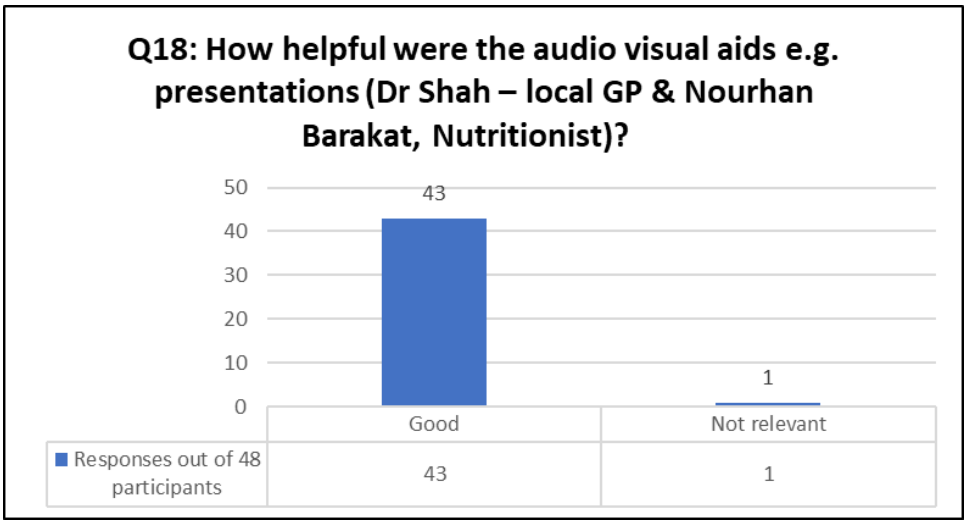
Healthy Heart | Intensive Programme | Monitoring data (based on a selection of questions	
Completed the monitoring questionnaire (of the 123 people that went through the intensive programme, not all started at sess 1 or completed sess 4)	**Pre = 60** **Post = 48**

Q3: Have you been told that you have high blood pressure, by the GP?	**Pre = 44/60** **Post = 26/48**
Q7: What is the ideal blood pressure reading? **Choices:** **1. 120/60** **2. <u>120/80 (correct)</u>** **3. 140/80** **4. 140/90** **5. 160/80** **6. 160/90**	**Pre = 22/60** **There were lots of variations in those that were incorrect** **Post = 24/48** **50% of those completing the course assumed it was lower, at 120/60**









Summary

The data above is clear in terms of the numbers completing the monitoring form and those that were aware of their high blood pressure

During an outreach session for Diabetes awareness, we engaged with over 60 people, but few were aware of the ideal blood pressure level. Through our understanding of the barriers faced by our target communities we can assume that that their understanding of the terminology such as “systolic” and “diastolic” is not understood.

A key aspect of our work has been to break this down and to raise awareness of this so that participants can use their readings to understand the impact of their high blood pressure.

We know that participants have used their increased awareness to focus on increasing activity, reducing salt, eating a healthier diet, seeing their GP and using their local pharmacy for concerns about their general health and BP.

We can see from the Q15 results, it that participants spoke to their immediate family about what they were learning. They have also told us that there is some stigma about talking to others more widely regarding high blood pressure. As we got to know people and their trust in us increased, we understood that for many, health matters tend to be kept very quiet and within the family.

It was pleasing to see that 45 of the 48 responses said they found the video material to be good suggesting that this is an effective means of communicating important messages and some participants have asked for copies of the video and for paper versions of the power point information we produced, further suggesting their positive interactions with the information

In year 2, we hope to revise the videos and make them available via YouTube and on a USB drive to those who want them.

Key findings

Through interviews carried out with community leaders and discussions while delivering the intensive programme, the following feedback was gathered up and verified. We can summarise that part of the impact of the Healthy Heart project, has been:

1. **Increased awareness about blood pressure support** and other support such as foodbanks, pharmacies and Healthwatch Barnet has gone up.
2. **Increased awareness about accessing the GP through online services,** especially with the help of community leaders. People feel more empowered to take care of their own health.
3. Awareness of **Healthwatch** and how they can provide support.
4. **Positive connections** made across VCS organisations and with Barnet council (LBB) that did not previously exist. This includes a greater awareness about the wider work of Inclusion Barnet and Barnet Together.
5. **More awareness about healthy lifestyles**: physical exercise that can be done at home and access to local gyms through Fit and Active Barnet (FAB).
6. **Increased home monitoring** – we bought a machine! Many told us.

Barriers and challenges

It became clear as the programme developed that those participating in the programme were also facing significant additional barriers to managing their cardiovascular health and the Healthy Heart team has been key to sharing this more widely.

Firstly, this has been done through the Equalities Network hosted by Inclusion Barnet, where the information below was shared through a joint presentation with the Centre of Excellence. Following this presentation, the CEO of Inclusion Barnet arranged meetings with senior representatives from The Royal Free Hospital Foundation and the Executive Director of Social Care at London Borough of Barnet which led to HH presenting findings at further meetings including the Barnet Borough Partnership Board (directly) and the Barnet Health and Wellbeing Board (via Public Health reporting structures). Figure 10 provides some details of the information we gathered from community members.

Figure 10 | Barriers and challenges identified by the community

1. **Barriers to accessing Health services:** Difficulties in accessing the GP, lack of understanding of other HCP roles within a practice. Language barriers. Over 90% of the people Healthy Heart supported noted system issues.
2. **NHS 111 and out of hours services** – lack of awareness about them, and a desire to not "make a nuisance" of oneself.
3. **Use of E-consult**, online GP appointments systems continue to baffle.
4. Each GP service works slightly differently – some require **patients to call early even for an appointment 2 weeks hence.**
5. The **side-effects of certain medicines** for high blood pressure may cause anxiety and stress. Customers need time to talk through their issues. Double appointments are not standard in each practice.
6. **Receptionist staff**, at times, not being supportive or overly gate keeping and sometimes overtly discriminating.
7. **Lack of knowledge about the pharmacy case-finding service to support HBP** – this is not advertised in the various surgeries.
8. Services like **Dial-a-ride** not being very efficient.
9. **Reluctance to access mental health support** for cultural reasons and language barriers.
10. **Cultural expectations:** Reluctance in some communities to share concerns outside the community and lack of trust in HCPs.

What we know works?

While it is important to acknowledge what does not work, it is vital to note what does. The list below provides an overview of what we found and have shared widely.

1. **Peer engagement** is the key to success – it builds trust and is culturally sensitive.
2. **Relationships!** relationships! relationships! This is the key to access. Whether this is with local providers in primary care or VCS organisations.
3. It takes time to build **trust** and to understand the needs of the different groups. People want to be heard and not told what they need, without some consultation and feedback.
4. **Co-production:** through listening to our customers, the programme was shortened and changed. The peer workers also created a co-productive relationship with interpreters.
5. **Language is a barrier for some groups:** interpretation is expensive, and we could not always rely on their staff to translate (they were busy doing other things!). Invest in language support.
6. **Digital exclusion**! This continues to be a barrier for many, not just the over 70s! We are exploring ways to use what people already know and feel comfortable with e.g.: Smart TV.
7. **Cultural views on health and disability**, may be different and lead to lack of access, communities require time so that things can be explored and explained.
8. **Lack of awareness** of local resources. Importance of on-going signposting. This message has been fed back to both health and social care, so that there can be more joined up thinking and resources put into better communication.

9. **Refresher courses and ongoing** support are needed to create lasting change. It is an ongoing process. Healthy Heart often return to the groups it worked with, to reinforce messages and address any further barriers.

In the words of the people

We asked those that we worked with to tell us about their experience of the HH programme. Here are some examples.

Figure 11 | Community testimonials

A community leader from the Centre of Excellence, said: *'Healthy Heart has saved lives. After my uncle got his blood pressure taken and was told to see his doctor as it was above 190/100. He saw his doctor and ended up in hospital. It turned out that he had a very serious heart problem and got treatment. Without Healthy Heart, he may not have found out until it was too late'.* **Grahame Park Community Centre participant, said about the course***:* ***'This should have been a part of the national curriculum in schools'.***
West Hendon Hub, course participant, said: *'Thank you so much. You do not know how my Bipolar and Fibromyalgia affects me and makes me upset. I have not had an episode triggered, as I was extremely comfortable during the sessions'.* **West Hendon Hub, course participant was asked about their most important learning:** *'Food management, being aware of salt content in particular, in addition to fats and meat etc...to eat more veg, exercise regularly and keep a positive frame of mind'.* **Another Hub participant said about the course:** *It was an 'excellent surprise, never expected, nor experienced anything similar before'.*

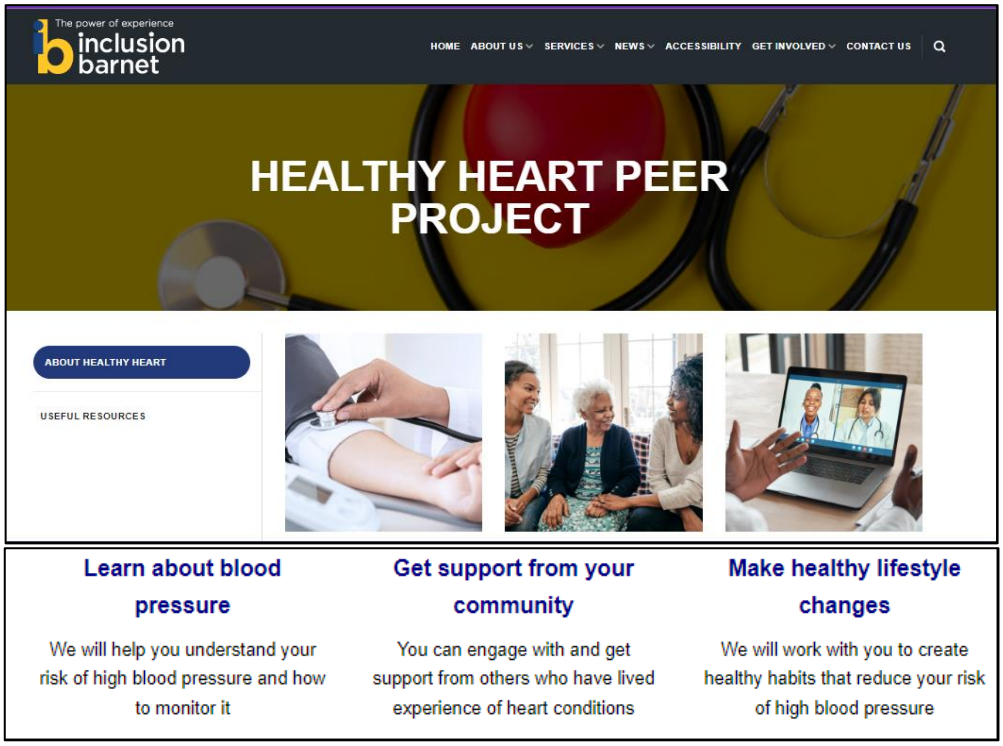
Website data

Healthy Heart currently holds a static page on the Inclusion Barnet website. The development of a website has not been a priority for year 1 of this programme. This is mainly due to demographics of the target group for whom one to one and small group support has been more beneficial. This is a community with generally lower levels of digital engagement who are more comfortable with oral and printed resources. There have been over 430 views of the webpage so development of online resources will be a clear next step in year 2 of the programme.

We will work closely with both the Inclusion Barnet and the Public Health communications team to develop our web resources further. This will require significant scoping and resource but will include further development of the existing video resource from the GP and Nutritionist and we are exploring the feasibility of online training alongside some YouTube videos as we know from our participants that whilst, they are less likely to use smartphones and laptops many of them are confident using smart TV's and can access YouTube.

The link to the webpage is: Healthy Heart Peer Project - Inclusion Barnet

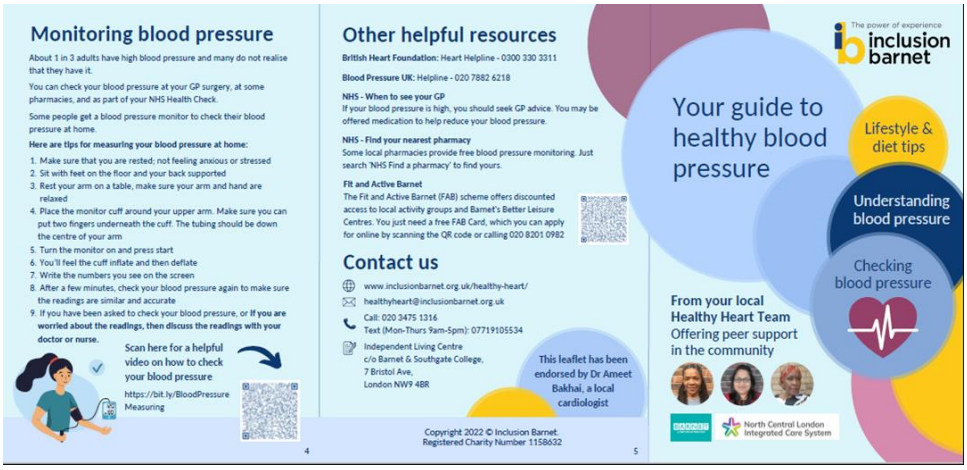
Figure 12 | Snapshot of the Healthy Heart webpage

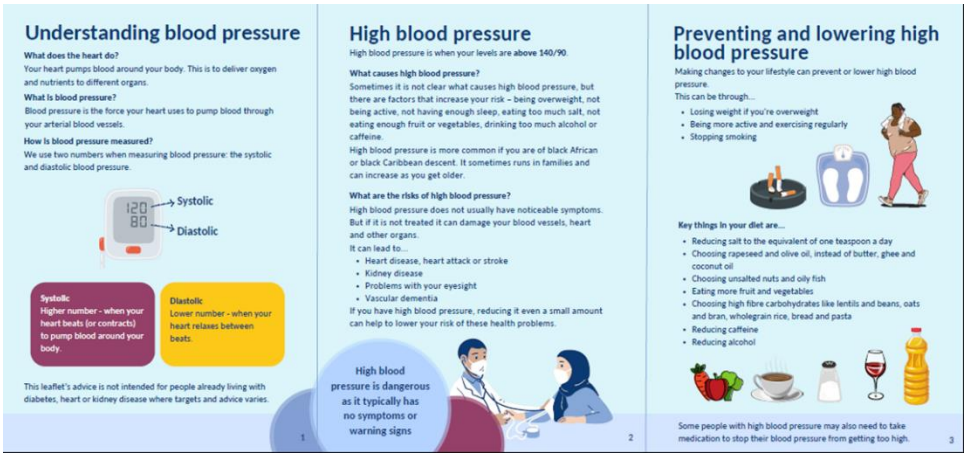


Healthy Heart Resource Pack (new development)

Figure 13 | Snapshot of the Healthy Heart resource pack

The creation of the resource pack was a co-production between Public Health, the Clinical Reference Group, Inclusion Barnet's communications team and the Healthy Heart team. 2,000 copies of the resource pack were ordered in March 2023. Whilst the printed resource is a useful tool it is best used in combination with the Healthy Heart programme rather than a stand-alone tool but has proved to be useful as either an introduction to understanding high blood pressure or as an accompaniment to our face-to-face support. **400 copies of the resource pack have been distributed to organisations throughout Barnet.** This is a resource that will be used throughout year 2 and translated into various local languages.





Reflections from Healthy Heart Peer Support Workers

Our peer workers were asked to share their thoughts and learnings from working on this project. Here are some excerpts from what they shared...

Salna Abdallah

The significance of my role became evident as I began interacting with community members.

When I introduced myself as part of a Peer Support project, emphasising the meaning of "peer," a remarkable transformation occurred. People felt at ease, gradually opening up and actively engaging in dialogue. They willingly shared their thoughts on the subject at hand, as well as other aspects of their lives, fostering a deeper connection with us.

Every aspect of the course has proven immensely beneficial to the three communities we support. The principle of co-production played a pivotal role in the resounding success of the course's materials and content. By involving key local experts such as a doctor, a cardiologist, a GP specialising in cardiology, a senior pharmacy consultant, a nutritionist, and the borough's fit and active scheme, along with community members, organisations, the clinical reference group, and Public Health, we were able to create the most comprehensive and impactful course materials.

The sessions provided valuable insights and knowledge on various aspects, such as blood pressure checks and understanding how to interpret blood pressure numbers. We also discussed effective measures to address the issue, including lifestyle modifications like reducing salt intake and adopting a healthy diet.

The Community Organisations have played a central role in accessing the project, which specifically targets these communities. However, our progress hasn't gone exactly as planned due to various factors, including the challenges posed by the Covid-19 pandemic and the closure of certain community services.

Riffat Ahmed

I really appreciate the autonomy entrusted to me to deliver this programme and it has greatly contributed to me independently delivering excellent sessions which have been well received; supportive and effective outreach work and making connections with other organisations and local staff, which has proved positive and enriching.

Having input from numerous professionals: a cardiologist, a nutritionist, physical trainers from Barnet's Fit and Active Team, made the peer support groups a real success. Being involved in the process of getting everybody on board made it very personal and I got very invested. From the wording for the Healthy Heart banner, the leaflet, crafting the programme sessions (1-4) and preparation to attend events, were what helped to build me into a well-rounded and holistic peer support worker.

Covid-19 has affected us all in different ways. The impact on cardiovascular health has been immense, with high blood pressure as a major contributing factor. It was a privilege to use my skills, knowledge and personal experience, aided by a wealth of information from IB to enable my practice to grow and develop over the past year. The project aims of empowerment, increasing confidence, building trusting relationships with your peers and reducing isolation helped the groups to flourish. The level of ease in discussions and sharing hit 'Peer Support' spot on! There has been a real willingness from participants to learn and feed back to their family and friends. It has been immensely rewarding

Final thoughts

The Healthy Heart team were called on to present information about our findings and hopefully contribute to change within the health and social care systems, enabling them to respond more appropriately to the needs of the marginalised communities we serve.

The Barnet Borough Partnership meeting in April 2023 stated that the project has helped us to look at things through a different lens'.

This lens will enable us to continue with more co-production and further address health inequalities.

Year 2 of the project will:

1. Translate the resource pack into local languages (Somali and Gujarati are already created);
2. updating the video information on GP medical advice and nutrition and distributing this widely; reaching out to more faith groups;
3. Develop a closer working relationship with Healthwatch Barnet, also part of Inclusion Barnet in partnership to align with their CORE20PLUS5 programme to reduce health inequalities
4. Focus on developing routes and relationships with community pharmacies
5. To explore the possibility of offering the Healthy Heart intensive programme online and out of work hours.

Professor Edward Kunongo (Director, Population Health, NHSNE), at a Kings Fund conference on 'Accelerating progress on CVD', in London (June 2023), stated '*trust is a determinant of health*'.

Healthy Heart intends to continue building trust with the communities we serve, so that precious lives can be saved, and good health maintained for as long as possible, as local people make changes to their lifestyles and seek help when needed.

APPENDICES:

Appendix 1 | Healthy Heart | Initial publicity