

Healthy Hearts Sussex

NIHR | Applied Research Collaboration
Kent, Surrey and Sussex

**Kent Surrey Sussex
Academic Health Science
Network**



Cardiovascular diseases (CVD) are the single greatest cause of mortality worldwide. Areas which have higher rates of heart disease often have the poorest uptake of medical interventions available in their communities. Local voluntary community and social enterprise (VCSE) organisations support the NHS's delivery of health interventions via Community Health Volunteers (CHVs) who deliver low-intensity lifestyle interventions. This method of delivery reduces burden on conventional healthcare services.

The SPICES project focused on the development and evaluation of a CVD prevention intervention based on community engagement with CHVs. The intervention was delivered by CHVs across 4 sites in Sussex, producing significant reductions in CVD risk factors in 30 participants at moderate risk of CVD. These promising results informed Healthy Hearts Sussex (HHS) as a phase 2 study.

Health Coaching Intervention

The Healthy Hearts Sussex project involved recruiting and training CHVs to deliver a coaching intervention to promote CVD risk reducing behaviours within Wellsbourne Healthcare Community Interest Group,

Over a 3 month period, 18 CHVs were trained in several areas of basic health coaching, including reflective listening, motivational interviewing, resistance and reluctance awareness and signposting. CHV training was delivered by an external provider.

Service-users and trained CHVs attended approximately one-hour long coaching sessions to discuss changing service-users' lifestyle behaviours, with the goal of reducing their CVD risk. Each CHV had an average caseload of 2 service-users.

Coaching discussions were service-user need led and involved discussing how to increase exercise, improve diet and reduce smoking and alcohol consumption, with CHVs signposting service-users to relevant services available in their local area.

Findings: Service-user engagement

70 service-users engaged with project recruitment and 44 were screened

31 (70% of) service-users met with their CHV at least once to begin the coaching intervention

48% or 15 individuals completed at least 3 coaching sessions

The average number of coaching sessions attended was 4.8

Service-user demographics

Average age
54
years

67%
Female

mhealth tool

A self-management mobile health (mhealth) tool was developed during the SPICES project for monitoring and reducing CVD risk, called the Healthy Hearts Project. This tool was available for use by people who were not able to take part in the coaching intervention but were interested in improving their CVD health. It allows users to generate CVD health scores by completing a set of questionnaires which assess their heart health, diet and alcohol consumption and physical activity. Users can review and track their heart health scores and access tailored information on how to reduce their CVD risk. [Click here to access the mhealth tool.](#)

Engagement with the mhealth tool was monitored, with 356 unique visitors to the website between April and May 2022. Additionally, 51 of these users returned to the website more than once.

Key findings:

A series of pre and post-intervention questionnaires assessing the effectiveness of the intervention revealed that within the final cohort of 15 service-users:

7 service-users (47%) reported making more lifestyle changes after the coaching sessions

6 (40%) service-users reported accessing more services and external interventions which support reducing CVD risk

Average readiness to change increased from 3.4 to 4.27, average health confidence increased from 2.93 to 3.2

Key Aims

Aim 1:

Increase capacity within local communities to provide personalised health coaching to reach individuals with known CVD risk

Aim 2:

Create a community-led pathway run by trained CHVs for GPs to refer patients at high risk of CVD

Aim 3:

Increase signposting knowledge and capacity within local communities and for Primary Care Networks (PCNs) by strengthening the relationship between PCNs and key VCSE

Aim 4:

Provide service-users with access to a CVD self-management health tool (mhealth) which they can use to track their CVD risk and plan preventative lifestyle changes



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Findings: Service-user experience

Service-user experience data was collected via open-ended questionnaires and then categorised into themes. The following themes emerged:

Generally warm feedback regarding the health coaching intervention, with service-users reporting that their CHVs were good at listening and reducing stress and worry

Service-users also reported that their CHVs made them feel highly motivated by giving them lots of useful and practical advice about ways they could improve their heart health

"I found the coaching sessions to be really supportive and [CHV name] had lots of ideas for alternative approaches to things like relaxation and stress reducing." - Service-user

"The sessions I have had have really helped motivate me to make some healthy changes to my lifestyle" - Service-user

Findings: Community Health Volunteer experience

Feedback collected from CHVs through emails, interviews, and questionnaires revealed that:

CHVs felt highly supported by the project delivery team, reporting that they communicated with them kindly and efficiently

CHVs considered taking part in the project to be a great learning experience which built up their practical experience and confidence in a health coaching context

"I've really enjoyed working for the project so far and I've found everyone so helpful... I appreciate the training I've received." - CHV

"[the] role taught me a lot and also built up my confidence." - CHV

Other key findings:

When asked about the negatives of their volunteering experience, one CHV stated:

"the short length of the project"

Similarly, other CHVs and service-users reported their frustrations with the short length of the intervention because of the lack of continued funding. High attrition rates for both service-users and CHVs, 48% and 38% respectively, are likely due to awareness that the project was ending prematurely due to further funding not being secured, leading to disengagement with the coaching sessions.

This suggested that generally, the intervention started to become beneficial and effective for both service-users and CHVs during its course, and that it had potential to be even more impactful had it run for longer.

"It wasn't long enough for me to feel any real benefit and funding should remain for programmes like this." - Service-user

Takeaway messages and next steps:

- Overall, the limited run of the intervention was well received by practitioners and service-users, however, behaviour change efforts by service-users were likely to not have been given enough time to embed themselves
- Recruitment on the project was successful and the project was very quickly over-referred and over-subscribed; the high level of recruitment success suggests there is substantial need for services offering health coaching and lifestyle support to people in Brighton
- If funding was obtained to test a similar intervention with a longer timeframe, the impact of the coaching sessions on CVD risk could be measured quantitatively by regularly recording and tracking changes in physical health parameters which are linked to heart health and CVD risk, such as BMI, blood pressure, heart rate, blood sugar levels and ECG
- It would also be beneficial to pilot this kind of intervention as a collaboration between a more standard primary care practice and its local VCSE organisations in order to test whether this intervention framework could be successful in a regular GP practice which is not as strongly linked in with the community it serves (HHS was delivered within a Community Interest Group primary care setting)
- Pre and post-intervention measures of CHV wellbeing, confidence and satisfaction would evidence the impact that delivering health coaching had on the volunteers and promote the advantages of the volunteer role
- A cost-benefit analysis could be undertaken to demonstrate value for money
- If further funding can be obtained to run a longer-term intervention, a future continuation of the project should employ a mixed-methods approach combining quantitative measures of participant health outcomes with qualitative measures of service-user experience, CHV experience and self-report measures of behaviour change to ensure results are robust and evidence impact