CVD Health Inequalities projects in South East London

Health Innovation Network South London
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Health Innovation Network South London

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- Grantham GP surgery
- North Lewisham Lifestyle Medicine Service

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1. Executive summary

Overview

Cardiovascular disease (CVD) is one of the biggest causes of mortality across the country, claiming 160,000 lives a year and the largest cause of life expectancy gaps. In southeast London, the effects of CVD are exacerbated by very high levels of deprivation.

South East London Integrated Care Board (ICB) and King's Health Partners Population Health and Equity programme has teamed up with Novartis to launch a new project. This project aimed to provide faster diagnosis and earlier intervention for underserved communities. They have taken a data-driven approach to identify unmet CVD need within hardly reached communities in southeast London. This led to the development of three community-based pilot projects which were co-designed to help address the unmet need:

- Stockwell Heart Health Hub - A community service that aims to improve health literacy among hardly reached communities who have had a cardiovascular disease-related event. The service uses community connectors and social prescribers to invite residents to attend learning sessions about blood pressure, cholesterol, diet, and exercise.
- North Lewisham Lifestyle Medicine Service – GP and lifestyle medicine coaches as part of the Primary Care Network staff. A programme designed in collaboration with residents, community-based organisations, GP and delivered by Lifestyle medicines coaches. The goal of the service is to prevent and reduce illness, increase, and develop wellness sustainably, and support individuals in gaining greater control over their health.
- Lambeth CVD and Wellbeing Bus - Working with Public Health, Lambeth Council and Lambeth Together (NHS), and delivered by community pharmacists, nurses, and health champions. The bus provides CVD risk checks, point of care testing for cholesterol, BP monitoring, and health education to residents in Lambeth.

To inform future work by South East London ICB and partners, this evaluation aimed to understand both the approaches taken and perceived impacts (positive and negative) of the projects. This included whether they increased engagement with hardly reached communities to support improvements related to CVD prevention, care, and patient identification. This evaluation employed a case study approach using mixed methods: Document analysis of relevant materials; Interviews with 11 staff/stakeholders and 13 patients and observations conducted in the three sites; Quantitative data provided by the three projects was used to determine levels of engagement and reach with the target communities.

An additional question was requested by South East London ICB and King's Health Partners to describe the role of a pharmaceutical company in supporting the community-based projects and the views of the project staff and patients of pharmaceutical companies providing this support. To answer this question, interviews were conducted with two members of the Novartis project team, 11 staff/stakeholders and 13 patients.

Key findings

Key findings from each project are presented separately:

Stockwell Heart Health Hub

- This project initially worked with the Northeast African Women's group who were identified as a community at high risk of CVD following a detailed analysis of practice data. This group supported the co-creation of the workshop, and the resource required to design the service, such as the presentation slides and the Heart Age cards, both of which were used in the workshops to support participants' learning.
- Patients meeting the eligibility criteria were contacted by the Health Connector, who explained that she was contacting them because they were at increased risk of having a heart attack or a stroke. Therefore, they were eligible to be recruited to the Stockwell Heart Health workshops which she described to them. Eligible patients who wanted to attend were booked on to the next available workshop. A total of four cohorts were recruited over the pilot period.
- Quantitative data on course completion showed high patient engagement following their attendance at the first workshops. In which, 54 patients completed the course out of the 87 patients invited. Qualitative data showed that patients mainly benefitted from the project teams' skill and ability to communicate information on heart health in layperson language and the provision of appropriate materials. This increased their knowledge about heart health issues, increased monitoring of their health outcomes, and led to greater engagement with their GP. Patients reported the positive impact that the workshop had on their dietary and eating habits.
- This project was successful in generating several spin-off activities. The Northeast African Women's group independently formed groups to continue promoting healthy behaviour such as an exercise group and a workshop to develop a cookbook on healthy eating. There was a lack of quantitative data on whether patients invited to the Stockwell Heart Health Hub accept their invitation to attend. This means it is not possible to demonstrate whether the approaches to increasing engagement with the wider target community were successful.

North Lewisham Lifestyle Medicine Service

- This project was initially focused on users at risk of CVD or with existing CVD, who were not managing their condition and were at increased risk of having a stroke or heart attack. An administrative error resulted in two practices sending invitations to all adult patients.
- Extensive co-design with the target community resulted in a community happy with the delivery of this project. Key recommendations of the community group included using a non-medical person to deliver the service and widening the eligibility criteria to include all patients over 18 years (irrespective of diagnosis).
- Eligible patients were identified and contacted by one of the wellbeing coaches, who explained why they were contacting them. They described that the sessions would be a mixture of 1:1 and group work. Eligible patients interested in attending were booked on to the next available cohort. A total of six groups were run over a 4-month (pilot) cycle, with the aim of recruiting 90 patients.
- Qualitative data showed that patients attending the first session were fully engaged with the project. Through their group and one-to-one sessions, they were able to develop techniques to elicit appropriate behavioural change to address their identified health issues. The key factor underpinning this project was delivery by a skilled professional with good listening skills, who was able to create a safe psychological space and provide patients with personalised care.
- There is a lack of robust data on: i) the number of patients invited into the service from the target population; ii) the number of patients who accepted the invitation and who subsequently completed the workshop/intervention. Therefore, it is not possible to calculate acceptance and completion rates, which would provide the level of engagement from the target population.

Lambeth CVD and Wellbeing Bus

- This project arose from work carried out by the Stockwell Health Heart Hub, with a view to explore a scalable model of care. The approach was developed from an existing model that had an embedded community engagement infrastructure. As a 'point of care testing' service, three key approaches were used to increase the visibility of the bus and its service offering: location in different community settings, perceived informality of the service and dedicated time of both non-clinical and clinical service providers project staff.
- One aim was to engage with GP practices across the whole of Lambeth and promote systematic co-ordination with their local Voluntary and Community Sector Enterprises
- The Lambeth CVD and Wellbeing Bus was used by 1,640 people between October 2023 to April 2024. Most users were female (64%), aged 40 and over (63%) with a sizeable proportion from black African or Caribbean ethnicity (38%). Most had their blood pressure (92%), or cholesterol checked (88%) and 8% were recommended to visit their GP following their heart health check.
- During the bus's visits to different community sites, project staff were proactive in opportunistically approaching potential patients about the range of services it offered. Eligible patients were also targeted via batch text messaging and informed of the bus location if it was near where the patient was registered with the GP practice.
- Interviews with patients showed that those who engaged did so due to the convenient location of the Lambeth CVD and Wellbeing Bus and its visibility in the community hall. Additionally, the informality and friendliness of the "Health Champions" and the time that they spent with users in discussing their health issues, the ability to get their blood pressure and cholesterol reading, and their heart age in a relatively short period of time.
- Health champions encouraged GP practices to send text messages to patients in the target group, inviting them to attend the Bus. However, this was not perceived to be effective by project team members.
- This model provided an opportunity for a local authority run service to collaborate with primary care to ascertain local health need and work together to access those residents at highest risk of CVD ill health by utilising text messaging services, and the existing relationship of the health champions and Primary care staff.
- Data provided by the project showed there was a large usage of the Lambeth CVD and Wellbeing Bus service by members of Black African and Caribbean community.

The role of a pharmaceutical company in supporting the community-based projects and the views of the project staff/patients with this support.

- Novartis entered a collaborative working project with South East London ICB and King's Health Partners to support solutions that provide faster diagnosis and earlier interventions for hardly reached communities at the greatest risk of CVD ill health and poor health outcomes.
- To support the sharing of skills and expertise, Novartis provided a project manager who was seconded into King's Health partners, one day a week.
- Novartis provided financial support to each sub-project depending on their requirements. Funding was used to facilitate co-design work, purchase service-related equipment, project running costs and for the upskilling of service providers e.g. training for health champions and health coaches.
- Novartis sought to understand the underlying reasons for health inequalities amongst groups within the population at risk of CVD ill health and participation in this work aligned with Novartis' Health Inequalities Pledge.
- Both project staff and patients were positive about the provision of funding and project support provided the role of the pharmaceutical company was transparent and the co-designed project

was run for the community's benefit.

Conclusions

Qualitative evaluation data suggests that all three projects were successful in engaging with their target communities. Most patients who attended a service offering in the first instance, continued until the end. Approaches which supported community engagement included:

- Creation of informal, safe, and friendly environments to provide the service.
- Adaptive communication methods and use of materials and techniques that encourage learning and increase knowledge on health-related topics.
- Use of consistent service providers who were embedded in the community and who were culturally sensitive and inclusive.

All projects showed that patients felt empowered to undertake behavioural change, such as doing more exercise and eating more healthily which in turn aims to support better CVD related outcomes.

Quantitative data on utilisation rates and demographics show that patients from the target community were happy to engage in the Lambeth Health and Wellbeing Bus and the Stockwell Heart Health Hub projects. Approximately 75% of all users came from the target communities living in areas of high social deprivation.

The following areas are suggested for improving community engagement with these services:

- To better publicise the services on offer, adapt communication methods by using communication channels familiar and accessible to the community e.g. local radio, community meetings. Also ensure that communication is culturally sensitive and in the local languages where necessary. On-going discussions with the target communities would help identify more ways to increase engagement.
- Implement strategies for increasing service engagement by people who work both traditional and non-traditional working hours, by providing weekend sessions, online provision of services or more outreach in community-based settings (whilst considering digital exclusion and mobility challenges).

Finally, this project demonstrates how collaborations between the NHS and pharmaceutical companies can enhance health outcomes and foster innovation in patient care. While also supporting patient engagement and increasing access to resources and expertise.

Recommendations

- The different co-designed models of engaging hardly reached communities with their CVD health was successful and could be used as a template in delivering culturally tailored services in other hardly reached communities identified with high unmet CVD need. This is best illustrated in the Stockwell Heart Health Hub where intense co-design work in developing the project was escalated to the wider Stockwell population. Lessons from the Stockwell Healthy Heart Hub were used to further develop the Lambeth Health and Wellbeing Bus. It is recommended that continued sharing of best practise from these types of projects is key in supporting pace and scale.
- The evaluation was run over a period of three months and provides a time limited snapshot of each of the services. Further observations, user interviews and follow up would be required over a longer time frame to ascertain the impact of these service in engaging with target communities at

greatest risk of CVD ill-health.

- Further quantitative analysis is needed to assess whether the approaches from these projects are reaching their target communities. It is recommended that South East London ICB and King's Health Partners develop a robust framework for data collection, with a clear description of the minimum datasets required to assess service impact, documenting (i) target population (ii) number of individuals invited to service (iii) number of individuals accepting the invites and who subsequently complete the intervention and (iv) demographic data. This would provide accurate acceptance and completion rates and provide more robust data on the level of engagement from the target population.
- It is unclear which of the hardly reached communities did not engage with the projects and it would be necessary to identify which specific community or group of people, did not engage. The evaluation did identify low engagement in the Stockwell Heart Hub amongst Northeast African men. And it would be important to do some exploratory work with this group to understand why, using a respected community link worker from the Northeast African community. Another approach would be to contact those who were invited to participate in the project but did not participate, and their reasons for not participating.
- Some common features of success across the projects can be identified. One is dedicated protected time for roles in Public Health, Voluntary, Community and Social Enterprise organisations and NHS and service users to co-create solutions to preserve healthy lives of some of the most clinically vulnerable. To spread and scale the improvements, we would recommend the System provides dedicated time for each of these organisations to address the specific local issues/barriers.
- It has been difficult to objectively demonstrate the impact of greater engagement on mid-to long term improvements in health and wellbeing. This is a common issue for community engagement programmes. We would recommend the system set up a framework with robust indicators to measure the impact of community engagement work on improved health and wellbeing.

Following discussions with the Novartis team project about their experience of working with the different projects, the additional recommendations were made:

- One of the barriers to impact has been around sharing information between council / Public Health and the NHS patient records. This limit identifying and engaging with those at the greatest clinical risk from the most deprived areas. Improved systems for sharing data between organisations would bring benefits.
- The scope of these projects has been focussed on tackling health inequalities in CVD as the leading modifiable risk factor in reduced life expectancy. Whilst the methods of engagement have been successful, the feedback suggests that consistent support is needed for those individuals living in the most deprived areas of the country across many different clinical conditions. The system should continue the National Core20plus5 ambassador work locally[1] with the Vital5 workstream. And provide community support for people across the core 5 medical conditions to prevent an individual experiencing a personal crisis.

[1] NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. .5 Hypertension case-finding and optimal management and lipid optimal management.

2. Background

2.1. Overview of the innovation

Cardiovascular disease (CVD) is one of the biggest causes of mortality across the country, claiming 160,000 lives a year and the largest cause of life expectancy gaps[2]. In southeast London, the effects of CVD are exacerbated by the presence of some of the highest levels of diversity and deprivation in the UK.

In places across southeast London there is a difference in life expectancy of 13 years, in which CVD plays a major role and disproportionately affects Black, Asian, and Global Majority and deprived communities. The number of people who identify as Black, Asian and Global Majority ranges from 19% in Bromley to 46% in Lewisham and parts of Greenwich, Lambeth, Lewisham, and Southwark rank amongst the 15% most deprived local authorities in the country.

CVD is often preventable, but there are some clear and profound factors in SEL which affect rates of CVD ill health in our boroughs. According to the British Heart Foundation, in southeast London:

- 130,000 people live with heart and circulatory diseases.
- 59% of adults are overweight.
- 15% of adults smoke.
- 230,000 people have high blood pressure.

South East London ICB and King's Health Partners Population Health and Equity programme has teamed up with Novartis to launch a new project. This project aims to provide faster diagnosis and earlier intervention for underserved communities. They have taken a data-driven approach to identify unmet Cardiovascular Disease (CVD) need within hardly reached communities in southeast London. This led to the development of three community-based pilot projects which were co-designed to help address this unmet need:

- Stockwell Heart Health Hub - A community service that aims to improve health literacy among hardly reached communities who have had a cardiovascular disease-related event. The service uses community connectors and social prescribers to invite residents to attend learning sessions about blood pressure, cholesterol, diet, and exercise.
- North Lewisham Lifestyle Medicine Service – GP and lifestyle medicine coaches as part of the Primary Care Network staff. A programme designed in collaboration with residents, community-based organisations, and GPs and delivered by Lifestyle medicines coaches. The goal of the service is to prevent and reduce illness, increase, and develop wellness sustainably, and support individuals in gaining greater control over their health.
- Lambeth CVD and Wellbeing Bus - Working with Public Health, Lambeth Council and Lambeth Together (NHS), and delivered by community pharmacists, nurses, and health champions. The bus provides CVD risk checks, point of care testing for cholesterol, BP monitoring and health education to residents in Lambeth.

[2] Director of Public Health Annual Report 2022: Preventing heart disease and stroke in Buckinghamshire. 4. The Buckinghamshire picture | Buckinghamshire Council

2.2. Evaluation purpose and design

The purpose of the evaluation is to gain insight about approaches taken to increase engagement with hardly reached communities with or at risk of CVD ill health. And make recommendation to service providers, the Integrated Care system and King's Health Partners that will inform and support future work in this area.

2.2.1. Objectives

The evaluation objectives are to:

1. Provide a detailed description of each project.
2. Understand the process of (co)-designing each project and approaches for increasing engagement with the target communities.
3. Understand the impact of the project, and approaches on increasing engagement.
4. Identify areas for improvement and lessons for using the approaches more widely.
5. Describe the role of a pharma company in supporting the community-based projects and the views of project staff and patients in their role of providing this support.

2.2.2. Scope

It is not possible to evaluate clinical outcomes associated with these projects due to the duration of the projects and reporting period.

2.2.3. Design

The evaluation used a case study approach using mixed methods. Interviews with staff/stakeholders and patients were used to understand the approaches taken and perceived impacts (positive and negative) of the projects and areas of improvement.

The evaluation also draws on quantitative data (where data are obtainable from providers) to determine levels of engagement and reach with the target communities.

The evaluation describes each project including the context and the intervention based on information provided in project documentation and interviews. Table 1 outlines the data collection methods and data sources used to meet each of the evaluation objectives.

Table 1 Evaluation Framework

Objective(s)	Data collection method(s) / data source(s)
1. Provide a detailed description of each project.	• Project documentation • Interviews with key project staff and community organisations • Interviews with patients
2. Understand the process of (co)-designing each project and approaches for increasing engagement with the target communities.	• Project documentation • Interviews with key project staff and community organisations • Interviews with patients
3. Understand the impact of the project and approaches on increasing engagement.	• Project documentation • Interviews with key project staff and community organisations • Interviews with patients • Number of target population reached - to be provided by provider organisations as project summary data.
4. Identify areas for improvement and lessons for using the approaches more widely.	• Project documentation • Interviews with key project staff and community organisations • Interviews with patients
5. Describe the role of Novartis in identifying and supporting the project. What are the views of project and staff and patients on involving pharma companies in NHS or Community projects?	• Interviews with Novartis project team. • Interviews with key project staff and community organisations. • Interviews with patients.

2.2.4. Data collection

Project documentation

Both the Novartis project team and all three project leads were contacted and asked to send any relevant documents to understand more about each project. These documents included Standard Operating Procedures, project plans and update reports and engagement/promotional material. Relevant information from these documents was extracted to answer Objective 1, which was to provide a detailed description of each project.

Interviews with project staff and community organisations

A total of 9 project staff interviews (three per project) was initially planned. In selecting the project staff sample, all three project leads were invited to participate in the evaluation interview. They were then asked to identify at least two project staff who were subsequently invited to participate in the evaluation interviews. All participants were given an information sheet about the evaluation and were asked to sign an informed consent before the interviews were conducted (Appendix i).

A total of 11 project staff (four from the Stockwell Heart Health Hub; four from the North Lewisham Lifestyle Medicine Service; three from the Lambeth CVD and Wellbeing Bus) were interviewed for the evaluation. Two group interviews were conducted: one with two project staff from the Stockwell Heart Health Hub and another with three project staff from the North Lewisham Lifestyle Medicine Service. The remaining project staff were individually interviewed. All staff interviews took place between November – December 2023.

The project staff sample consisted of two General Practitioners, one project manager, one clinical lead, one Health Champion, three wellbeing coaches, one Health Inequalities Link worker, a community builder, and a project/communications lead. They came from a mixed professional background (medical, pharmacy, community work, lifestyle coaching/psychotherapy, media), were predominantly female and came from a variety of ethnicities (white-UK, white-other, British Asian, mixed white-African). Details of staff interviewee demographic characteristics are provided in Appendix ii.

All interviews (individual and group) were scheduled to take one hour and conducted online. A topic guide was used to ensure uniformity in the information obtained (Appendix iii). Interviews were video-recorded, and transcripts downloaded to ensure all details were captured. A framework analysis was used to organise and analysis the data which was used to answer all four evaluation objectives.

Interviews with patients

A total of 18 patient interviews (6 per project) were initially planned. Due to the different ways that the three projects worked with their patients, patient recruitment strategies differed between the projects, as outlined in Appendix iv. All patient participants were given an Information sheet about the evaluation and were asked to sign an informed consent before the interviews were conducted (Appendix v).

The process for conducting the interviews remained the same, namely that they were scheduled to take one hour and conducted either online or face-to-face. A topic guide was used to ensure uniformity in the information obtained (Appendix vi(a)- Stockwell Health Heart Hub, North Lewisham Lifestyle Medicine Service; Appendix vi(b) – Lambeth CVD and Wellbeing Bus). Interviews were video-recorded, and transcripts downloaded to ensure all details were captured. A framework analysis was used to organise and analysis the data, which was used mainly to answer objectives 2, 3 and 4.

A total of 13 patient interviews were conducted. The patient sample was predominantly female, from a Black African, Caribbean, or British ethnicity and were aged 45 years and over. Details of patient interviewee demographic characteristics are provided in Appendix vii.

Patient recruitment strategies differed for each project:

Stockwell Health Heart Hub: The Health Connector was asked to identify patients who were very engaged with the project, ideally people who were not aware of their heart condition before they attended the project. To ensure that a representative sample was obtained, the Health Connector was asked to select patients from each of the four cohorts if possible. Five patients were identified and interviewed.

North Lewisham Lifestyle Medicine Service: The project lead and the wellbeing coaches were initially asked to identify the following patients from their client lists:

i) Those identified with hypertension, CVD, high cholesterol (through EMS)

ii) Those who have mentioned that they want to address these issues by reducing weight, more exercise etc.

No patients were identified, so to ensure that some patient data was collected on this project, the project team agreed to extend the patient recruitment criteria to include all diagnoses (CVD and non-CVD). The coaches initially identified five of whom one responded. The evaluation team made three attempts to contact this person by e-mail and text messaging, but with no response.

As a final attempt at patient recruitment, the evaluation manager was invited to attend a group session at the Waldron Centre. This is where he discussed the evaluation with the six patients who attended the group and invited them to participate. Four of these participants gave initial consent to be approach about the evaluation, of whom two were interviewed. Both patients had a non-CVD diagnosis (obesity/diabetes; anxiety).

Lambeth CVD and Wellbeing Bus: Recruitment was conducted on site during the Lambeth CVD and Wellbeing Bus visit to a community centre in a South London housing estate. At the beginning of the session, the nurse and the Health Champions were asked to identify the following group of patients to interview for the evaluation: i) Those who have a heart age significantly greater than their own age, equating to a QRisk of greater than 10% due to high blood pressure or cholesterol; ii) Those with a pre-existing CVD diagnosis (i.e. heart attack, stroke etc) and have an increased risk of a future event with either high BP or cholesterol. Seven patients were approached of whom five were interviewed. Of the two patients not recruited, one was unable to speak English, and one was uncontactable after the session.

Observations and patient feedback forms

Observations were conducted for all three projects – for the North Lewisham Lifestyle Medicine Service and the Lambeth CVD and Wellbeing Bus, it was done alongside patient recruitment. The purpose of these observations was to record the following: interaction between the project staff and the patients, patients' reaction to the delivery of the service, interaction between the patients, environmental factors – location of the building, layout of the room, materials available to patients, refreshments, and snacks. These observations were recorded as field notes and were used to supplement and support the data provided in the patient interviews.

Patient feedback forms, disseminated by the project independently of this evaluation, were used to provide additional data in the evaluation of the North Lewisham Lifestyle Medicine Service due to the limited numbers of patients recruited for the evaluation of this project.

Data was extracted from three key questions:

- Did you find the Noth Lewisham Lifestyle Medicine Service helpful and why?
- What is the best thing about this service?
- What could be improved about this service?

Sixteen responses were sent between 18th September to 27th November 2023. A content analysis was conducted on these 16 responses to identify themes from each response. Frequency counts of these themes was conducted (Table 3). Key findings from the content analysis were then triangulated with

findings obtained from the analysis of the interview data.

Interview with Novartis project team

A 30-minute online interview was conducted with both members of the Novartis project team working on the South East London Health Inequities CVD project. They explored how Novartis was involved in codesigning the three south east London CVD projects. In this interview, the following questions were asked:

- How did Novartis decide which projects to support?
- What support was provided for each project?
- How was resistance or reluctance that project leads may have had in working with a pharmaceutical company managed?

The online interview was recorded, and transcripts downloaded to ensure all details were captured. A framework analysis was used to organise and analysis the data.

Quantitative data on patient recruitment to the projects.

Both the Stockwell Heart Health Hub and the North Lewisham Lifestyle Medicine Service projects were asked to provide data on the number of patients invited to participate in the project. The number of patients who accepted the invitation and the number of patients who completed the projects. This data was used to calculate the acceptance and completion rates for these two projects and to provide some indication of the impact of the different project approaches on increasing engagement with the target population.

The Lambeth CVD and Wellbeing Bus were asked to send the demographic details of all bus users who had used the service, in which key demographic characteristics of the sample (age, gender, ethnicity, resident in Lambeth Borough) were outlined. This data was used to provide some indication of the impact of this project's approach on increasing engagement with the target population.

3.Findings

3.1. Stockwell Heart Health Hub

Sections below describe the key findings against the evaluation's purpose and objectives/key questions.

3.1.1. Project description

The Stockwell Heart Health Hub consists of four 1-hour group educational sessions delivered by the project lead, with support by the Health Connector, aimed at covering the following areas: 1) What is cardiovascular disease (CVD); 2) Blood Pressure; 3) Cholesterol and Diet – discussion of HDL and LDL; 4) Medication & Monitoring. Further details of the topic covered are described in Appendix viii.

The aim of this project is to provide those with at risk of a CVD event with increasing knowledge about heart health issues and increase their confidence to engage with their GP in discussing CVD issues and to change their behaviour to reduce their CVD risk.

The project lead is an experienced local General Practitioner (GP) with an interest in CVD and reducing health inequity. The Health/Community Connectors providing support come from a community work background and were given basic training in understanding CVD issues and using the blood pressure equipment. The Health Connector also provided workshop attendees with support outside the workshop sessions and helped them to link up with local community resources.

Patients from the participating GP practices and meeting the eligibility criteria (uncontrolled high blood pressure and cholesterol levels), were contacted by the Health Connector. They explained that she was contacting them because they were eligible to attend the Stockwell Heart Health Hub as they were at increased risk of having a heart attack or a stroke. She explained that the workshops were a series of four educational workshops aimed to support them in addressing their CVD risk factors. She described what each of these workshops would address. Eligible patients wishing to attend were booked on to the next available workshop. A total of four cohorts were recruited over the pilot period.

Patients from five GP practices in Stockwell, identified with CVD risk factors were invited to attend the workshops, which were held in a community centre in Stockwell. Seats were arranged around six tables where workshop attendees sat. A PowerPoint presentation (used to complement the conversation with patient about heart health) was given on a large screen in front of them. There were also opportunities for attendees to ask questions and to take photos of the contents on the screen.

At the end of the session, each attendee was given a British Heart Foundation (BHF) booklet with materials relevant to issues covered in the session. For example, after session 3 on diet, the BHF booklet on diet was given to each attendee. There are also practical elements to some sessions. For example, during session 2, attendees can use a blood pressure machine to take their own blood pressure. Attendees are also given a Heart Health card which was used as a prompt for all sessions. It could also be for them to take to their doctor to get the different clinical parameters completed.

Attendees are also invited to browse through the selection of booklets and leaflets about CVD issues placed on the table next to the project lead and health connector. This was where attendees could get their hot and cold beverages and selection of healthy snacks, consisting of different fruits and nuts.

Four cohorts were run during the project, which ran from January 2023 to December 2023. Cohort 1 was the initial project phase and was specifically aimed at females from Northeast Africa (Ethiopia, Eritrea, Sudan, and Somalia). Cohort 1 acted as the initial pilot workshop and was also used in developing a cookery book (see 2.1.2 – Project co-design). In running the Cohort 1 workshop, the project lead was supported by a Community Connector from the Northeast African community. This person was based

with Thriving Stockwell (a local community based voluntary organisation), was well-known and respected with this community and was able to speak several of the relevant Northeast African languages. Cohort 2 targeted Arab and Northeast African males whilst Cohort 3 and 4 was rolled out to any patient from the five surgeries fitting the eligibility criteria. In Cohort 2 – 4, the project lead was supported by a Health Connector (employed by the Primary Care Network as a Health Inequalities link worker) with a background in community work.

3.1.2. Project co-design and approaches for increasing engagement with the target communities.

Project co-design
The Stockwell Heart Health Hub was co-designed with women from the Northeast African community. Their input included work to a) develop the contents of the workshop educational materials; b) refine the Heart Age card (Appendix ix) c) design the project publicity materials to make them less formal and more friendly (Appendix x); d) develop a Health and wellbeing book (which included healthy recipes for local community specific food) as a resource for the wider community. This was recommended following feedback at the end of Cohort 1.

Developing the Stockwell Heart Health Hub

The project lead had a basic template of four workshops that he wanted to deliver to the communities identified as experiencing high levels of health inequality, namely the black community in Stockwell. As this community is large and heterogenous, pilot work needed to start on a small scale to help understand the nuances of how the project would work before scaling up. It was decided to use a smaller, but distinct Northeast African community as its numbers are small when compared to the West African or Caribbean communities but experienced language difficulties and a culture of not engaging with health care systems.

Using his links with Thriving Stockwell (a voluntary based organisation), a Community Connector was identified to support the project lead in working with this group during the pilot phase. This Community Connector was employed by Thriving Stockwell to specifically lead on the co-design of the Heart Health workshops and support with running Cohort 1. She was a well-respected community member (female), who had already worked with a group of women from the Northeast African community and had strong links and trust with them.

In recruiting pilot workshop participants, three sources were used:

1) Women known to the Community Connector.
2) Women, identified through the local GP database as Northeast African background and at high risk of CVD issues.
3) Women known to the GP practice and identified by the project lead.

Potential participants were contacted by the Community Connector, who invited them to a meeting to talk with the project lead at a well-known local community centre. A series of three meetings (involving 10-20 women) were run to explore how to develop the contents of the educational package. The project lead first introduced the nature of the problem to the group, namely that stroke and heart attacks are an issue for the Stockwell community, and that GPs were unsure about how to address these. He then invited any suggestions to move forward. Resources such as the NHS website around heart risk were shared with the group, which in turn opened conversations about heart risk, diabetes, cholesterol, and blood pressure and helped to identify the issues that the group wanted any workshop to address.

Developing the Health and Wellbeing book

The Health and Wellbeing book which included healthy eating recipes for local community meals was developed to promote healthy eating. The idea originated from discussions with the first cohort, who wanted to remember the information that they had learnt during the workshop and share it with the wider community. From the informal discussions held at the end of each workshop, it was clear that the culture of food emerged – the importance of food and using the foods people are used to eating and come up with creative recipes to make healthier versions of them.

This co-design work conducted with Cohort 1 was led by the Communication lead of Thriving Stockwell, someone with 20 years of media and social media experience and professional expertise in cooking. A series of three group discussions were ran where different materials and layout were presented to the community group, who then decided on the contents, layers, and colours for the booklet.

In determining the contents of the book, the project lead worked with the community group in developing recipes to make their traditional foods healthier. Illustrating ways of cooking healthier and identifying creative ways of sharing information about vitamins and supplements. The key brief from the community was that the cookbook should be bright and colourful, but not clinical. The project lead took these ideas and then presented these designs to the community. This led to the production of a 56-page booklet, not only containing recipes, but also tips for a healthier lifestyle (Appendix xi).

The Health and Wellbeing book was launched at an event held on 26th October 2023, which was attended by over 300 people, who participated in health and social care activities held during the launch.

Approaches for increasing engagement with the target community.

Stockwell Heart Health Hub used four key approaches in increasing engagement with the target community:

1) Input and skill of the facilitators in delivering the workshop.
2) Providing tools to give patients ownership of their health issues.
3) Relevant practical exercises for patients to do.
4) Providing a psychologically safe space to allow information exchange

1) Input and skill of the facilitators in delivering the workshop.

Both the project lead and the Community/Health Connector paid a central role in increasing engagement with the community. The Community Connector was replaced by the Health Connector, who was responsible for supporting with the running of Cohorts 2, 3 and 4. The Health Connector was an experienced community worker who was employed by the local primary care network.

This input and skill had the following key components:

Dedicated clinical expert time: The project lead is seen as a clinical lead by the community. His availability to patients for one hour per week, leads patients to perceive they were invited to this workshop because their health condition is serious. They appreciate this time (one hour) as GPs usually only have 10 minutes with a patient and they are interested to hear what he has to say.

Ability to explain medical concepts in layperson's terms: The project lead can explain medical concepts in a simpler and interesting way, that patients from the target communities can understand. For example, he compares the heart to an engine that has pipes and that kidneys are the filters. People engage as they easily understand what is being said. He also reflects to patients during the workshops that although the condition is serious, it is still possible to do something to reverse it if they act now. This message is

important as it gives patients hope that they can still do something about their condition, with knowledge that the project lead will provide in later workshops.

Following up on patient needs during the workshop and at the end of it: The project team were pro-active in developing initiatives to address the needs identified by patients from Cohort 1. Following the end of the workshops, the women from this cohort wanted to keep fresh the information about looking after one's health and to share this information with the rest of the community which led to the development of the cookbook (Section 2.1.2 – Developing the cookbook). The women also identified their need to increase their level of physical activity. But the opportunities to do this were limited in local gyms as modesty is a key core value for Muslim women and most gyms have male staff. To address this need, a female-only exercise group was set up specifically for this group. The formation of this female-only exercise group is a key spin off from the Heart Health Hub and demonstration of the level of engagement from the first cohort.

The Health Connector played a key supporting role during the workshops ensuring that patients were comfortable. She also talked with patients after the workshops, sharing relevant information with them, such as access to community food pantries and signposting to other resources where appropriate. She played an important role in ensuring that all members of the community could access the workshops irrespectively of disability. One patient had mental health issues and both the Health Connector, and the project lead worked with them to provide the skills and resources to attend the workshops.

2) Providing a tool (Heart Age Card) to give patients ownership of their health issues.
The Heart Age Card puts all the complex clinical numbers around CVD risk into a simple relatable term - heart age. It was intended to support people with a heart age significantly higher than their chronological age to set their own goals to reduce this heart age. It would provide patients with a physical tool to empower them in their conversations with their GP to ask for key clinical readings to be taken. E.g. cholesterol checks, and ultimately to have effective and high-quality contact with the health system.

The Heart Age Card was used in each workshop to further illustrate key take home learning points, and to encourage greater engagement with the health service by getting patients accustomed to using it in a clinical setting and go to their GP practice to get their cholesterol tested. They were encouraged to share the concepts of the Heart Age Check Card with family and other community members, to make them aware of the issues around heart health.

In several cultures not accustomed to having conversations around their health, including from those from the hardly reached communities, individuals have greater ownership of their health and have a physical folder containing key health information. It was also aimed to be used during the workshop to prompt patients to go to their GP practice to get their cholesterol tested and so encourage greater engagement with the health service.

3) Relevant practical exercises for patients to do.
A range of practical exercises were organised to get patients to reflect on issues around their heart health and to support with the educational messages from the workshops: a) Patients were asked to calculate their heart age using the clinical parameters collected on the Heart Age Check Card, and reflect on how their heart age compares with their chronological age, the potential seriousness of their heart condition and the motivation to learn more about it and how to address it. b) In one session, patients practiced using a blood pressure machine and how to understand the significance of the readings. Some patients were loaned blood pressure machines to check and monitor their blood pressure at home.

4) Providing the right environment to encourage knowledge exchange
A community venue was selected as the place to deliver the workshops. This venue was chosen as it was in a central location in Stockwell, well-known to the local Stockwell community and in easy access to local transport links. The seats in the room were initially laid out in rows, but following feedback from patients,

the chairs were arranged around tables. To encourage an informal 'atmosphere,' patients were encouraged to help themselves from a selection of hot drinks, water, and healthy snacks (fruits, nuts) offered, reinforcing the healthy eating message.

3.1.3. The impact of the project's approach on increasing engagement.

Approaches in increasing patient engagement with the project

Stockwell Heart Health Hub patient participants reflected those two aspects of the project encouraged them to engage with it: 1) the skills and input of the project lead and the Health Champion/Community Champion; 2) Creating a safe space to encourage learning.

1) Skills and input of the project team.

All patients found the information provided during each session was useful in increasing their own knowledge of the area. Patients felt that the information shared had a personal relevance which further engaged their attention. They also felt that this knowledge was beneficial, and that they would continue to learn more by attending future sessions. This was particularly important for patients who were initially unaware of having any CVD issues until they were referred to the Stockwell Heart Health Hub, as highlighted by this patient.

"What is good and bad cholesterol. The information was actually very useful. That make me wanted to come every week to know more about it. For example, How the body works? How the heart works, blood pressure, the high HDL and LDL cholesterol? What is the level of cholesterol? That is, if that level like it, it become higher than 4 for example, which means that it is not OK, that is high cholesterol. What is bad and good Cholesterol and what foods should we eat? What is good for our health? What is bad?" [Participant1202]

Patients were enthused to continue their learning, so it was useful for them to know what was on offer in the future, as noted by one patient who said that this provided her with the incentive to attend the next workshop.

""There was a friendly atmosphere to each session. It was knowing that for each session every week, the project lead would give new information. The project leader was clever in telling us in advance what he was planning to tell us the following week. For example, next week we will be using the blood pressure machine." [Participant 1201]

All patients commented on the project lead's communication skills in relaying complex medical terms into layperson's language and how he had used audio-visual aids to illustrate the key points he was trying to highlight, without being too scientific or technical. More importantly, the project lead was not speaking continuously at the group but encouraged active group participation by providing opportunities to ask questions and allowing the group to interact. This created a relaxed atmosphere, as illustrated in the following quote.

"It wasn't just like I went there, and he was just speaking for 45 minutes, an hour nonstop. He allowed people to ask questions while he was speaking. He put everyone at ease and

that for me, put a relaxed atmosphere on what was actually quite a serious topic. So, we know it was serious, but it wasn't serious to the point where it was uncomfortable." [Participant 1203]

2) Creating a safe space to encourage learning.

All patients acknowledged that the personal amenability of the Health Champion played a significant role in engaging them with this project. In addition to ensuring that patients were comfortable during the workshop as well as any unmet needs identified because of the workshops. This is best demonstrated by the support provided to a patient living with common mental illness, to plan strategies with him to attend the workshops and to encourage him to come back at the end of each workshop. As a result, this patient felt psychologically safe to attend and benefit from the workshops.

Some patients were impressed that a healthy selection of snacks was available as opposed to the usual selection of cakes and biscuits and could be accessed at any point during the workshop.

Key quantitative findings

Quantitative data was used as an indicator of whether the approach used in the Stockwell Heart Health project had increased patient engagement. The data collected showed that of the 87 patients who accepted the invitation to attend the workshops for one of the four cohorts, an average of 54 patients attended all the sessions, giving a completion rate of 62% (Table 2). This suggests that once patients had attended the first session, they were likely to complete the workshops. Looking at the attendance rate across the different cohorts, attendance was high in the Black African and Caribbean and other group, but poorer in the Northeast African group, especially with the males.

In recruiting for Cohort 3 and 800 people were invited to join 3 via batch messaging, of whom 24 accepted and joined Cohort 3. A further 22 of those contacted via this batch messaging were placed on a wait list and 20 of them joined Cohort 4. However, it was not possible to use the data to calculate patient acceptance rates for Cohort 3 and 4 as these included patients identified from batch messaging.

Table 2: Stockwell Heart Health Hub (recruitment and attendance).

Cohort	No of patients invited	No of patients accepted inviting to course	Average number of patients attending workshop
1	Not known	17	7
2	45	26	9
3	800 (via batch messaging)	24	20
4	22	20	18
Total		87	54

The impact of the project on patients

Key qualitative findings

The qualitative data showed that the Stockwell Heart Health project had a key impact on patients in three areas: Increased monitoring of health outcomes, greater engagement with their GP, behavioural change in exercise and diet.

All patients felt that the workshop had made them aware of the key issues in managing their heart health and recognise that they need to take more care of themselves, including making changes in their exercise levels and diet. As a result, many patients were starting to monitor their blood pressure and cholesterol as mentioned by this patient, *"It's changed my thoughts about my health because I am now more aware about how my diet should be. I am over 40 now and I need to go to check my health, my cholesterol, my blood pressure, which I have done." [Participant 1201].*

Empowerment was a key outcome from these workshops - confidence to engage with their doctor to ask for these readings, which for some was the first time they had started to trust their doctor and asking them more information about their heart health. All had started to change their diet, whether it was reading the labels on food packages, cutting down on their carbohydrates or reducing their salt. The desire to address diet is demonstrated by the development of the cookbook resource which was initiated by Cohort 1. Finally, some patients had started to increase their daily exercise levels. An exercise group for women attending Cohort 1 was specifically developed to support with this.

It is intended that these workshops will continue with new cohorts with protected time for healthcare professionals and Thriving Stockwell. This has the potential of providing a positive impact for the local community beyond the scope of the project.

3.1.4. Areas for improvement and lessons for using the approaches more widely.

Areas for improvement

The following key areas were identified as areas for improvement in the Stockwell Heart Health Hub:

1) *Increase the population accessing the project*: The project team recognised that the timings for the current project (in the afternoon) restricted a sizeable portion of the population working traditional working hours from attending. Potential solutions to address this issue include delivering the workshops online or during the weekends.
2) *Recruiting more males from the target communities:* Although this group was specifically targeted via SMS texts or through the Community Connector, there was still a poor response to attending the workshops.
3) *Better identification of invited patients with sensory impairments:* One patient noticed that one of the attendees had a hearing impairment and had difficulty in following the workshop contents, had no equipment to support him with his hearing and subsequently left the workshop early.
4) *Limitation of current NHS Heart Age tool:* The Heart age tool is a helpful tool to initiate lifestyle change to reduce CVD risk factors. However, to help support informed decision making about ongoing management the use of an absolute risk calculator could be considered.
5) *Taking blood pressure and cholesterol reading at the beginning of the sessions:* One patient felt that this would give them a gauge of whether they were improving on a week-by-week basis. However, one of the purposes of this project is to 'nudge' patients back to their GP to have their cholesterol taken, so a key lesson would be to remind patients of this specific role provided by their GP.

6) *Exploring how to incorporate allied health professionals to deliver the project:* As a time-resource issue, the project needs to use other health care staff supporting the delivery of this project.

Lessons for using the approaches more widely

1) A dedicated team skilled at communicating complex concepts to a lay audience and engage them effectively to make changes to promote their heart health. In upscaling the project to the wider community, it is important to identify local GPs with an interest in reducing health inequalities or engaging in this type of work.

2) The role of the Health Connector. The Health Connector played a pivotal role in delivering the workshops and supporting patients through them. They were responsible for following up any patient unmet needs identified during the workshop and for signposting patients to appropriate social or health care resources. Our discussions with the Novartis project team identified that when the question was asked about how a community connector would be used in future project. This generated the idea of using the existing community roles in different Voluntary and Community Sector Enterprise organisations, which was a model subsequentially used for the CVD and Wellbeing Bus.

3) Using the Heart Health Age Card. Aimed at providing patients with ownership of their health, the Heart Health Age Card was used as a learning tool during the workshops to illustrate learning points on blood pressure and cholesterol. It was also designed to support and empower patients to have conversations with their health professional about their heart health and used as a resource as an aide-memoire to share with other community members about the key issues around heart health.

4) Provision of healthy snacks such as nuts and fruit in sessions. This sends out health messages about the importance of diet in heart health.

3.2. North Lewisham Lifestyle Medicine Service

Each section will describe the key findings against the evaluation's purpose and objectives/key questions.

3.2.1. Project description

The North Lewisham Lifestyle Medicine Service is based on the principles of lifestyle medicine, which aims to use evidence-based lifestyle therapeutic interventions, to prevent, treat and reverse chronic disease[3]. Eligible patients were first identified and contacted by one of the wellbeing coaches, who described why they were contacting them. They described that the sessions would be a mixture of 1:1 and group work. Eligible patients interested in attending were booked on to the next available cohort. A total of six groups were run over a 4-month (pilot) cycle, with the aim of recruiting 90 patients.

Each patient attends 12-week course with six group sessions and six face-to-face individual sessions, delivered by a Wellbeing coach to cover each of the six pillars of Lifestyle Medicine: healthy eating; physical activity; mental wellbeing; good quality sleep; healthy relationships; minimising harmful substances (stop smoking, reduce excessive alcohol consumption avoid addictive substances and behaviours).

[3] What is Lifestyle Medicine? - Find Out From British Society of Lifestyle Medicine (bslm.org.uk)

The four objectives of the service are to: 1) Prevent and reduce illness (with a focus on CVD); 2) Increase and develop wellness in patients; 3) Improve access to health, especially for underserved communities; 4) Support patients to increase agency and control over their health.

The service is led by a General Practitioner with a Diploma in Lifestyle Medicine, who co-designed this service with community input (see Section 2.2.2). Her main responsibilities are to provide training and education to the wellbeing coaches with weekly multi-disciplinary team meetings (MDT) to discuss difficult cases. In addition, she is the audit lead and plans the timetable of educational events. The four wellbeing coaches (all with a variety of experience in life coaching, psychotherapy, and dietetics) work both in clinics and out-reach, coaching, performing health checks, educating, and signposting users to relevant services.

Although there was an initial focus on targeting those with the greatest CVD risk, referral to the service was extended due to two practices inviting all the adult population registered in the North Lewisham Primary Care Network. All patients were approached by the wellbeing coach who explained the purpose and set-up of the service. The one-hour group sessions were delivered in a practice room in the Waldron Centre (New Cross). Patients were sat in chairs around a large screen where the Well-coach would present a slide deck of 5/6 slides, each on a main topic e.g. "What does the quality of social connection' mean to you."

These would be a prompt for the Wellbeing coach to 'open the floor' and allow each patient to discuss the topic in turn before passing it to another patient in the group. The Wellbeing coach would then feedback on what the group had said, before presenting the additional points associated with the topic on the screen, and to continue the discussions where appropriate. At the end of the session, the Wellbeing coach made the group aware of community resources available to tackle the issues discussed.

Individual sessions (between 45-60 minutes) were used to discuss the points raised during the group session and to allow patients to work through specific issues of their choice. They were delivered either online or face-to-face in the clinic, dependent on the patient choice.

Recruitment to the project started in May 2023 and is still ongoing. This will continue due to the posts being funded through the Additional Roles Reimbursement Scheme[4], which aims to fund new roles in Primary Care Networks.

3.2.2. Project co-design and approaches for increasing engagement with the target communities.

Project co-design

A series of six workshops were run to co-design different aspect of the North Lewisham Lifestyle Medicine Service, including how they want to see it run and the barriers for people from different communities in engaging with this service. A range of different local stakeholders (primary care network, local residents and local community-based organisations) were invited to take part every 3 months. The workshops, consisting of a mix of face-to-face and hybrid, took place in different parts around North Lewisham to increase inclusivity. Around 30 people attended each event with a diverse sample, consisting of a mix of education, ethnicities, career, disabilities, and long-term conditions.

The project lead brought a theme to each workshop. Attendees then discussed their thoughts on what elements would or would not work. For example, they were asked questions about the best ways to evaluate the service and how would people access the service.

Following the six workshops, the North Lewisham Lifestyle Medicine Service project lead felt that:

[4] More about the additional roles to support Primary Care - Transformation Partners in Health and Care

1) The service should not be delivered by a medical profession as there was a fear that it would be medicalised. The initial plan was to deliver the group workshops and the one-to-one session using a GP (with a Diploma in Lifestyle Medicine) together with a nurse or a coach.
2) The service should be open to all patients, irrespective of diagnosis. The initial plan was that there would be an inclusion criterion of cardiovascular disease or at least one long term condition.

Approaches on increasing engagement

The basic principles behind the North Lewisham Lifestyle Medicine Service's approaches to increasing engagement is the individual and a holistic approach it takes to delivering care.

1) *Providing holistic personalised care empowering the individual to develop their own solutions*: This project uses a mix of both group discussions and one-to-one sessions to achieve this goal.
    a. The group discussions are interactive sessions, aimed to allow everyone in the group to express their feeling on a subject and for everyone to learn from their peers rather than one person giving information to the whole group. A key purpose of the group discussion is to create a cohesion between the different group members, in which they can learn from each other's experiences.
    b. The one-to-one sessions provide patients with the wellbeing coach's undivided attention for 45 minutes (every week for 6 weeks) to listen to them and to identify their needs. And then support patients in reflecting how they prioritise the goals and how they plan to achieve them. Providing patients with both the time and space to reflect on what is important, is what keeps them engaged with the project.

    The ultimate objective of both types of sessions is to offer advice and suggestions to support patients proceed in their journey to improve their health. The ability to learn through understanding other people's experience and the time and space given to work through their own health issues are the two key features which encourage patients to engage in this project.

2) *Open referral criteria:* By making the referral criteria to the service open irrespective of diagnosis, there is a general acceptance that all patients referred will have a health condition such as diabetes and obesity that may in time increase CVD risk. *D*eveloping a more holistic, personalised approach to care, rather than focusing specifically on CVD, is based on the principle that patients do not necessarily want to engage with something so specific, a key finding from the co-design work. Patients may also be less inclined to engage with the programme, especially if they feel that they have no CVD issues.
3) *Ease of referral to the project*: The ability of community members to self-refer to the project via a QR code on a flyer provided they live and are registered with a GP practice in the North Lewisham Primary Care Network.

3.2.3. The impact of the project's approach on increasing engagement.

Approaches on increasing engagement with target community

Key qualitative findings

Both North Lewisham Lifestyle Medicine Service patients interviewed were fully engaged with both the one-to-one sessions and the group discussions, until the end of the programme. Both were interviewed after their final group session.

For them, the key elements of the project that encouraged them to continue was the skill of the wellbeing coach in his ability to inspire trust and confidence together with his openness and attentiveness to the needs of the group members. Using the group sessions to address different aspects of the six pillars of Lifestyle Medicine, he was able to use his coaching skills to create a psychological 'safe space.' This enabled group members to share their experience of the different issues discussed. It was through this experience of sharing that many patients realised that despite their differences in background, they were not alone in sharing the same experiences, which encouraged them to continue with the project.

> *"I guess when people are going through a similar thing, having someone who you feel can understand you when you speak, and when they give their opinions as well, so, yes, that made it easier. Also, to get their opinion about how they've dealt with a similar situation. I felt I wasn't alone in that situation, and I could get something out of it, so that prompted me to return." [Participant 2203]*

One-to-one sessions were also an important element of increasing engagement with patients by providing them with dedicated time to work through any issues that they wanted to address, either to discuss the previous work group or opportunities for goal setting.

> *"I used the 121s as a platform to prep myself for the next few weeks, so I'd set myself goals, and things that I'd like to achieve and to implement, and then get opinions if I was doing the right thing, if it was feasible, and then having that feedback from (the Wellbeing coach), saying, 'Yes, it's good to try that and see how it goes, and if it doesn't go that way, it's okay to come back and try something else.' For example, I have issues with sleep. I'd been struggling with getting myself back into my routine, so it was suggested I try another form of relaxation to help me through that. I spoke about that in detail with the coach during my 121, which I then implemented it over the next week. I then gave him feedback on progress." [Participant 2203]*

Key quantitative findings

No data was given to the evaluation team on the number of patients invited to participate in the project, those who accepted the invitation and those who completed the workshop.

Qualitative data suggested that project staff had noted that although uptake from initial referrals was about 30%, once patients had accepted their place on the project, most had completed the programme. Uptake for the one-to-to sessions was also higher than the group sessions.

The impact of the project on patients

The key impact of this project was empowering patients to adopt a healthier lifestyle by providing them with confidence to use the techniques learnt and developed in both group discussions and one-to-one sessions to change their behaviour. This is illustrated in this patient who was having issues with certain types of food but was adopting new strategies to address these concerns.

"Some tools and techniques that we've developed in both the private coaching sessions as well as in the group sessions. To give you an example, my biggest nemesis is wanting to reach for a bag of chips for five days consecutively. Is it because I'm really craving a bag of chips or is it because I'm really stressed at work and for me that's a very easy way to calm myself down. And what can I do now is to calm myself down, instead of reaching out for that bag of chips – I do anything from listening to some music and dancing or going for a quick walk or talking to a friend." [Participant 2202]

Wellbeing coaches have also noted that in their discussions with patients, many have been grateful for the space to talk and to be listened to and have started to elicit a lifestyle behavioural change to improve their health. One coach noted that two members from the group had had agreed to start a walking group together because both were saying they couldn't fit it in their life.

Open responses from the 16 feedback forms (Table 3) support the interview data in demonstrating that patients appreciated the safe space to reflect on new ideas, the relaxed style of the sessions and the ability to talk about feeling openly. Patients felt they were focusing on maintaining their health by improving their nutrition and doing more exercise.

Table 3: Themes identified from content analysis on what patients found useful attending the North Lewisham Lifestyle Medicine Service (n=16)

Theme	Frequency (%)
Safe space to reflect on new ideas	4 (25)
Exposure to new ideas	4 (25)
Improving nutrition/diet	3 (19)
Relaxed style, talking about feelings	3 (19)
Improved knowledge	2 (13)
Maintaining health, improving goals	2 (13)
Doing more exercise	1 (7)
Group work-good to talk to health	1 (7)

These points are highlighted by this responder.

"The opportunity to talk freely, learning about the importance of nutrition and exercise in making me feel better about my life, and with this understanding I feel accountable for contributing to the progression of my health and wellbeing. I feel confident in going forward with my future endeavours. [Responder 1]

Early data based on a small sample of participants provided by the project lead shows that participants who completed the service outcome questionnaires at the end of service (n=23) felt that they were in better control of their health, did more exercise, had better sleep and better mental health, and were more connected to each other, than those who completed the questionnaire at baseline (n=57) (Appendix xii). More data is being obtained to show if this trend is a robust finding.

3.2.4. Areas for improvement and lessons for using the approaches more widely.

Areas for improvement

The following key areas were recommended for improvements to the North Lewisham Lifestyle Medicine Service:

1) Opportunities to get free gym sessions after completing the programme to encourage patients to engage in exercise activities. As this group is eligible to receive these services as part of the Core20plus5 categories, more awareness should be provided to these patients. This has also been recommended in the report produced by the North Lewisham project lead (Appendix xii) as a method of incentivising patients to complete the group sessions.
2) Greater publicity for the service in community settings.
3) Robust data collection procedure needed to collect patient data on the number of patients sent invitations, those who accept and those complete the Lifestyle Medicine course.
4) More outreach in delivering the services offered by the Lifestyle Medicine System to community settings in North Lewisham.
5) Addressing the following limitations identified by secondary data sources listed below (see Appendix xii – Key findings extracted from the North Lewisham Service Evaluation report January 2024) would provide more robust evidence on the project efficacy:
    a. Data collection
        - The clinical lead had limited time to monitor and chase whether biometric data was being collected and entered on EMIS.
        - Health and wellbeing coaches are non-clinical and had mixed confidence in measuring biometric data, despite training. They also had limited time with patients to then collect biometric data outside of consultations.
    b. Implementation issues:
        - Limited PCN administration support to support coaches with appointment booking, referrals, printing bloods, cancellation, and rescheduling appointments.
        - Varying levels of engagement from GP practices.
        - The inability to identify patients through batch message from PCN until Autumn 2023.

Following discussions with the Novartis project team using their own experiences of working with the different projects, the importance of identifying patients at greatest clinical need and inviting them by a range of different methods. Methods such as text messages and phone calls was highlighted. In addition, further suggestions included contacting these patients using a member of the clinical or non-clinical team who represent the community from which they belong.

Lessons for using the approaches more widely

1) Team members with good communication and coaching skills. Patients benefitted from the ability of the wellbeing coach to create a safe 'psychological space' for patents to discuss sensitive health issues in both a group and one-to-one setting.
2) The initial focus of this project was to target patients with the greatest clinical need, with the highest risk of having a stroke or heart attacks and increase referrals from these group, Specifically, this included those with uncontrolled blood pressure or cholesterol levels. In scaling up the projects, it is important to ensure that procedures are in place to ensure that these patients are targeted and recruited, before offering the services to other patients. It is important to recruit the appropriate patients to ultimately assess whether this project can improve both management of blood pressure and cholesterol levels, with the ultimate goal of reducing the gap in life

expectancy experienced by hardly reached communities.

3.3. Lambeth CVD and Wellbeing Bus

3.3.1. Project description

The Lambeth Together Health and Wellbeing Bus started its life in June 2021 as a health service initiative delivering Covid vaccines and test kits to reduce vaccine hesitancy in communities where uptake of the COVID vaccines was low and in areas of high deprivation to help tackle mistrust of the health system that were exposed during the pandemic.

Since then, it has undergone several transformations with a new team of Health Champions joining the project in July 2023. This increased the reach of the bus to include outreach at libraries, primary care networks and voluntary community and social enterprise hubs. Currently (as of March 2024, it operates in three roles each week: Brixton Advice Centre Advisor (Friday), Mental Health Advisor (Monday) and the CVD Project (Tuesday, Wednesday, and Thursday). Having connections to these different Voluntary, Community and Social Enterprise networks across health and social care potentially enables them to engage with the hardly served communities.

For this evaluation, only a description of the Lambeth CVD Project on the Health and Wellbeing Bus will be provided. The Lambeth CVD Project was launched in October 2023. The current service was designed by Lambeth Together and Copes Pharmacy and co-produced with South East London ICS, King's Health Partners, Novartis, and the local Primary Care Networks.

A key objective of this project was to work with the Voluntary, Community and Social Enterprise (VSCE) networks, public and health services to identify those people from hardly reached communities at the greatest risk of future heart attacks and strokes. And provide a convenient and comfortable place in the community where they can have an open conversation regarding their future risk. This is specifically focussed on people who have been requested to visit their GP for an assessment of their CVD risk and have not come forward. Once the project bus staff have identified a person at increased risk, this person is then advised to speak with the GP and are potentially signposted to any other areas of support such Citizen Advice Bureau or mental health support.

The Lambeth CVD and Wellbeing Bus provides a "Point of Care testing" service, in which the two main objectives are to: 1) Identify people with poor heart health at risk of stroke or ischaemic heart attack; 2) Provide health advice and information on the importance of heart health, cholesterol, blood pressure (bp), nutrition and exercise as part of a healthy lifestyle.

The service is delivered by one nurse and three or four Health Champions. When visiting a site at the beginning of the day, the team check the equipment and set up a stand displaying a range of leaflets (Appendix xiii). A queuing system using numbered tickets, is set up. Potential users are approached by the Health Champions, who provide an ancillary role in ensuring that all interested users are given a ticket.

The service was planned to be delivered outside, with a gazebo area set up for the Health Champions to do their initial assessment and the bus used as a space for the nurse to do the cholesterol tests and provide further 1 to 1 advice. However, the service was launched in October 2023 during the winter, the service was delivered inside community centres and GP practices.

In identifying potential users for the Lambeth CVD and Wellbeing Bus, searches were conducted by the GP practices and all patients that met their eligibility criteria, were sent a batch SMS messaging, inviting them to use the service. To further ensure that the services of the Lambeth CVD and Wellbeing Bus are

reaching the hardly reached community, the bus is programmed to visit various community centres in housing estates (on food bank days) and workplaces (e.g. Stockwell bus garage) around the London Borough of Lambeth in areas identified as having a high level of health inequity. During the bus's visits to different community sites, project staff were proactive in opportunistically approaching potential service users about the range of services offered by the CVD and Wellbeing Bus.

The service user's journey using the Lambeth CVD and Wellbeing Bus is described in a flowchart (Appendix xiv). Service users are first seen by one of the Health Champions, who conduct the initial assessment (blood pressure and BMI checks based on weight and height). The Health Champions then conduct a motivational conversation with users to support them in healthy living, they also offer advice and signpost to either community offers or into the health system if required.

Users are also offered the chance to pick up any relevant and useful leaflets from the stand (Appendix xiii). Users are then seen by the nurse in a one-to-one session, where the nurse conducts the cholesterol test, assesses the heart risk of that user (QRISK3), and provides appropriate healthy heart advice and support, depending on how user scored on the clinical parameters. All users are given a Heart Age card with all the key clinical fields completed and another sheet outlining the recommending course of action (Appendix ix).

3.3.2. Project co-design and approaches for increasing engagement with the target communities.

Project Co-design

As described above, the Lambeth CVD and Wellbeing Bus used a previous Wellbeing bus model. The current model was developed by Lambeth Council and Copes Pharmacy (responsible for ensuring the equipment was operational on the bus), following initial work by Novartis and the local Primary Care Network. Discussion with the Novartis project team identified that the model for the Lambeth CVD and Wellbeing Bus was based on initial work with the Stockwell Heart Health Workshops in working closely with Voluntary and Community Sector Enterprises.

The local team took insights from the workshops but rather than putting in a new role of a community connector, they utilised the existing network of Voluntary, Community and Social Enterprise organisations across Lambeth. Heart Age Cards and discussions supported the identification of patients with a high risk of CVD from the most deprived areas of southeast London.

Approaches in increasing engagement with target communities.
Three key themes underline the Lambeth CVD and Wellbeing Bus approach to increasing engagement with communities: location, dedicated time of project staff and perceived informality of the service.

Within the framework of the "point of care testing" offered by the Lambeth CVD and Wellbeing Bus, the concept of "location" is the key approach employed by the bus to increase its engagement with the target community, in particular its ability to make its services both accessible and visible to the target community.

To ensure the Lambeth CVD Wellbeing and CVD Bus is accessible to its target community, the bus is located in areas found to achieve high footfall. These include community hubs, such as libraries, supermarkets, and community halls. To maintain the Lambeth CVD and Wellbeing Bus's 'high visibility,' once a location for the bus has been established, it will be fixed for the same two days in the week for two to four weeks.

As a result, people know when the Lambeth CVD and Wellbeing Bus will be there and that they can use if they want their heart check. In delivering the service closer to home, it was designed to improve the accessibility of the service for potential users. In targeting visits to community halls on "Pantry days," there is also a captive audience for the Lambeth CVD and Wellbeing Bus as many people will be waiting in the community hall for their food packages from the pantry.

The second key theme was the dedicated time that project staff, particularly the Health Champions, had with users once they were in the system. In addition to doing the BMI and blood pressure checks, the Health Champions have time to discuss health issues with users and to listen and raise issues that might not otherwise come up.

One advantage is the availability of the Health Champion for longer periods than the GP. As Health Champions have good knowledge of facilities and resources in the borough, they can provide the extra support for users to make healthy choices – either by providing information from the array of leaflets available (Appendix xii) or signposting to various community groups which can provide offers around alcohol reduction or smoking cessation.

The third theme was the perceived informality of how the service was delivered. Project staff felt that their approach was less informal than an appointment with the doctor, that they were able to 'chat' with users. Health Champions adopted a friendly approach to discussing the service with community users.

3.3.3. The impact of the project's approach on increasing engagement.

Impact of the approaches on increasing engagement

Key qualitative findings
The location of the Lambeth CVD and Wellbeing Bus in its community setting, was instrumental in getting potential users initially curious about what it offered. This was highlighted in most of the interviews with service users.

> *"I was sitting in there, and then I asked one of the ladies what …, are they doing, and they told me…. Then, of course, I had all the tests done. But the people in there, if they see something with their own eyes, they're going to want to know what is going on. They won't sit there. They'll get up and say, 'What are you doing?'" [Participant 3203]*

All those interviewed were not aware that the Lambeth CVD and Wellbeing Bus 'one-stop service' was being set up in the community centre. However, once they understand that the service would offer blood pressure and cholesterol checks. All recognised the convenience of getting immediate readings for these key CVD markers, was an incentive to use the service. Although some were already being monitored for their BP and cholesterol, they felt it was a good opportunity to get the latest readings instead of having to make an appointment with your GP.

> *"I think it's a good service, actually. You don't have to wait; walk-in or you wait. It was just there, so people are going to go and jump on it." [Participant 3204]*

The convenience and relative speed of having blood pressure and cholesterol readings was an incentive for users to bring their relatives to the Lambeth CVD and Wellbeing Bus, as observed by the evaluator who saw a user bring her mother and a friend for checks. It was particularly convenient for older people to get checks, as it is more difficult for them to travel around.

In contrast to going to their GP, all user participants appreciated the friendly approach of the Lambeth CVD and Wellbeing Bus team and felt it enabled potential users to feel comfortable about approaching them. They appreciated the time that the team members were willing to give them, especially when compared with the rushed atmosphere of the short GP consultation. For many, the fact that the service was being offered in the community hall was an additional comfort. This was a space that they were familiar with and everyone in the hall seemed relaxed. This informality made people feel more willing to use the service, many who were waiting in the community hall for their food packages from the pantry.

Key quantitative findings
Data on the usage of the Lambeth CVD and Wellbeing Bus (displayed in Appendix xv) show that 1,640 people used the bus service during 69 service days (24 October 2023 – 25 April 2024), an average of 24 users/day. Users were predominantly female (64%), over the age of 39 years (63%) with a sizeable proportion coming from Black African or Caribbean ethnicities (38%). The Lambeth CVD and Wellbeing Bus is instrumental in providing dietary and weight management advice to users, checking the blood pressure of 1506 (92%) patients and the cholesterol levels of 1442 (88%) patients, and had recommended that 127 (8%) people should see their GP after their health checks.

The data provided is not conclusive in showing if the bus is increasing engagement with the target communities. It does show that proportionally more Black Africans and Caribbean people were using the Lambeth CVD and Wellbeing Bus when compared with census data 2021 (23%) and that it was the first visit for 89% of Lambeth CVD and Wellbeing Bus users. Most users had visited their GP (76%) in the last year, and 71% had had their blood pressure checked. This would indicate that most Bus users were being regularly monitored by the health service.

The impact of the project on patients

Most users were not aware of the seriousness of their health issues, until their visit to the Lambeth CVD and Wellbeing Bus. For some users, this was the first time that they were aware of the need to do something about their heart health before it would lead to either a heart attack or stroke. All were aware that they needed to change their eating behaviour and do more exercise.

> *"This teaches me that I should take care of myself because I know that high blood pressure is dangerous. The lady (nurse) told me where I stand with the heart problem or a stroke or heart attack, and so I'm very happy to be here because now I know that I have to start doing something. I have to start move around more, try to eat healthy more, and she said cut down on the salt. I know that salt is not good for my pressure, but this helps me more (to change). They explained things to me, tell me about my cholesterol and think about the high blood pressure, and about my weight and my heart. They tell me the result of if I don't take care of myself, if I don't try to get the blood pressure down, what can happen." [Participant 5203]*

For one user, receiving his blood pressure readings reinforced to him the importance of continuing to take medication given by the GP. He was aware that the doctor had prescribed him medication for this but was not being monitored. Following his reading, he was at least aware that the medication was working.

Nurses working on the bus indicated that they passed on the details of several Lambeth CVD and Wellbeing Bus users with increased CVD risk to the person's GP. Additionally, they picked up that several users had other health conditions, such as mental health difficulties, which was signposted to the correct support mechanism. This indicates the potential of the Lambeth CVD and Wellbeing Bus to improve the overall health and wellbeing of service users beyond the scope of CVD health.

3.3.4. Areas for improvement and lessons for using the approaches more widely.

Areas for improvement

Four key areas for improvement to the Lambeth CVD and Wellbeing Bus were identified in targeting those at greatest risk of CVD events in the future and who have not currently engaged with health or social care. These were:

1) Improving recruitment of the target community. To make the Lambeth CVD and Wellbeing Bus available to working people, a regular weekend service could be set. It was noted that there was a response rate from those contacted via SMS and it would be useful to do some exploratory work with the community. And its leaders to explore issues with using the Lambeth CVD and Wellbeing Bus, why the response has not been good and to develop potential solutions.
2) To increase publicity for the Lambeth CVD and Wellbeing Bus, more time is needed for promotion once a locality has been decided. A pro-active approach is needed to reach the community through Lambeth newsletters and hard-copy leaflets with details on Lambeth CVD and Wellbeing Bus locations and through social media and online resources to account for all age groups.
3) Although the Lambeth CVD and Wellbeing Bus had been designed to be delivered outdoors, it was impractical to operate during colder or rainy weather as people would be less willing it use it. Furthermore, the cold weather reduces blood circulation to the hand and makes it difficult for the nurse to do the cholesterol testing. During the colder periods of weather, it would be necessary to identify appropriate community facilities where to run the services of the Lambeth CVD and Wellbeing Bus.
4) Once people had received their Heart age, they were asked to schedule an appointment with their local medical practice. It was likely that some patients would not act on this. Information governance rules meant Lambeth CVD and Wellbeing Bus staff could not contact GPs directly and therefore some patients with elevated readings might not get the care they needed. An area of improvement would be to find a solution so the information could be inputted directly to the patient records and an appointment scheduled for them.

Following discussions with the Novartis project team using their own experiences of working with the different projects, additional suggestions were made to improve patient recruitment to the Lambeth CVD and Wellbeing bus: non-responding patients should be sent follow up texts, with phone calls spoken in the first language of the patient if appropriate.

Lessons for using the approaches more widely.

1) Having high visibility in the community in a location which is easily accessible. This also creates a sense of curiosity amongst potential users, interested to see what is going on where the Lambeth CVD and Wellbeing Bus is operating.
2) Using Community Centres and embedding the Lambeth CVD and Wellbeing Buson days where the Pantry is operating, as people attending will be a potentially captive audience waiting for their food parcels. They are more likely to be members of the underserved target communities.
3) Convenience of getting key clinical information (heart age) in a short period of time (30 minutes).

3.4. Synthesis of key findings from the different projects.

Each section describes the key findings against the evaluation's purpose and objectives/key questions.

3.4.1. Project descriptions

The projects evaluated reflect three different types of co-designed models with the shared aim of addressing the unmet CVD needs of underserved communities living in Southeast London. The projects took different approaches to achieve this aim, including a point of care service, educational workshops, and a combination of one-to-one and group sessions. A detailed description of each of the projects is provided above (Stockwell Heart Health Hub – Section 2.1.1; North Lewisham Lifestyle Medicine Service - Section 2.2.1; Lambeth CVD and Wellbeing Bus – 2.3.1).

3.4.2. Project co-design and approaches for increasing engagement with the target communities.

Two projects (North Lewisham Lifestyle Medicine Service and Stockwell Heart Health Hub) had extensive co-design work with the target communities in developing their projects, and methodologically used similar approaches. Both projects used group discussions with their communities to design the projects and the materials they used. The main difference between the two projects was the communities involved in the co-design. The North Lewisham Lifestyle Medicine Service engaged a wide range of local stakeholders from residents, community-based organisations, and primary care networks. The Stockwell Heart Health Hub engaged a discrete group - women from the Northeast African community. In contrast, the Lambeth CVD and Wellbeing Bus relies on a previous model and one of the projects leads recognised that more development work might be needed to check if the bus is acceptable to the target community.

In engaging the target communities, all projects highlighted the importance of creating an informal atmosphere, where staff were friendly and approachable, who had time to engage with patients/users to discuss their health issues. Within this framework, both the North Lewisham Lifestyle Medicine Service and the Stockwell Heart Health Hub were similar in requiring project staff to have good communication skills and appropriate subject knowledge to deliver the project material and the ability to create a safe space for patients to discuss health issues. They differed in the method of delivery. The North Lewisham Lifestyle Medicine Service was delivered by a non-medical professional, using both group and one-to-one sessions to support patients develop their capacity for self-management. On the other hand, the Stockwell Heart Health Hub was delivered by a GP using a range of audio-visual aids, practical sessions, and physical tools (Heart Age Card) during the workshops, with the aim of increasing patients' knowledge on heart health issues and so increase their confidence in engaging more proactively with their GP on these. The Lambeth Health and Wellbeing bus project adopted a different approach in attracting the target population. As a "one-stop service offering 'point of care testing,' it was important to increase the visibility of the bus by locating it in community settings with a high footfall away from traditional health care settings, areas traditionally mistrusted by the target communities.

3.4.3. The impact of the projects' approach on increasing engagement.

Projects' approach on increasing patient engagement:

A lack of quantitative data limits the ability to answer the evaluation question on whether the different project approaches increased engagement of their target communities. However, qualitative data from all projects suggest that patients are happy to engage with the project once they are invited to participate.

This is particularly important for the Stockwell Heart Health Hub and North Lewisham Lifestyle Medicine Service which ran over several weeks.

Patients from all projects emphasised that the informality and friendliness of the project staff coupled with time that project staff were able to spend with them to discuss their health issues. These were important factors in encouraging them to engage in the project. Patients from the North Lewisham Lifestyle Medicine Hub and the Stockwell Heart Health Hub highlighted the skill of the project staff in their ability to personalise the care provided to them and provide the safe space to develop their knowledge and practice techniques to use in the "real-world." Users of the Lambeth CVD and Wellbeing Bus highlighted that their engagement with the Bus centred on two factors: a) the location of the bus in community settings which made it both highly visible and easy to access, and b) the convenience of receiving key clinical CVD readings in a 30-minute timespan.

Impact of the project on patients:

All projects made users aware that they had a health condition that needed to be addressed. However, differences between projects existed on how to address these. For patients in the North Lewisham Lifestyle Medicine Service, it was learning and practicing psychological techniques, which empowered them to adopt healthier behaviour in relation to diet and exercise. For those on the Stockwell Heart Health Hub, the knowledge gained from the workshops provided patients with the confidence to have greater engagement with their GP about their heart health and motivation to eat healthier and do more exercise.

3.4.4. Areas for improvement and lessons for using the approaches more widely.

Areas for improvement included:

1) Publicity and communication about the respective projects: This was highlighted by patients in all projects, who felt that they had heard little about them until they had direct face-to-face with the services provided. A more pro-active approach is needed to reach the community, the nature being dependent on the nature of the project.
2) Project uptake from people of working age: Project leads and staff noted that as their projects were being delivered during regular weekday working hours, they would not be accessible to those working some distance away. Suggestions to improve uptake of this group include providing weekend sessions, online provision of services or more outreach in community-based settings.
3) Improving recruitment of target community: Two projects noted that there had a low response rate from those contacted via SMS Messaging, indicating that SMS messaging was not reliable as a recruitment strategy.
4) Offering free gym sessions after completing the programme to encourage patients to engage in exercise activities.
5) Dedicated staff time and identification of 'project champions. In upscaling the projects, dedicated clinical time would be needed to run and manage the service.

Lessons for using the approaches more widely.

1) For each of the project sites, there was a common objective of improving CVD health but with different approaches. The ability to spread and scale the learning from the project can depend on the local environment, infrastructure, and available resources. For example, the Bus was able to reach up to 2,000 people with just a single touchpoint and the LM Hub demonstrated 50 service users having 12 touchpoints to encourage behaviour change.

2) All three projects relied on the skill of project staff to provide patients with the time and attention to create an informal, safe, and friendly environment to encourage patients to engage with them. Depending on the objectives of the project, project staff also need the relevant knowledge and communication skills to personalise the information for the lay audience in an understandable way.
3) Delivering the project in the local area was important, ideally in a community setting away from traditional health institutions. For the Lambeth CVD and Wellbeing Bus (a point of care testing service), location was extremely important, as the key element of engagement was its visible location in areas of high footfall. For the Stockwell Heart Health Hub, it was important that the workshops were not delivered in a health care setting.
4) The three projects illustrate the importance of involving the voluntary sector in working together with public and health service to develop community-based projects with the potential to improve health outcomes in hardly reached communities. It is particularly demonstrated in the Stockwell Heart Health Hub where the initial co-design work led the Northeast African women to form their own exercise groups and other spin-offs such as the delivery of a Health and Wellbeing book.
5) Incorporate a range of healthy snacks such as nuts and fruit in addition to hot and cold beverages as part of refreshments for patients. This sends a message to patients that diet is an important element of reducing CVD risk.

3.5. The role of a pharmaceutical company in supporting the community-based projects and the views of project staff and patients in providing this support.

How did Novartis decide which projects to support?
Novartis's interest in providing some resource to support the three CVD health inequities projects came from: a) its commitment to work with systems to tackle the challenges in reducing health inequalities, through its Health Inequalities Pledge, b) their mission to re-imagine medicines to improve and extend people's lives through innovative science and medicines in the cardiovascular space. Initial background work identifying differences in the life expectancy gap between the most and least deprived populations within South East London and the knowledge that both CVD and health inequalities are priority areas in South East London led Novartis to approach King's Health Partners Population Health team to explore options of looking at projects to tackle cardiovascular disease and health inequalities[5].

Analysis of nationally available data identified Stockwell, Lewisham and Lambeth as hotspot areas experiencing high levels of CVD prevalence and health inequities. Discussions with borough directors for the South East London ICS and local public health leads identified key individuals working on reducing CVD risk and health inequalities. These individuals were approached to explore their willingness to work with Novartis in developing and delivering their projects.

What support did Novartis provide to each project?
Novartis provided funding and project management expertise to each project, depending on the project's requirements, as outlined below:

- Stockwell Heart Health Hub: Support with project management and providing relevant data to shape the project and drive it forward. The funding was used to employ the Community Connector responsible for running the initial co-design work and Cohort1, producing both the heart age cards and the cookbook resource.

[5] Tackling inequalities in cardiovascular health | King's Health Partners (kingshealthpartners.org)

- North Lewisham Lifestyle Medicine Service: Funding provided was used to train the wellbeing coaches and purchase cholesterol testing machines to collect the key biometric data.

- Lambeth CVD and Wellbeing Bus: Funding was used to provide the training course for the Health Champions, to do the biometric testing, purchase equipment and testing kits.

How did Novartis manage any resistance or reluctance that project leads had in working with a pharmaceutical company?

The project was initiated through a partnership between South East London ICS, King's Health Partners, and Novartis[6], which signalled to concerned agencies that the project had been signed off by the local healthcare system. One of Novartis's project team had also been seconded into King's Health Partners to provide additional programme management support which added another level of trust.

In discussing their role, the Novartis project team explained Novartis' rationale for investing in these projects. They aimed to understand the key issues that prevent people with greatest clinical need accessing care to prevent a CVD event as a prerequisite before any new medicines can be brought into the system. The team were transparent that this support was provided because the company's portfolio included the manufacture of cardiovascular medicine. But their input would not influence the way that the projects were managed or run and that their role would be as a collaborative working partner.

The views of project staff and patients about involving pharmaceutical companies in NHS or Community projects?

All project staff had no major issues working with the Novartis team during the project. They appreciated that resource provided by Novartis project team provided some flexibility in how the project is delivered. They appreciated the project management skills provided by the Novartis team and their research expertise to demonstrate the benefit of the projects. Some felt it was good that the company was putting money into these projects from its profits. One project staff felt this was also a learning opportunity for the Novartis team to work with organisations outside their traditional remit, such as those from the voluntary sector, to learn new ways of doing things. All staff highlighted the importance of transparency when working with the Novartis team, that the projects were run primarily for the benefit of the community they serve with no interference from the company and that in any partnership, the community was the senior partner.

Patients were more reticent about the involvement of pharmaceutical companies into the projects. Some focused their initial responses specifically on their general mistrust of pharmaceutical companies and medications, preferring to use natural remedies. However, when asked specifically about pharmaceutical companies' involvement in community projects, most were generally in favour provided their role was fully transparent and the project benefitted the community.

4.Conclusions

Each section describes the main conclusions against the evaluation's purpose and objectives/key questions.

4.1. Project co-design and approaches for increasing engagement with the target communities.

Two project leads worked pro-actively with the target communities in co-designing their projects. Local stakeholders felt the North Lewisham Lifestyle Medicine concept was suitable for their community in bringing about healthier lifestyle changes. The Stockwell Heart Health Hub worked specifically with a group of Northeast African women in developing and refining the contents of the workshops. The workshops aimed to increase knowledge of heart health issues and how to manage them. This group were also the first cohort of this project and were responsible for developing additional resources for sharing the knowledge gained during the workshops, such as the Cookbook.

The Lambeth CVD and Wellbeing Bus evolved from the Stockwell project. The local team took insights from the workshops but rather than putting in a new role of a community connector, they utilised the existing network of Voluntary, Community and Social Enterprise organisations across Lambeth. Heart Age Cards and discussions supported the identification of patients with a high risk of CVD from the most deprived areas of SE London. The approach provided the potential to reach a larger number of people and thus have a greater overall impact on the population. This approach relied on making the bus visible by locating it in community areas with a high footfall and providing a heart age score in a relatively short period.

4.2. The impact of the projects approach on increasing engagement.

Evidence from all three projects suggests that the projects were successful in engaging patients from the target community, this was maintained once they had attended their first session. There is currently limited evidence to comment on how successful these projects were in increasing the acceptance rate to those patients invited to participate.

All projects showed that patients were made aware of their current heart health status, with some recognising that they had potential health/heart issues that needed addressing. The Stockwell Heart Health Hub and North Lewisham Lifestyle Medicine Service projects' approach facilitated behavioural change in some patients, such as improvements in diet and partaking in more exercise, which encouraged CVD prevention. For the Lambeth CVD Health and Wellbeing bus users, all had been given the relevant information and were now contemplating how to improve their diet and do more exercise.

4.3. Areas for improvement and lessons for using the approaches more widely.

The main area for improvement centres around reaching more people from the target communities to become more engaged with the projects. All projects noted difficulties reaching individuals who work traditional working hours. A strategy to engage this group could be to provide weekend sessions, online delivery of the project or do more outreach in community settings. Exploratory fieldwork may be needed

with the target community on why they did not engage with the different projects, either with the people who were invited but did not engage or with community leaders or relevant grassroot organisations. As the projects seek to encourage healthy behaviour, patients who were interviewed in the evaluation suggested that free gym sessions should be offered to those completing the programme.

In reflecting on the lessons learnt using the approaches more widely, all projects need the right staffing levels and appropriate skill mix to create the informal, safe, and friendly environment and to ensure the successful delivery of the project goals. Projects should ideally be delivered in a community setting away from traditional health institutions. In upscaling the projects, dedicated clinical time needs to be costed to ensure the successful running and management of the projects. Finally, all projects, where applicable, could incorporate a healthy range of snacks in their sessions.

4.4. The role of a pharmaceutical company in supporting the community-based projects and the views of project staff and patients on this.

Project staff had no objections with pharmaceutical companies funding or supporting community-based projects. Patients were more reticent in the involvement of these companies. However, many patients saw the benefits in enabling projects to be developed and delivered. In allowing pharmaceutical companies to support community projects, the relationship with them needs to be transparent, the community needs to be the senior partner, and the project needs to be delivered for the benefit of the community.

5.Limitations

1) Limited quantitative data from the different project data was available to answer the evaluation question on the impact of the approaches on increasing engagement. Furthermore, as only patients who engaged in the different projects were interviewed, the findings do not reflect the wider experience of patients offered a place on the project but decided not to engage with it. Future evaluations should aim to explore the perceptions of these individuals to understand the reasons why.
2) Strict eligibility criteria were used in selecting patients interviewed for the evaluation. Whilst this was not detrimental for patient recruitment in two of the projects, it made recruitment difficult for the North Lewisham Lifestyle Medicine Service project. Due to no patient recruitment at this project, the initial criterion that all participants needed to have a CVD -related diagnosis was changed in the last week. This was to include patients with any diagnosis, with the added need to initiate a site visit. As a result, neither of the two patients recruited from North Lewisham Lifestyle Medicine Service had a known CVD diagnosis compared to the 11 patients from the Stockwell Heart Health Hub. And the Lambeth CVD and Wellbeing Bus, who all had identified CVD-related issues.
3) The patient interview sample was small and very selective. Most interview participants were female and there was only one male participant. To ensure that the evaluation was covering the whole patient experience, more qualitative interviews with male participants would tap into unexplored area.
4) In conducting observations and patient interviews for the Lambeth CVD and Wellbeing Bus, it was only possible to see the bus in one community setting – a community hall in a housing estate where most of the users would have recognised each other. The findings are not generalisable to other community settings e.g. GP practices.

6.Recommendations

1. The different co-designed models of engaging hardly reached communities with their CVD health was successful. And could be used as a template in delivering culturally tailored services in other hardly reached communities identified with high unmet CVD need. This is best illustrated in the Stockwell Heart Health Hub where intense co-design work in developing the project was escalated to the wider Stockwell population. Lessons from the Stockwell Heart Health Hub were used to further develop the Lambeth Health and Wellbeing Bus. It is recommended that continued sharing of best practise from these types of projects is key in supporting pace and scale.
2. All projects showed that patients who attended the first session of the projects were subsequently fully engaged in further sessions and underwent behavioural changes benefiting their heart health. These projects can be used as templates in delivering projects to address unmet CVD needs in underserved communities.
3. In scaling up the Stockwell Heart Health Hub or the North Lewisham Lifestyle Medicine Service projects, protected time needs to be given to project leads to develop and manage the project. It would be important to start identifying potential 'Project Champions.'
4. The evaluation was run over a period of three months and provides a time limited snapshot of each of the services. Further observations, user interviews and follow up would be required over a longer time frame to ascertain the impact of these service in engaging with target communities at greatest risk of CVD ill-health.
5. Quantitative data is needed to explore whether these projects are reaching their target communities:
    - For the Stockwell Heart Health Hub and North Lewisham Lifestyle Medicine Service, complete and consistent data on the number of eligible patients invited, how many accepted the initial invite and how many completed the project, together with full details of age, sex, and ethnicity. Dedicated staff time provided by a social prescriber, practice manager or admin support, is needed to support the project team. This is to ensure the robust collection of patient recruitment and retention rates and accurate collection of patient clinical and non-clinical outcome measures.
    - Analysis of postcode data from the addresses of all users would provide a more accurate measure of whether the users reside in areas of social deprivation where high health inequality exists.
6. There is a need for the conduct of observations and patient interviews for the Lambeth Health and Wellbeing bus in another community location that is not a community hall e.g. library, to see if similar findings are produced.
7. It is unclear which of the hardly reached communities did not engage with the projects and it would be necessary to identify which specific community or group of people, did not engage. The evaluation did identify low level of engagement from Northeast African men, and it would be important to do some exploratory work with this group to understand the reason why, using a respected community link worker. Another approach would be to contact those who were invited to participate in the project but explore with this group these reasons of not participating.
8. Some common features of success across the projects can be identified. One is dedicated protected time for roles in Public Health, Voluntary, Community and Social Enterprise organisations and NHS and service users to co-create solutions to preserve healthy lives of some of the most clinically vulnerable. To spread and scale the improvements, we would recommend the System provides dedicated time for each of these organisations to address the specific local issues/barriers.

9. It has been difficult to objectively demonstrate the impact of greater engagement on mid-to long term improvements in health and wellbeing. This is a common issue for community engagement programmes. It is recommended that the system set up a framework with robust indicators to measure the impact of community engagement work on improved health and wellbeing. The South East London ICS needs to develop a monitoring and evaluation framework for effectively measuring impact to support ICB decision-making at a system level i.e. systems for data collection and metrics to be collected to determine impact of individual projects.
10. There needs to be an alignment of services across the whole system i.e. between different boroughs.

Following discussions with the Novartis project team using their own experiences of working with the different projects, the additional recommendations were made:

- One of the barriers to impact has been around sharing information between council/Public Health and the NHS patient records. These limits identifying and engaging with those at the greatest clinical risk from the most deprived areas. Improved systems for sharing data between organisations would bring benefits.
- The scope of these projects has been focussed on tackling health inequalities in CVD as the leading modifiable risk factor in reduced life expectancy. Whilst the methods of engagement have been successful, feedback suggests that consistent support is needed for those individuals living in the most deprived areas of the country across many different clinical conditions. The system should continue the National Core20plus5 ambassador work locally with the Vital5 workstream and provide community support for people across the core 5 medical conditions to prevent an individual experiencing a personal crisis.

7.Appendices

Appendix i: Participation information sheet and consent form – project staff.

CVD health inequalities projects in southeast London. Evaluating increasing engagement with underserved communities to improve CVD care.

What is the purpose of this project?
South East London Integrated Care System (ICS), in collaboration with Novartis and other partner organisations, have developed three pilot projects which have been co-designed with the local community to help address unmet need identified in heart health. The aim of this evaluation is to explore whether the strategies employed in these projects have been successful in increasing health care engagement with the communities. Also to identify what areas of care could be improved and what lessons can be learned to improve heart care in underserved communities.

Why have I been invited to take part?
You have been asked to take part in an interview as you have been identified as a staff member at one of the pilot projects, responsible for either co-designing or delivering health care to patients.

Do I need to take part?
It is entirely up to you whether you decide to take part. You will be able to withdraw your interview data from the evaluation up to 24 hours following an interview. However, because data are being analysed on an on-going basis, it will not be possible to withdraw your interview data after this time.

What will happen if I take part?
You will be asked to take part in an interview where we will ask you about your experience the project, as we want to understand its impact in increasing patient engagement and identify where improvements can be made. We would like to explore if and how this project could be delivered to the wider community.

If you are willing to take part, you will be asked to sign a consent form (see page 3). Interviews will be one-to-one over the phone or video conferencing (MS Teams or Zoom) and will last a *maximum* of 60 minutes (but you can tell us if it needs to be shorter based on your availability).

The interview will be recorded so the evaluation team can re-listen to the interview to take detailed notes for the analysis. The transcripts may be shared with a Guy's and St Thomas' Trust approved supplier to prepare a transcript for analysis.

What are the possible benefits of taking part?
Your contribution to the interview could help improve future heart care for patients from underserved communities.

What are the possible disadvantages and risks of taking part?
It is unlikely that any questions asked in the interview will cause you to feel upset or uncomfortable. However, we will respect your feelings and, if necessary, we can have a break and resume the interview if or when you feel able. You have the right to refuse to answer any questions asked.

Will my taking part be kept confidential?
All the information you give us will be managed in line with the Data Protection Act 2018 and UK General Data Protection Regulations (GDPR) 2016. All information (i.e., your personal data and the interview recording and notes) will be stored on a secure system at the Health Innovation Network to which no one else will have access. Interview recordings will be deleted once the evaluation is completed.

Interviews/focus groups will be confidential and anonymous. This means that in reports your name will not be used and anything you say will not be linked back to you.

It is important for us to highlight that in the unlikely case that you talk about any illegal activities we will be required to contact the appropriate authorities.

Who is organising and funding the evaluation?
This work is being carried out by the Health Innovation Network (which is an NHS organisation) on behalf of Novartis.

Contact details for further information
If you decide to take part, or have any questions about the evaluation please contact us by email or telephone:

Joe Low (Evaluation Manager, Health Innovation Network)

 joseph.low1@nhs.net  020 7188 9805

Helen Sheldon (Senior Evaluation Manager, Health Innovation Network)

 helen.sheldon3@nhs.net  020 7188 9805

Consent Form for: Southeast London health inequalities CVD project.

Please tick the appropriate boxes

	Yes	No
1. Taking part in the interview		
I have read and understood the information given about the interview, or it has been read to me. I have been able to ask questions, and my questions have been answered to my satisfaction.	☐	☐
I consent voluntarily to be a participant and understand that I can refuse to answer questions, and I can withdraw at any time, without having to give a reason.	☐	☐
I understand that taking part involves being interviewed about my involvement in one of the pilot projects. The interview is confidential and will be audio recorded, and written notes will be taken. The recording will be destroyed on completion of the project.	☐	☐
2. Use of the information from the interview		
I understand that information I provide will be used for reports and publications.	☐	☐
.		
I understand that personal information collected about me that can identify me will not be shared beyond the evaluation team (at the Health Innovation Network).	☐	☐
I agree that information provided in the interview can be quoted anonymously in evaluation reports.	☐	☐

3. Signatures

Click or tap here to enter text. Name of participant	Click or tap here to enter text. Signature (insert name/signature)	Click or tap here to enter text. Date

I have accurately read out information about the interview to the potential participant and, to the best of my ability, ensured that the participant understands what they are freely consenting to.

Click or tap here to enter text. Name of evaluator	Click or tap here to enter text. Signature (insert name/signature)	Click or tap here to enter text. Date

4. Contact details for further information

Joe Low (Evaluation Manager), Health Innovation Network: joseph.low1@nhs.net

Appendix ii: Demographic details of project staff participants (interviews)

	Stockwell project	North Lewisham	Lambeth CVD Bus	Total sample
Professional backgrounds				
Community worker	2		1	3
General Practitioner	1	1		2
Project manager			1	1
Pharmacist			1	1
Psychotherapy trainee		1		1
Wellbeing coach		1		1
Nutritionist		1		1
Media/Social media	1			1
Gender				
Female	3	2	2	7
Non-binary		1		1
Male	1	1	1	3
Ethnicity				
white UK		3	2	5
British Indian/Bangladeshi	2		1	3
mixed white/African	1	1		2
White-other	1			1

Appendix iii: Topic guide – Project staff interviews

CVD Health Inequalities projects in South East London (Staff interviews)

Pre-interview procedures (10 minutes)

- My name is Joe Low. I am an Evaluation Manager, based at the Health Innovation Network South London
- I would like to thank you for agreeing to participate in this interview.
- This interview is part of an evaluation looking at projects which aim to improve heart health in South East London. This project is being conducted by the Health Innovation Network.
- Can I confirm you've read and understand the Participant Information Sheet?
- Please can you sign the Informed Consent Form?

1. Introduction/Purpose of discussion (5 min):

As a bit of background, the South East London ICS, along with Novartis and community organisations, have developed three test projects with the local communities to tackle unmet needs in heart health. I am part of a team evaluating these projects to see if the strategies used have helped get more people involved in their healthcare and to identify learning to improve heart health in communities that need it most.

The purpose of this interview is to understand your experience as a someone who has helped to design and/or deliver [name of project]. I expect this interview to last approximately 30 - 60 minutes dependent on your responses.

Check whether participant has any questions and is happy to begin the interview.

- Can I check that you understand what participation involves, and your participation is voluntary.
    - To remind you, there are no right or wrong answers to questions in this interview.
    - Everything you say is completely confidential and will be made anonymous.
    - The more frank you are in your answers, the more it will contribute to the project.
    - However, it is important to highlight that if discussions raise any safeguarding issues, we will be required to contact the appropriate authorities.
- Before we start, can I have your permission to record the interview to ensure that we do not miss anything from the interview.
-

[Start recording]

2. Warm up question

To begin, please could tell me about your current role in this project?

3. Project design (15 min)

Can I start with some questions about how the project was designed.

How did the idea of your project come about?

Prompts

- *What was your role?*
- *Who else was involved?*
- *How was the need for the project established?*

How was the community involved in developing the project?

Prompts

- ***Who from relevant communities was involved?***
- *How were they involved e.g., Workshops / interviews?*
- *Where did their involvement take place e.g., venues?*

How did the local communities you worked with influence decisions about the project?

Prompts

- *Project content e.g., materials*
- *Project delivery*

What, if anything, would you have done differently in working with local communities to develop the project?

UNDERSTANDING THE IMPACT OF THE PROJECT'S APPROACHES ON INCREASING ENGAGEMENT (20 min)

In what ways does the project seek to increase patient engagement with their heart health?

Prompts

- *In what ways does this increase engagement? Get participants to clarify their responses.*

How are patients supported to attend sessions?

Prompts:

- *Transport, childcare, incentives, community friendly venue.*
- *Anything else that helps patients attend sessions?*

How do you encourage patients to return to future sessions (organized by the project)?

Prompts

- *What did you do to encourage participants to return?*
- *Encouragement, incentives*
- *User friendly materials?*

What opportunities do you give patients to improve the contents of the project?

Prompts

- Asked how future sessions could be improved?
- Ask participants to give an example.

Can you tell me your thoughts/perceptions on the impact of this project?

Prompts

- *On service users*
- *On the wider system*
- *On health inequalities*

4. IDENTIFY AREAS FOR IMPROVEMENT AND LESSONS FOR USING THE APPROACHES MORE WIDELY (20min)

Lastly, I'd like you to reflect and think about what worked well and what aspects of the project could be improved.

What was different about the care/approach of this project compared to previous heart care?

Prompts

- Why?

What aspect of care worked well when you were delivering the project?

Prompts

- Why?

What aspect of care delivery work did not work as well as you were hoping?

Prompts

- Why?
- How would you improve on it?

What would improve the care provided by the project?

Prompts

- Why?

If we wanted to expand and deliver this project to the wider community, how would you recommend we do this?

Prompts

- Money, resources, personnel skillset
- Why?

What are your feelings about the involvement of pharma companies in NHS or Community projects?

- Good? Bad?
- How willing would you be to be involved in the project funded by a pharma company? Your reasons why?

Before we finish the interview, is there anything you would like to add? Or anything that you think important, but has not been covered?

5. Demographic information (Don't read this – go to next page)

That is the end of our discussion. Do you have any questions?

Finally, I would like to ask you some quick demographic questions about your sex, cultural heritage, professional background, and years of experience in this role. This information is important as it will allow us to describe the key features of the participants in this evaluation and will enable us to check how well it represents the group. However, you do not have to answer these questions if you do not want to.

Before I ask these questions, I will now stop the recording (if applicable)

STOP RECORDING AND TRANSCRIPTION (IF APPLICABLE)

I would like to ask the following questions.

How would you describe your sex?

How would you describe your cultural heritage?

What is your professional background? How long have you worked as a [name of professional background]?

This information will be inputted directly onto an Excel spreadsheet on King's College London work laptop (Information for interviewer).

6. Closing the interview

Thank you for your time and contribution today.

Would you like to receive a copy of the evaluation report or a summary of the findings?

Appendix iv: Description of the patient recruitment strategy

Stockwell Heart Health Hub

Patient recruitment was coordinated through the Health Inequalities link worker, who had contact with the workshop participants through her role of supporting running the Heart Health workshops. As the patient sample required was small, two main criteria for sampling were used: a) participants were fully engaged with the workshops, b) participants came from each of the four workshops cohorts. Six patients fitting the criteria were approached by the Health Inequalities link worker about taking part in the interviews. The purpose of the evaluation was briefly explained, and Information sheets (appendix v) were given to them.

Five patients were interviewed, either online (n=3) or in a face-to-face group interview (n=2). One patient who was scheduled to be at the group interview did not attend. Informed consent was obtained for all patients prior to interview. All interviews with the Stockwell group took place between December 2023 - January 2024.

The Stockwell sample was predominantly female (n=4; 80%), all from a black African or African Caribbean background and a mix of age ranges between 35 years to over 65 years.

North Lewisham Lifestyle Medicine Service:

Two types of user participants were recruited for the North Lewisham evaluation. As this project was exclusively co-designed using input from community members, it was important to ensure that at least one community panel member was interviewed to explore how they were involved in the co-design of this project. To recruit this person, the project lead contacted a community panel member, who gave informal consent to be approached by the evaluation team. She was then contacted by e-mail and sent the Information sheet. This participant agreed to take part in the evaluation, gave informed consent and was interviewed online using Teams in December 2023.

To recruit attendees of the Lifestyle Medicine Service, two approaches were used.

1) The four wellbeing coaches were contacted to see if any of their patients fitted the following two criteria: 1) those identified with CVD issues; 2) Members of the 'underserved community' who under normal circumstances would not have engaged in the lifestyle medicine programme. The first criterion was initially key, as referral into this service was not dependent on having any CVD risk or a CVD diagnosis. The wellbeing coaches identified five potential patients, all who were contacted via e-mail. From this e-mail mailout, only one gave her initial consent to be contacted about the evaluation. This patient was e-mailed on three further occasions, but with no response.
2) The evaluator attended one of the Wellbeing Group sessions (2 February 2024) to actively recruit attendees. As it was necessary to get some patient insight about the service, no selection criteria were used so all attendees were eligible to take part in the evaluation. At the beginning of the session, the evaluator briefly introduced the purpose of the evaluation and gave all six attendees a copy of the Information sheet. At the end of the session, all six attendees were asked about their interest in taking part in the evaluation, of whom four expressed an interest. Their contact details (e-mail and mobile phone numbers) were taken, with the potential to contact them up to three times. Interviews were conducted with two out of four of these patients in February 2024.

In summary, out of the 9 patients identified, five initially expressed interests in taking part in the evaluation, of whom two were eventually interviewed. This gives a total of three patients interviewed for the North Lewisham service, including the one panel member. The three patients interviewed were all female, mainly between the ages of 25-34 years. Two were from a black British or Black African Caribbean background and the third person was from a non-UK white background.

Lambeth CVD and Wellbeing Bus

As this project is delivered as a one-stop service, it was decided to recruit patients on-site. A date was arranged in January 2024 for a site visit when the 'Lambeth CVD and Wellbeing Bus' was next scheduled to be based in a community hall in South London.

Patient recruitment was carried out consecutively, but in selecting patients, the following two criteria were used:

1) Those with a heart age significantly greater than their own age which would equate to a QRisk of greater than 10% due to high BP or cholesterol.
2) Those with a pre-existing CVD diagnosis (i.e. heart attack, stroke etc) and have an increased risk of a future event with either high BP or cholesterol.

To ensure that the relevant patients were approached, it was necessary for the evaluator to wait until patients went through their health checks with both the nurse and the Health Champions. If either nurse or the Health Champions had identified that the patient fitted one off the two criteria listed and had got that patient consent to be approached for the evaluation, they would then notify the evaluator who would take the patient to a private space to see if the patient was happy to be interviewed on the day. If they were, their informed consent was obtained and face-to-face interviews was conducted using a modified patient topic guide (Appendix vi(b)), recorded on an audio-recorded device, and sent to a transcription service to obtain a transcript.

Of the 30 patients who used the 'Lambeth bus' services, seven patients were identified by the nurse and the Health Champion. Of these, five were interviewed. The sample was predominantly female (n=4; 80%), over the age of 65 years (n=3; 60%) and from an African or African Caribbean background (n=3; 60%). A comparison of the demographics of the sample was similar to the 30 attendees [female -77%; mean age (SD) years – 59 (12); African/African Caribbean background – 57%].

Appendix v: Participation information sheet and consent form – Patient interviews

Cardiovascular disease (CVD) health inequalities projects in south east London. Evaluating increasing engagement with underserved communities to improve CVD care.

What is the purpose of this project?
The South East London ICS, in collaboration with Novartis (https://www.novartis.com/) and other partners, has developed three projects aimed at improving heart health. The Health Innovation Network South London is evaluating these projects to:

1. Understand the approaches for increasing engagement with the target communities.
2. Understand the impact of the project approaches on increasing engagement.
3. Identify areas for improvement and lessons for using the approaches more widely.

Why have I been invited to take part?
You are invited to join an interview or group discussion because you've either used one of the projects as a patient or have helped to design it. We would like to hear about your experience.

What will happen if I take part?
We'd like to talk to you about your experience with the project, how the staff treated you, and if you felt well-informed about heart care. If you agree to take part, you will be asked to sign a consent form (see page 3). The interview or focus group will b, either in person, by phone or video call (MS Teams or Zoom), lasting around 30- 60 minutes (or shorter if you need). We would like to record the interview with your permission so we can review and analyse the information later.

You will be given *£15 for taking part as a thank you for your time*.

What are the possible benefits of taking part?
Your interview could help us make heart care better for people in underserved communities in the future.

You may find that participating in this interview is a rewarding experience.

What are the possible disadvantages and risks of taking part?
We understand that talking about your health may be difficult. If, during the interview, you would like to pause or stop then that is fine. You can also choose not to answer any questions if you want.

Do I have to take part?
You can choose to take part or not. If you do take part, you can change your mind and withdraw your interview information within 24 hours. However, once we start analysing your information you cannot withdraw. Taking part, or not, will have no direct impact on the care you receive.

What will happen to my data and will my taking part be kept confidential?
Your information will be kept private and managed in line with the Data Protection Act 2018 and the UK General Data Protection Regulations (GDPR) 2016. It will be stored securely on a secure system at the Health Innovation Network, and only members of the project team will have access

it. Once the evaluation is complete, we will delete the interview recordings. Your interviews are confidential and anonymous, so your name won't be used, and what you say won't be connected to you in reports. In the unlikely case that you share anything which concerns us, we may need to contact the appropriate authorities.

Who is organising and funding the evaluation?
This work is being carried out by the Health Innovation Network (which is an NHS organisation) on behalf of Novartis.

Contact details for further information

If you decide to take part, or have any questions about the evaluation please contact us by email or telephone:

Joe Low (Evaluation Manager, Health Innovation Network)

 joseph.low1@nhs.net  020 7188 9805

Helen Sheldon (Senior Evaluation Manager, Health Innovation Network)

 helen.sheldon3@nhs.net  020 7188 9805

Consent Form for: Southeast London health inequalities CVD project.

Please tick the appropriate boxes

	Yes	No
1. Taking part in the interview		
I have read and understood the information given about the focus group/interview, or it has been read to me. I have been able to ask questions, and my questions have been answered to my satisfaction.	☐	☐
I consent voluntarily to be a participant and understand that I can refuse to answer questions, and I can withdraw at any time, without having to give a reason.	☐	☐
I understand that taking part involves taking part in an interview about my experiences of using this service. The interview is confidential and will be video or audio recorded, and written notes will be taken. The recording will be destroyed on completion of the project.	☐	☐
2. Use of the information from the interview		
I understand that information I provide will be used for reports and publications.	☐	☐
I understand that personal information collected about me that can identify me will not be shared beyond the evaluation team (at the Health Innovation Network).	☐	☐
I agree that information provided in the interview can be quoted anonymously in evaluation reports.	☐	☐

3. Signatures

Click or tap here to enter text. Name of participant	Click or tap here to enter text. Signature (insert name/signature)	Click or tap here to enter text. Date

I have accurately read out information about the interview to the potential participant and, to the best of my ability, ensured that the participant understands what they are freely consenting to.

Click or tap here to enter text. Name of evaluator	Click or tap here to enter text. Signature (insert name/signature)	Click or tap here to enter text. Date

4. Contact details for further information

Joe Low (Evaluation Manager), Health Innovation Network: joseph.low1@nhs.net

Appendix vi (a): Topic guide – Patient interviews (Stockwell Heart Health Hub and North Lewisham Lifestyle Medicine Service projects).

Introduction (10 minutes)
Introduction Hi, I am [INTRODUCE SELF] Before we start, can you please confirm your name? **Purpose of discussion:** Thank you for agreeing to talk to me today. A bit of background before we start. The South East London ICS (who coordinate health care in your local area), along with Novartis and other partners, have developed three projects with local communities to tackle unmet needs in heart health. I am part of a team evaluating these projects to see if the strategies used have helped get more people involved in their healthcare and to figure out what parts of care can be better and what lessons can be learned to improve heart health in communities that need it most. The purpose of this discussion is to understand your experience as a someone who has been involved in the [name of project]. This discussion is expected to last approximately 30 - 60 minutes dependent on your responses. **Consent:** [If consent form sent in advance over email] Have you read the information sheet and consent form that we sent to you? [If consent form not sent in advance] Run through information sheet and consent form. Confirm consent. *[INTERVIEWER NOTE]* *If telephone OR MS Teams, obtain consent on audio recording. At the same time, complete the electronic version of the consent form. Send a copy of the completed consent to the participant and file a copy in the relevant Project folder (use the KCL SharePoint folder, not Dropbox)* *Check whether participant has any questions and is happy to begin the interview.* When I finish the interview with you, I will store the audio/video recording on the King College London server, which is password protected and fully secure. In producing a

transcript, names will be removed so that the information you give cannot be identified to yourself.

START RECORDING AND TRANSCRIPTION (IF APPLICABLE) I am going to take some notes throughout our conversation. I also may need to ask you to pause briefly whilst I write up any key points.	
BACKGROUND	
Before asking you about your experience with the [name of project], it would be great to learn a bit more about you. **Before attending the [name of project], can you tell me about the health care you have received for your heart health?** *Prompts* • What type of care were you given? Was it recent? • What support were you offered?	5min
SECTION 1 – UNDERSTANDING THE PROCESS OF CO-DESIGNING THE PROJECT (30 min)	
Ask this question only to participants who were directly involved in co-designing the care elements of this project. For this set of questions, I'd like you to think about how you were involved in designing the health care for this project. **How were you approached to be part of the team who helped to design the health care for this project?** *Prompts* • Who approached you to be part of the team? • What did they say about the project? • What paperwork did you received and what was your understanding of the project? • What made you want to take part? –? financial incentives, better service provision?	5min
How did the project leaders work with you in developing the project? *Prompts* • How did they collect the information you gave? Workshops, interviews? • What questions did they ask (you when collecting the information)?	5min

• How did the project leaders use the information you gave them? • How were you involved in developing the project? **How did you work with the project leaders to decide on how to deliver the project?** Prompts • How did you decide what information was important? • How was the final decision made? **What things would you have liked to have known before you agreed to be part of this team?**	5min 5min
SECTION 2 – UNDERSTANDING THE IMPACT OF THE PROJECT'S APPROACHES ON INCREASING ENGAGEMENT (30 min)	
For interviewers, only ask these questions to participants who attended the different projects as patients. For this set of questions, I'd like you to think specifically about your experience on the project. **Can you tell me about the first time you heard about the [name of project]?** *Prompts* • Who told you about it / referred you? • What did they tell you about it, i.e. [name of project] • What were your first impression of the [name of the project]? Good, bad, why? **How supported did you feel when you went to the first session of the project?** *Prompts* • Why? Get participants to clarify their responses? **What did the project staff/facilitators do to make you feel included as part of the group?** • Encouragement, incentives	5 min 5 min 5 min

What made you want to come back to the next session? *Prompts* • What did staff do to encourage participants to return?	5 min
What opportunities did you get to give feedback to improve the project? *Prompts* • Asked how future sessions could be improved? • Ask participants to give an example.	5 min
What challenges or drawbacks did you experience during the project sessions?	5 min
SECTION 3 – IDENTIFY AREAS FOR IMPROVEMENT AND LESSONS FOR USING THE APPROACHES MORE WIDELY (30 min)	
Lastly, I'd like you to think about more recently and after you completed the project. **What, if anything, have you gained from participating in [name of project]?** *Prompts* • Why? • Any unexpected positive outcomes?	2 min 2 min
Would you recommend [name of project] to others? *Prompts* • Why?	5min
What, if anything, was different about the care/approach of this [name of this project] compared to your past care? *Prompts* • Type of Information given • Staff understanding issues better.	5 min
What would improve the care provided by the [name of project]? *Prompts* • Why? • What did not work well?	5 min

What things should be considered to make the care provided by this project available to the whole community living in [name of area]? *Prompts* • Location? • Publicity? **What are your feelings about pharma companies being involved in co-designing projects with the NHS or Community organisations?** - Good? Bad? - How willing would you be to be involved in the project funded by a pharma company? Why? - **What was your overall satisfaction with the project?**	5 min 5 min
OVERALL AND ADDITIONAL INFORMATION (4 min)	
Is there anything else about your experience with the [name of project] that you would like to comment on? **Would you like a summary copy of the evaluation report?**	3min 1min
DEMOGRAPHIC INFORMATION (5 min)	
That is the end of our discussion. Do you have any questions? Finally, I would like to ask you some quick demographic questions about your age, sex, and cultural heritage. This information is important as it will allow us to describe who took part in this evaluation and check how well it represents the community. However, you do not have to answer these questions if you do not want to. Before I ask these questions, I will now stop the recording (if applicable) **STOP RECORDING AND TRANSCRIPTION (IF APPLICABLE)** **I would like to ask the following questions.** **What is your age?** Read out the following options: 18-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, ≥ 65 years. **How would you describe your sex?** **How would you describe your cultural heritage?**	3min 2min

This information will be inputted directly onto an Excel spreadsheet on King's College London work laptop (Information for interviewer).	
Thank you for your time and contribution today. Before I go, can I check if you have any questions or concerns about this evaluation?	
Finally, you may remember that we are offering a £15 payment for your time and contributions. You previously said you would / would not like to take this up. Is this still the case? Are you on any benefits? [IF YES TO BANK TRANSFER] *go through Payment Request Form and collect bank details.* [IF YES TO VOUCHER] *either collect address for physical voucher or confirm email address for e-voucher. Contact Alice Beaumont to arrange vouchers.*	5min

Appendix vi (b): Topic guide – Patient interviews (Lambeth CVD and Wellbeing Bus project).

Introduction (10 minutes)

Introduction

Hi, I am [INTRODUCE SELF]

Purpose of discussion:

Thank you for agreeing to talk to me today.

The Lambeth bus is one of three projects to tackle unmet needs in heart health in south east London that have been developed by the South East London ICS (who coordinate health care in your local area), along with Novartis and other partners, with local communities. I am part of a team evaluating these projects to see if they have helped get more people involved in their healthcare and identify how heart health can be improved in communities that need it most.

The purpose of this discussion is to understand your experience as a someone who has used the 'Lambeth bus.'

This discussion is expected to last up to 30 minutes dependent on your responses.

Consent:

[If consent form sent in advance over email] Have you read the information sheet and consent form that we sent to you?

[If consent form not sent in advance] Run through information sheet and consent form.

Confirm consent.

[INTERVIEWER NOTE]

If telephone OR MS Teams, obtain consent on audio recording. At the same time, complete the electronic version of the consent form. Send a copy of the completed consent to the participant and file a copy in the relevant Project folder (use the KCL SharePoint folder, not Dropbox)

Check whether participant has any questions and is happy to begin the interview.

When I finish the interview with you, I will store the audio/video recording on the King College London server, which is password protected and fully secure. In producing a transcript, names will be removed so that the information you give cannot be identified to yourself.

START RECORDING AND TRANSCRIPTION (IF APPLICABLE) I am going to take some notes throughout our conversation. I may need to ask you to pause briefly whilst I write up any key points.	
BACKGROUND	
Before asking you about your experience with the Lambeth bus, it would be great to learn a bit more about you. **Before attending the Lambeth bus, can you tell me about the care you received for your heart health?** *Prompts* • What type of care were you given? Was it recent? • What support were you offered?	3 min
SECTION 1 – UNDERSTANDING THE IMPACT OF THE PROJECT'S APPROACHES ON INCREASING ENGAGEMENT (15 min)	
What made you come to the bus today? *Prompts* • Who told you about it / referred you? • What did they tell you about it?	3 min
What are your thoughts of using the services provided by the bus? *Prompts* • What was good/ bad? Get participants to clarify their responses?	3 min
What, if anything, have you gained from attending the bus today? *Prompts* • Why? • Any unexpected positive outcomes?	3 min
What, if anything, was different about the care/approach of the Lambeth bus compared to your past care? *Prompts* • Type of Information given • Staff understanding issues better.	3 min
If the Lambeth bus wasn't here today, where would you have gone to check your cholesterol and blood pressure? *Prompts*	3 min

• Why? Get participants to clarify their responses?	
SECTION 2 – IDENTIFY AREAS FOR IMPROVEMENT AND LESSONS FOR USING THE LAMBETH BUS MORE WIDELY (10 min)	
Would you recommend the Lambeth bus to others? *Prompts* • Why?	2 min
What would improve the care provided by the Lambeth bus? *Prompts* • Why? • What did not work well?	2 min
What things should be considered to make the care provided by the Lambeth bus available to the whole community living in Lambeth? (optional) *Prompts* • Location? • Publicity?	3 min
What are your feelings about pharma companies being involved in co-designing projects with the NHS or Community organisations? (optional) - Good? Bad? - How willing would you be to be involved in the project funded by a pharma company? Why?	3 min
OVERALL AND ADDITIONAL INFORMATION (3 min)	
Is there anything else about your experience with the Lambeth bus that you would like to comment on?	2min
Would you like a summary copy of the evaluation report?	1min
DEMOGRAPHIC INFORMATION (5 min)	
That is the end of our discussion. Do you have any questions?	3min

Finally, I would like to ask you some quick demographic questions about your age, sex, and cultural heritage. This information is important as it will allow us to describe who took part in this evaluation and check how well it represents the community. However, you do not have to answer these questions if you do not want to. Before I ask these questions, I will now stop the recording (if applicable) **STOP RECORDING AND TRANSCRIPTION (IF APPLICABLE)** **I would like to ask the following questions.** **What is your age?** Read out the following options: 18-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, ≥ 65 years. **How would you describe your sex?** **How would you describe your cultural heritage/ethnic background?** This information will be inputted directly onto an Excel spreadsheet on King's College London work laptop (Information for interviewer).	2min
Thank you for your time and contribution today. Before I go, can I check if you have any questions or concerns about this evaluation?	
Finally, you may remember that we are offering a £15 payment for your time and contributions. You previously said you would / would not like to take this up. Is this still the case? Are you on any benefits? [IF YES TO BANK TRANSFER] *go through Payment Request Form and collect bank details.* [IF YES TO VOUCHER] *either collect address for physical voucher or confirm email address for e-voucher. Contact Alice Beaumont to arrange vouchers.*	5min

Appendix vii: Demographic details of patient participants (interviews)

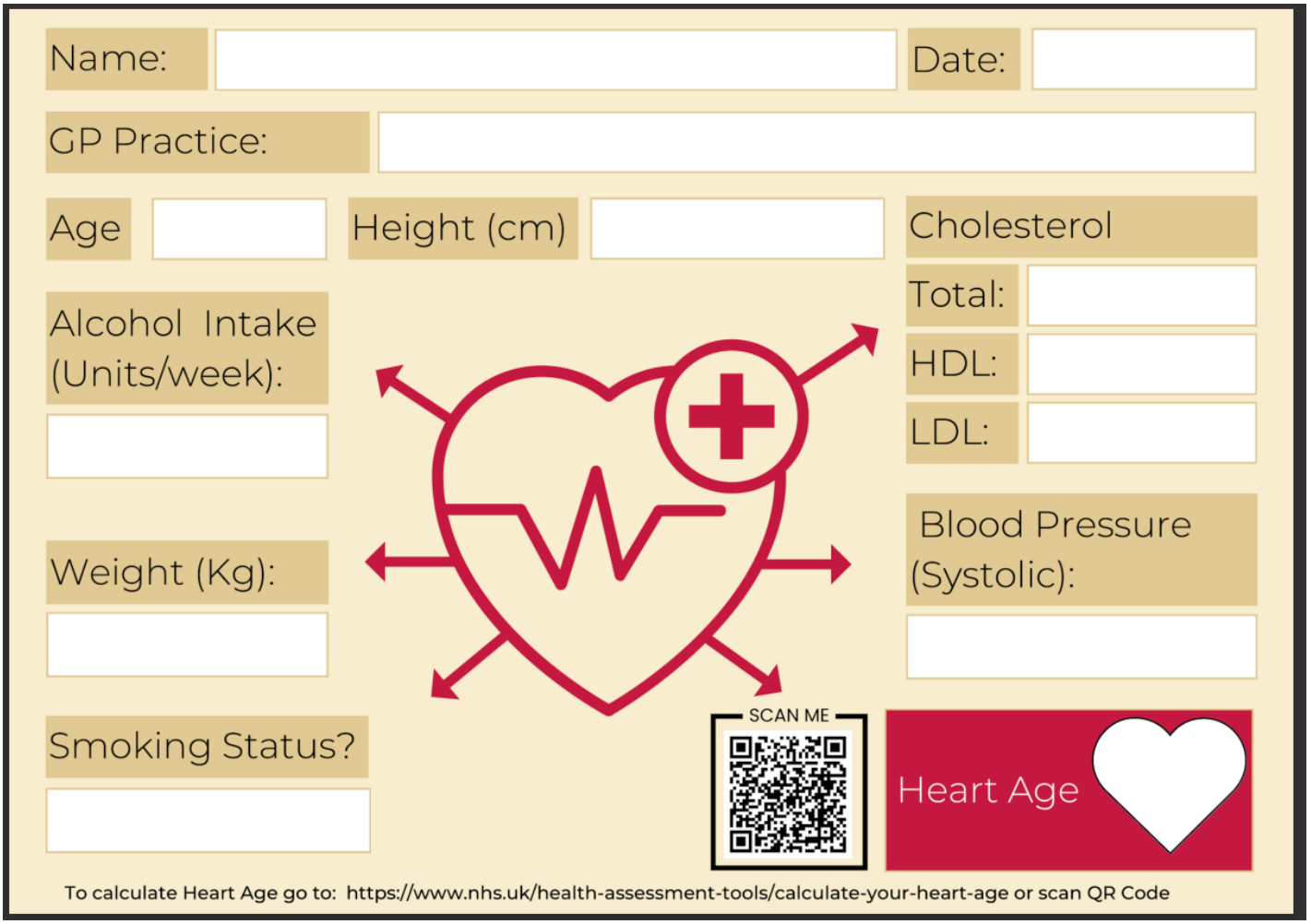
	Stockwell Heart Health Hub	North Lewisham Lifestyle Medicine Service	Lambeth CVD and Wellbeing Bus	Total sample
Gender				
Female	4	3	4	11
Male	1	0	1	2
Age (years)				
25-34	0	2		2
35-44	2		1	3
45-54	0		1	1
55-64	1	1		2
≥65	2		3	5
Ethnicity				
Black African	2		1	3
Black Caribbean	3	1	2	6
Black British		1		1
White-other		1		1
South Asian			1	1
South American			1	1

Appendix viii: Contents of materials delivering in the Stockwell Heart Health Hub

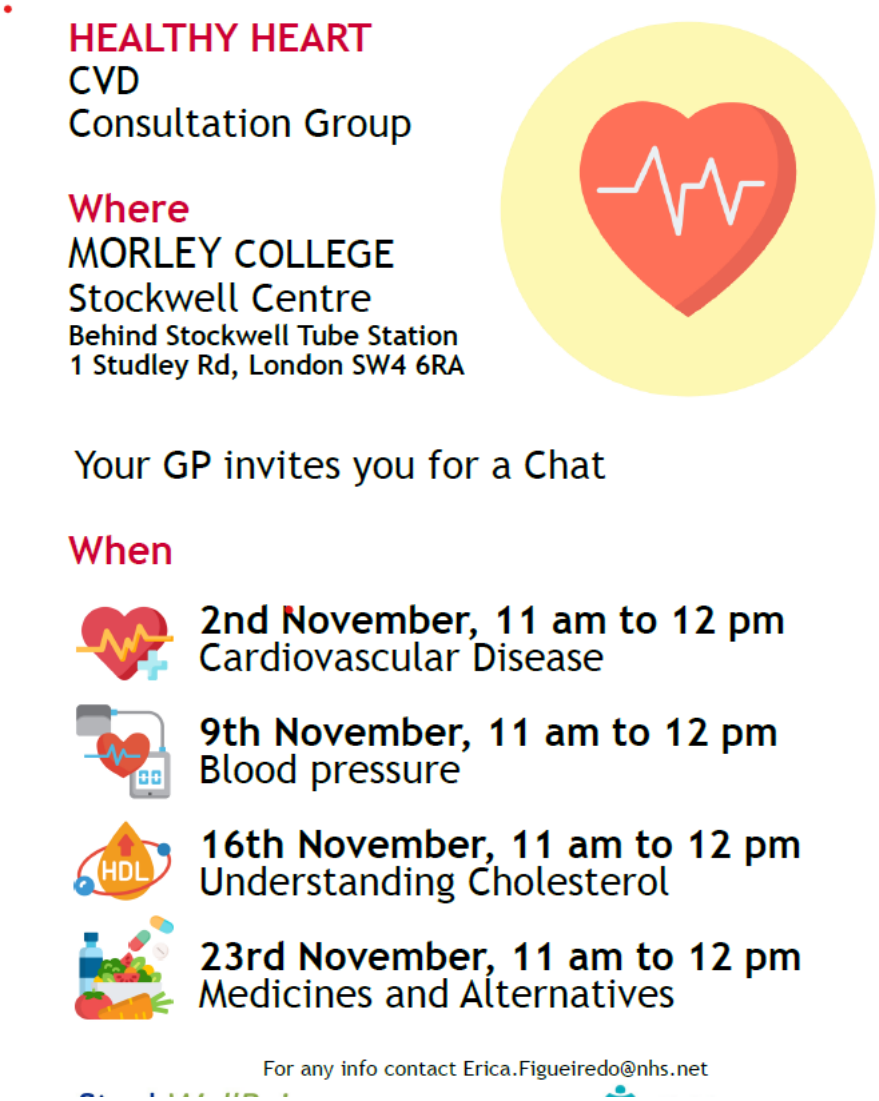
	Content	Messaging
Session 1	What is Cardiovascular Disease? Baseline understanding Experiences of Care Description of the CV system Learning what can go wrong with it and Why that's important Understanding your risk QRisk Heart Age	Heart Attacks & Strokes How do they happen Who is at risk? Understanding your personal risk What you need to know from your GP
Session 2	Blood Pressure What is it? What can go wrong with it? How to Improve it? Diet Exercise Stress / Sleep Taking a BP	Having Healthy Blood Pressure Understanding more about what Blood pressure means Why it is important How do you lower it Learn to take your own Blood Pressure
Session 3	Diet Understanding Cholesterol More Good vs Bad Not a sugar or salt problem How can things go wrong?	Cholesterol & Fat Good Fat vs Bad Fat Why high cholesterol is a problem How you can make it better How you can check it

	How to improve it: High vs low cholesterol food Saturated vs unsaturated Exercise How to get it checked Chit Chat Pans	Come have some healthy food!
Session 4	Medication & Monitoring Statins BP tablets Side effects Myths Alternative therapies Other options in community Engaging with your GP	Do you really have to take medicine? Statin – Good or Bad? Should I take my Pressure medications? Are there any other options? How to discuss with my GP?

Appendix ix: Heart Age Card



Appendix x: Publicity material for the Healthy Heart CVD Workshops



Appendix xi: Thrive for Life cookbook resource.

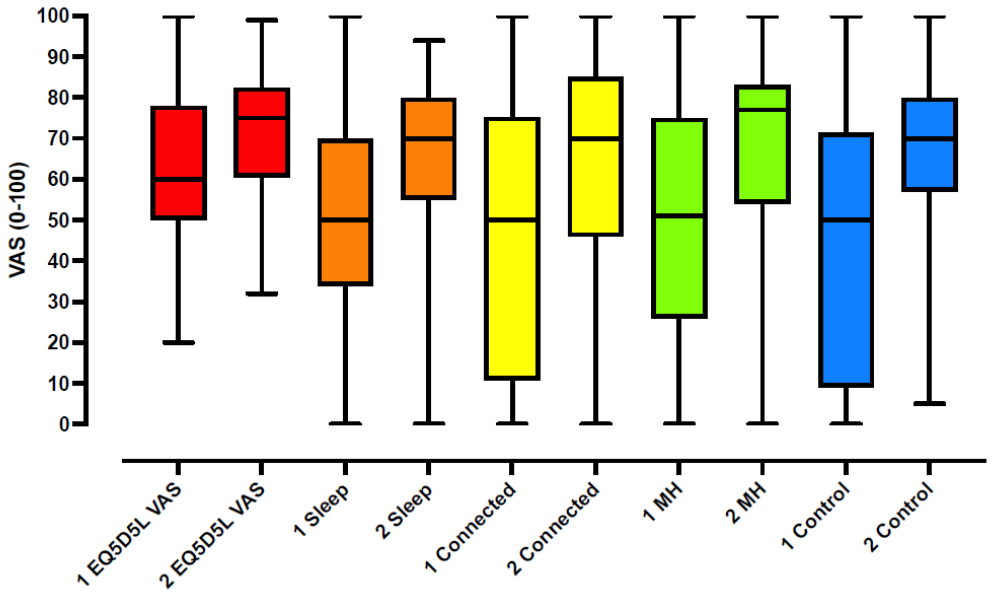
Appendix xii: Key findings extracted from the North Lewisham Service Evaluation report January 2024.

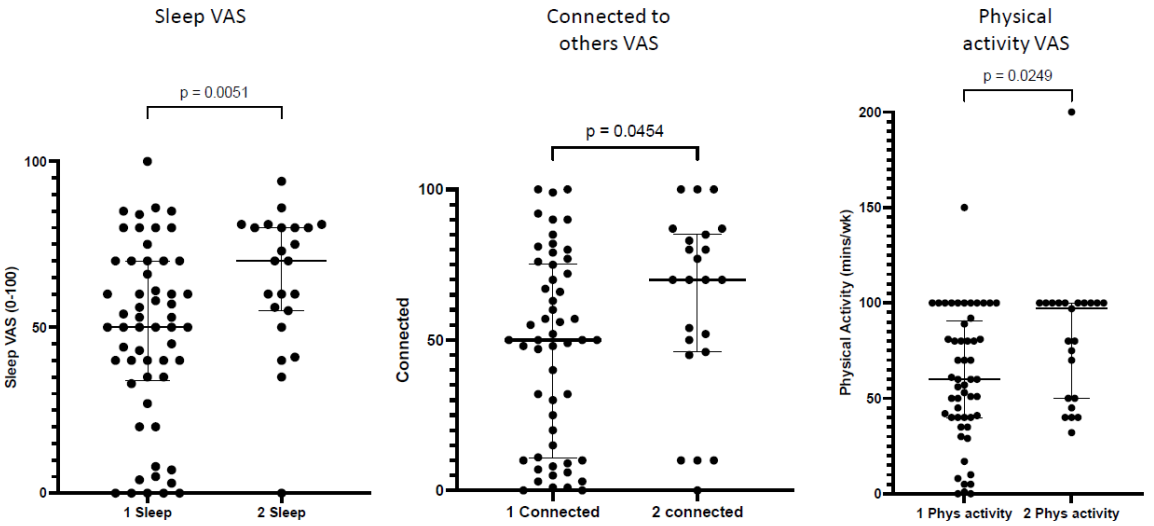
Non-paired data of service users

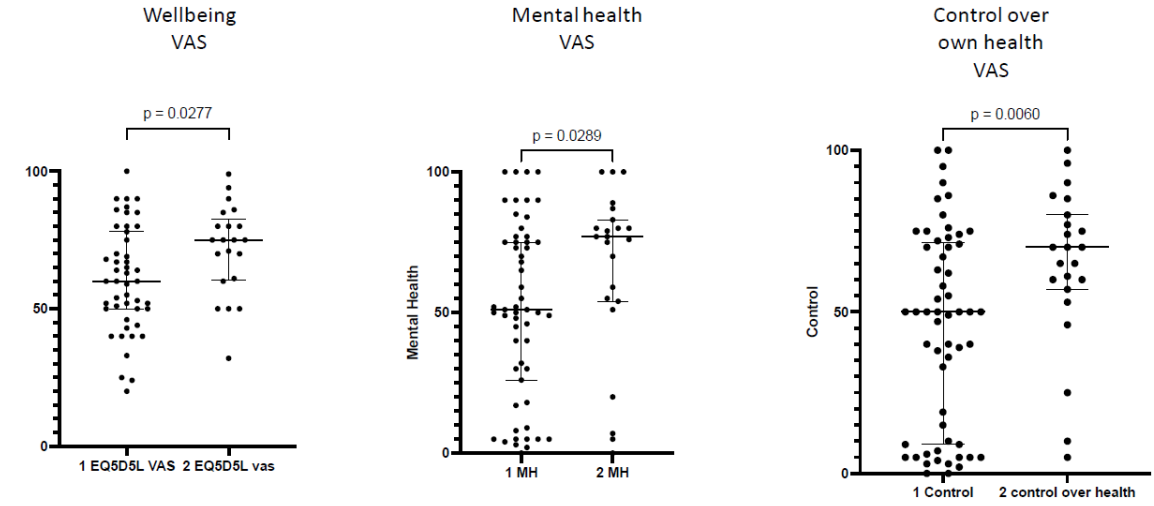
Statistically significant improvements in:

- Validated wellbeing scores (EQ5D5L VAS).
- VAS Sleep length and quality.
- VAS Physical activity minutes per week.
- VAS how connected to others one felt.
- VAS mental health.
- VAS how in control of ones own health client felt.

	Baseline		End of Service		
	n	Median (IQR)	n	Median (IQR)	p value <0.05
No. one-to-ones	100	3 (2-6)			
Demographics					
Age	120	47 (38-57	16	56 (29-61)	n
Alcohol (units/wk)	56	0 (0-7)	22	0 (0-7)	n
Weight	77	90 (74-102)	8	90 (79-113)	n
BMI	77	30.7 (28-37.7)	7	32.1 (27.6-40.5)	n
Systolic	88	128 (122-137)	7	129 (120-139)	n
Diastolic	88	79 (75-85)	7	84 (74-87)	n
Bloods					
HbA1c	67	39 (34-44)	12	44 (37-59)	n
Total cholesterol	71	4.9 (4-5.2)	11	4.8 (4.4-5.8)	n
HDL	68	1.4 (1.1-1.6)	11	1.3 (1.1-1.7)	n
LDL	67	2.7 (2-3.1)	10	2.9 (2.34-3.45)	n
Triglycerides	68	1.15 (0.8-1.83)	10	1.46 (1.01-1.95)	n
Questionnaires					
Fruit/Veg (daily)	56	4 (3-5)	23	4 (3-6)	n
EQ5D5L Index	47	0.71 (0.54-0.85)	21	0.74 (0.45-0.88)	n
EQ5D5L VAS	47	60 (46-75)	21	75 (61-83)	y
VAS Sleep	57	50 (34-70)	23	70 (55-80)	y
VAS Phys activity	53	60 (41-100)	23	97 (50-100)	y
VAS Connected	54	50 (11-75)	23	70 (46-85)	y
VAS MH	55	51 (26-75)	23	77 (54-83)	y
VAS Control	57	50 (9-72)	23	70 (57-80)	y



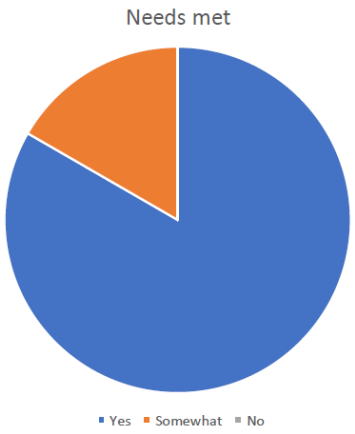




Did you get what you were hoping to from this service?

18 responses

- Yes = 15 / 18 = 83.33%
- Somewhat = 3 / 18 = 16.67%
- No = 0



Limitations of service implementation

TIME

- Time limitations of clinical lead (SPIN fellow).

MANAGEMENT

- PCN manager and operation lead absent.
- PCN formation, HR and management structure at time of service conception.

REFERRALS

- Varying levels of engagement from practices.
- Inability to batch message from PCN until Autumn 2023.
- EMIS searches took time to develop and implement.

GROUP CONSULTATION ENGAGEMENT

- Varying levels of engagement, tried varying times, online vs face-to-face.
- Not enough patients to allow to group patients for example by demographics / chronic illness.

STAFF

- PCN has high turnover of staff due to multiple factors – mostly due to varying pay scales at neighbouring PCNs.
- Lack of PCN admin staff to help with coaches appointment books, referrals, printing bloods, cancellation and rescheduling appointments.

RESOURCES

- Resource and EMIS template creation took time.

Limitations of data collection

TIME

- Clinical lead having limited time to monitor and chase whether biometric data was being collected and entered on EMIS.
- Health and wellbeing coaches having limited time with patients to then do biometric data outside of consultations.

STAFF

- Health and wellbeing coaches are non-clinical, mixed confidence despite training in measuring biometric data.

RESOURCES

- BP pod agreed by PCN (measuring BP, Height, Weight and BMI with automatic data entry into EMIS) but delayed installation due to building redevelopment (ongoing).
- Mixed availability of BP machines, scales, tape measures etc due to room 'hot desking' and varied supplies of calibrated equipment.
- Point of care testing – coaches trained to use machines but concerns with time taken to do testing and sustainability. POC testing should be used for screening and not diagnosing. Decision to stop and start offering serum testing in Autumn 2023.

Full report - North Lewisham Lifestyle Medicine Service –a PCN model. Data set and evaluation. January 2024 (attached below)

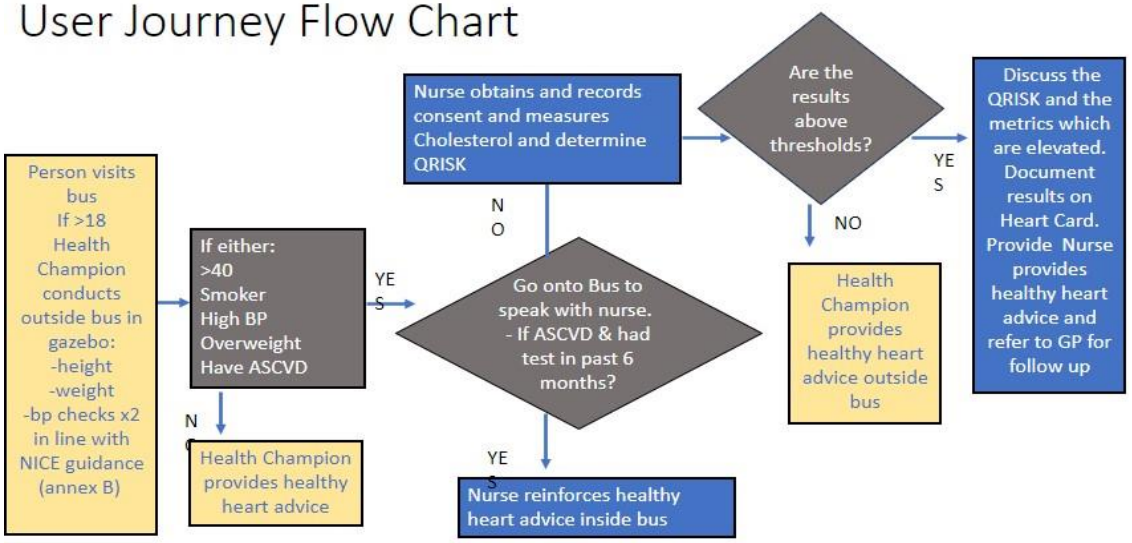
PDF service evaluation Jan 2024.p

Appendix xiii: Photograph showing display of leaflets set-up in a community hall available to Lambeth CVD and Wellbeing Bus users, January 2024.

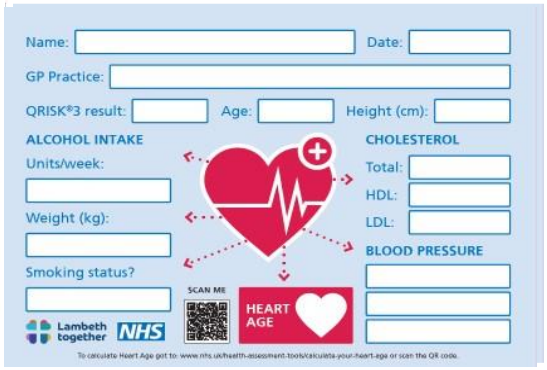
Appendix xiv: Lambeth CVD and Wellbeing Bus: User Journey Flow, Heart Age card and follow-up card

CVD Project – Oct '23-Apr '24

User Journey Flow Chart



Patients receive Heart Age Card:



*Changes were made to the User Journey Flow Chart as it was seen of benefit to lower the age of people asked on the bus as some ethnicities at higher risk from younger age. Also to use testing as a preventative tool as much as diagnostic one. (Qrisk3 age 25-84)

Appendix xv: Quantitative data showing patient uptake from Lambeth CVD and Wellbeing Bus

Data Insights 24th Oct'23 to 25th April '24 – 69 Service Days (not including 29th February)

Total Number Seen
1,640 through service
1,506 had BP checked
1,442 had cholesterol checked
Average per day
23.8

Lambeth Residents
71% Lambeth residents
16% work in Lambeth

Bus Use
89% first time visit to bus

Most common Advice given:
Dietary & weight management

Primary Care Findings
4 people not GP registered
38 people not seen GP in 5+ years
76% had visited GP in last year

Age Group:
23% were aged 50-59
21% were aged 60-69
19% were aged 40-49
Bus is capturing higher than average age of Lambeth population 2021 census (30-49)

Gender:
64% female
36% male
Above 50/50 split 2021 census

Outcomes:
127 people's primary outcome from the bus was to see their GP, **8% of all visitors to the bus**

Blood Pressure Findings:
71% had BP within last year
70 people hadn't had BP in +5 years

Ethnicity:
22% White British
21% Black African
17% Black Caribbean
Reaching higher % of Black people compared to census 2021. (40% White British, Black African 13% & Black Caribbean 10%)

Average Heart Age: 59.2
Average Heart Age Difference: 4.8 years older than actual age
74% had a result of older heart age

How many patients have existing heart issues?
102 (**6.2%**) have had a heart event before
228 (**13.9%**) have a parent or sibling who had a heart event before 60