

ENHANCED HEALTH CHECK PILOT PROJECT

Working in Partnership with Bay Medical Group to support residents to feel better in Poulton Ward





The team in Poulton Park at a community day last year

TABLE OF CONTENTS

| A Word from our CEO and Health Inequalities Clinical Lead | 3 |
|-----------------------------------------------------------|----|
| The Pilot at a Glance | 4 |
| Our Streets | 5 |
| How the Project Works | 6 |
| What are the issues? | 7 |
| What have we achieved? | 10 |
| Case Study - Belinda's Journey | 12 |
| Partnership Working | 15 |
| Project Aims | 16 |
| Learning Outcomes | 17 |
| Feedback | 18 |

HEALTH MATTERS

In April 2023 the Enhanced Health Check Project was launched to provide support for people living in specific streets in the Poulton area of Morecambe.

The streets were identified based on data from the Bay Primary Care Network showing areas with a low healthy life expectancy. The project is designed to offer access to enhanced health checks delivered by an Outreach Practice Nurse from Bay Medical Group working in partnership with Citizens Advice North Lancashire who can provide additional support with practical problems that may be a barrier to wellbeing.

This work is painstaking and slow. It's about trust in the community, about responding to residents and their needs, and about recognising that it's very difficult for people to have improved health if they face practical barriers to wellbeing or have inadequate incomes.

Working in partnership we know we can make a significant difference to the health and wellbeing of local residents and this successful project has demonstrated the impact of positive partnership working.

Amanda Davey, Health Inequalities Lead, Bay Medical Group Joanna Young, CEO, Citizens Advice North Lancashire





OUR HEALTH PILOT AT A GLANCE

£136,874

Funding for two years to provide enhanced health checks from a nurse, and 16 hours per week of an adviser working together to improve health and wellbeing outcomes including the wider determinants of health



We are working across 7 streets in the Poulton area of Morecambe



Both partners can take referrals from one another



Our adviser is fully trained in all areas of social welfare law and works with individuals and families so they can find solutions to practical problems



The Bay Medical Group Outreach Nurse is on hand to provide health checks and can do home visits



WHAT IS AN ENHANCED HEALTH CHECK?

- An Enhanced Health Check uses a holistic approach and a health check template that identifies not only health concerns but also social support that might be beneficial for someone
- Primary Care Networks are responsible for identifying those who might be eligible
- Offered to people aged 40-74 living in the 20% most deprived areas
- Commissioned by the Lancashire and South Cumbria Integrated Care Board (ICB)
- In our project there are no age restrictions
- We are focused on quality of interactions, not quantity
- Community consultation prior to launch has included door knocking, community days and drop in events



OUR STREETS



Located in the Poulton Area of Morecambe the streets that we have focused on have the highest service demand for adult social care support in the district.

- 30% of children and 29% of older people live in poverty
- Male life expectancy is 71 (England average is 78.8)
- Healthy male life expectancy is 55.5 years
- There is a higher prevelance of poor mental health
- There is a low level of screening and vaccination uptake
- Parts of Poulton Ward are in the 10% most deprived wards in the country (IMD Rank 1)
- It's located in an area of outstanding natural beauty and biodiversity
- It is rich with local groups, organisations and people committed to the area and its community



HOW DOES THE PROJECT WORK?

The project (partly inspired by Hilary Cottam's book *Radical Help*) adopted a street-by-street approach, focussing on 94 properties in phase 1 (March 2023 - March 2024) and a further 131 properties in Phase 2 (March 2024 onwards).

Various communication approaches were adopted to reach all residents on the streets including a leaflet, door knocking, letters and text messages. The messages informed the community about the project and why it was taking place, and was honest about the poor health outcomes in the area.

Events were also put on in the local park and schools to build trust and awareness with residents, and information also spread via word of mouth. A coffee morning drop in was held at Poulton Park and we also arranged for drop in sessions at the Citizens Advice building on Queen Street. We attended the Food Club at the Sanctuary Cafe, and the multi agency event at Morecambe High School.

The project team have linked with partners in the community to help spread the word including Poulton Playtime, The Rainbow Centre, the local Food Club, the Children and Families Team and the two primary schools in the area. The team also works closely with other statutory and VCSFE organisations to ensure residents can access relevant and appropriate local services.



WHAT ARE THE HEALTH ISSUES?

Examples of health issues identified include:

- Mental Health Problems
- Anxiety and Depression
- Loneliness
- Diabetes both Type 2 and poorly controlled Type 1
- Obesity
- Respiratory Problems
- Addiction issues including alcohol, drugs and gambling
- Dental health issues
- Family wellbeing issues including relationship problems and behavioural difficulties that needed further support
- ADHD and Autism
- Chronic Pain / Fybromyalgia
- Mobility and therapy issues
- Memory problems
- Medication difficulties
- Social Care needs
- Sexual Health needs
- Outstanding Smear Screening
- Health promotion / prevention
- Overdue vaccinations and screening



WHAT ADVICE ISSUES HAVE WE SEEN?

The Citizens Advice North Lanacashire Health Check Adviser has seen the following issues while working with residents

- 21 issues with Benefits and Tax Credits
- 9 issues with Universal Credit
- 11 issues with debt
- 3 issues with financial services and capability
- 1 issue with Gender based violence or hate crime
- 6 issues with health and community care
- 5 issues with housing
- 3 issues with relationships and family
- 2 issues with tax
- 4 issues with travel and transport
- 5 issues with utilities and communications
- Residents also discussed challenges they were facing including parking, speeding, and fly tipping. This has been fed back to local councillors.



WHAT ARE THE WIDER DETERMINANTS OF HEALTH?

- Poverty and financial crisis
- Debt
- Housing issues / disrepair
- Homelessness / evictions
- Food poverty
- Energy crisis issues
- Relationship difficulties
- Parenting problems
- Benefit problems
- Poor living environments
- School attendance issues



WHO HAVE WE HELPED AND WHAT HAS IT ACHIEVED?

The Outreach Nurse has positively impacted on the lives of people living in the Poulton Community, making a real difference to their health and wellbeing. There have been 241 onward referrals including:

- 32 residents have had an enhanced health check
- 25 residents received alternative health support
- 20 residents requested support but then disengaged
- 5 residents are now receiving long term health and advice support
- 12 residents from Phase 1 had outstanding smears.
 5 appointments were made, 2 smears were completed and 3 did not attend
- 1 patient was diagnosed as Type 2 diabetic and implemented lifestyle changes. Last recorded BMI was 41 mmols
- 22 patients commenced or altered their medication as a result of a health assessment (including Statins, ACE and Diabetic medicine)
- 17 patients accessed mental health support
- 2 patients were fast tracked for appointments
- The majority of residents were also referred onto community social support groups to help with the many things impacting on their health and wellbeing

WHO HAVE WE HELPED AND WHAT HAS IT ACHIEVED?

The Citizens Advice North Lanacashire Health Check Adviser has supported many residents with practical issues to address wellbeing

- The adviser has supported 31 clients
- She has provided over 98 activities including meetings, home visits and ongoing support via email and phone
- Clients had 71 different problems they were facing
- 39% of clients had a long term health condition
- 22% of clients were disabled
- 71% of clients were female
- Financial outcomes of £145,671 were achieved in Year 1 - money that goes back into the local community. By May 2024 this has increased to £181,324.



CASE STUDY BELINDA'S JOURNEY

Belinda* is a 50 year old white woman living in private rented accommodation with her daughter. She has several health conditions including depression, anxiety, alcohol dependency, malnutrition and osteoarthritis. She is significantly underweight.

Due to her mental health conditions and mistrust of services, Belinda rarely leaves the house and does not engage with any health services. Belinda relies heavily on her ex partner, friends and family for shopping and paying bills.

In 2023 Belinda was admitted to hospital with alcohol related problems which was very traumatic for her. This prompted Belinda to stop drinking.

Belinda has several financial concerns including significant debt and a lack of income due to reductions being taken by the DWP from her Universal Credit payment. Due to her mental health problems, Belinda has not opened any post for a long time.

Belinda initially responded to a text message from the project team and booked an enhanced health check but she didn't attend. Subsequently the team have worked very slowly with Belinda over several appointments with both the nurse and adviser, to start to address some of the issues she is facing.

BELINDA'S JOURNEY CONTINUED

The team have been working with Belinda for several months, working at a pace that is comfortable for her, and meeting her in her home.

- Belinda has put on weight, and has started to lead a healthier lifestyle after discussions with Rosie
- Adviser Tracey has worked with Belinda to make sure she is getting the right benefits. This resulted in total additional financial outcomes of £15,506.28 over a year, allowing Belinda to avoid destitution
- Tracey has helped Belinda to apply for both PIP and the LCWRA health element of Universal Credit. She challenged the level of deductions being made from Belinda's Universal Credit payment
- Belinda has been referred for talking therapies
- She aims to leave the house once per month with her daughter which has reduced her isolation
- She is being further supported by the Citizens Advice North Lancashire debt team
- She is becoming financially independent from her ex partner
- She knows she can get in touch with the Citizens Advice team for further help if she needs someone to call

"You have been a lifesaver. I am so glad I met you that day."

"I wouldn't be alive today if it wasn't for your help and support. I can't tell you what a difference you have made to me."

BELINDA'S JOURNEY CONTINUED

Without this project, Belinda would have been a risk of further damage to her health and wellbeing in the following ways:

- Belinda's health would continued to have declined
- She would have become increasingly isolated
- Belinda would have had a higher risk of serious long term health conditions getting worse
- Belinda's debts would have escalated and resulted in both court summons, bailiffs and a risk of eviction (and costs to the council for emergency accommodation)
- Belinda would have struggled to afford essentials such as food and heating, further impacting her wellbeing
- Belinda's daughter's wellbeing would also have been severely impacted over the long term



"The support you have offered has been helpful without feeling intrusive which is a difficult balance to find."

PARTNERSHIP WORKING

Working in partnership is a key part of this project. We have referred clients into the following services in the past year:

- Citizens Advice's wider service including our Debt Team
- Diabetes team at Bay Medical Group
- Respiratory Team @ Bay Medical Group
- Multi Disciplinary Team
- Domestic Abuse Support Services
- Community Podiatry
- Community Therapies
- Careers Support
- Food Banks and Food Clubs
- Fire Safety Checks
- Home Energy Advice
- Household Support Fund
- Care Coordinators
- Young People's Social Prescriber
- Stanley's Community Centre
- The Well and The Well's Family Support Service
- Immunisation Team
- Sexual Health Services
- Bay Medical Group App Team
- Bay Medical Group Adult Mental Health team
- LCC & IRS Mental Health and Wellbeing Teams
- Council Services
- Family and Wellbeing Support Teams
- Children's Social Care
- Adult Social Care
- Bay Medical Group Dietician
- Weight Management support
- Smoking Cessation
- Fibrology Support Group
- Advocacy Service
- Connection Spectrum Support Group
- Parenting Support Groups
- Dentists
- Positive Futures
- Environmental Health
- Bay Medical Group Physio Team
- LSCFT Mental Health Services
- West End Impact Counselling Service
- Cardiovascular Lead @ BMG
- GPs
- Home Improvement Agency

PROJECT AIMS YEAR 1

The overarching goal of our project was to support residents with their health and wellbeing while also addressing the wider determinants of health that cause people to be unwell.

- Engage the Community and spread the word
- **Evaluate what has worked and what hasn't**
- Aim to support as many residents as possible with health and advice
- Measure impact and outcomes
- Analyse the project impact and plan for year 2

"There's no way
I could have
done it without
the support of
you guys,
you've given me
the confidence.

Your words just keep ringing in my ears."

LEARNING OUTCOMES IN YEAR 1



It has taken time to build the project team, and to work across different systems, making sure that everyone understands the referral pathways open to clients



The project is only funded for two years; this has made staff retention a challenge and we can't guarantee long term support for residents



Clients require really intensive support; this is not a 'one appointment fixes all' project. The work is slow, painstaking and built on trust. Wellbeing outcomes are hugely impactful and hard to measure. Many clients may not attend appointments, but advisers don't give up on them



Most people facing complex health problems also have complex practical issues. Healthcare and Advice go hand in hand to address issues that impact on health and wellbeing



Working in partnership with others in the community is key, as is building relationships and working together for the benefit of residents



Working with people to understand what matters most to them and waht they want to change is the key to creating slow and meaningful progress.



A whole household approach is necessary; and we have worked with all members of a household or family where necessary to ensure everyone's health and wellbeing is supported

FEEDBACK



"I recently spent the afternoon with Anji Stokes (thanks Anji) in the most challenged area of Morecambe looking at what can be done when there is drive and passion, and when people work together. I was blown away by the work being done by Citizens Advice (including the Bay PCN outreach nurse) ... All the people I met are incredibly passionate and dedicated. They have all had significant setbacks and challenges but they haven't let barriers stop them achieving their aims.

If you want to be inspired and enthused, look them up. For us to fulfil our potential, we just need to be a bit more like them."

Tony Naughton, Clinical & Care Professional Lead for the North Lancashire Place

ABOUT CITIZENS ADVICE NORTH LANCASHIRE

Citizens Advice North Lancashire is a local independent charity that helps people, whoever they are, to solve the problems they are facing.

We provide advice, support and advocacy to residents across North Lancashire and last year we helped over 7,500 people who had over 28,000 different problems to find a way forward, generating over £14.9m for our clients - money that goes directly back into our local economy.

We challenge unfairness, discrimination and poor practice and we help people to feel better. The main areas of our work are financial crisis, debt, benefits, housing, employment and family problems. Our specialist team of 33 staff and over 50 volunteers is here to help anyone who needs it, free and confidentially.

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