

# Hyperlocal work to support winter Evaluation Report

## Purpose of Report

1. This report provides an update to the Acute Care Collaborative of the progress, outputs, and outcomes of the hyperlocal work to reduce the number of high users of A&E who could have more appropriately been supported elsewhere.
2. It also makes recommendations on the activities for the future.

## Background

3. The pressure on A&E department during winter is immense. In November 2021 we analysed data to understand more about people who were using the A&E (Emergency Department) at Leicester Royal Infirmary, to explore where care could have been provided more appropriately elsewhere. We categorised these patients as those who visited the emergency department and didn't receive any treatment and/or had no investigations carried out. Insights show us that a high proportion of patients presenting could have been seen elsewhere (i.e., urgent care centre, NHS 111, pharmacy, out-of-hours services or mental health services).
4. This work identified people at a postcode level and identified that a high proportion lived within a one-mile radius of A&E and on the main arterial routes into Leicester.
5. A proposal was researched and developed to invite voluntary and community sector organisations to work at a hyperlocal (a small and limited geographical area) reaching out to their individual communities to encourage behaviour change in use of health services to reduce the number of people going to A&E. This work which commenced on 23<sup>rd</sup> March 2023, had a total budget of £40,000, which was allocated to the VCSE sector based on the submission of a delivery plan in response to a specification (appendix 1).

## Objectives of the hyperlocal work

6. The hyperlocal work aimed to reduce access to A&E services, when the condition could be better treated elsewhere, or self-care was appropriate. It builds on the hyperlocal activity that successfully supported vaccination hesitancy during the pandemic. We set out to stimulate behaviour change with our communities by commissioning community leaders/influencers and voluntary organisations commissioning to work in targeted areas to:
  - Inform people how they can prevent illness/injury.
  - Support people to look after their own health.
  - Raise awareness of local services and when/how to access them.
  - Raise awareness of what to expect if people need to receive care.

**Strategy for hyperlocal work to support pressures**

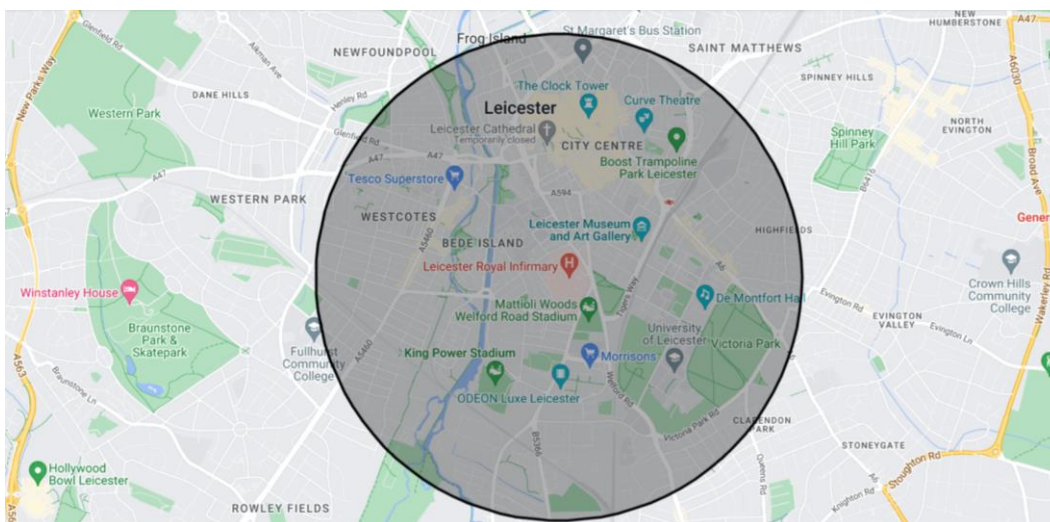
7. We adopted a very targeted strategy for engagement:

- Targeted engagement to reach high users of A&E (Emergency Department) who could have been more appropriately treated elsewhere, to stimulate behaviour change.
- Targeted engagement using the expertise of Voluntary, Community and Social Enterprise (VCSE) sector to work at hyperlocal level in communities.
- Targeted engagement in line with the pressures in A&E

8. The following table and map show the locations at postcode level of the highest users of A&E, who could have been more appropriately treated elsewhere, that we targeted.

Area	Coverage	Index of multiple deprivation	Population
LE1 (66.7%)	Leicester city centre	High deprivation	37% white, 63% non-white
LE2	Aylestone, Aylestone Park, Bushby, Clarendon Park, Crown Hills, Evington, Eyres, Monsell, Glen Parva Great Stretton, Highfields, Houghton on the Hill, Humberstone, Knighton, Knighton Fields, Little Stretton, North Evington, Oadby, Scraftoft, South Knighton, Spinney Hills, Stoneygate, Stoughton, Thurnby, Westcotes, Western Park, Wigston	Mixed-very high, high, mild deprivation	52% white, 42% non-white
LE3	Anstey, Aylestone Park, Beaumont Leys, Braunstone, Glenfield, Groby, Kirby Fields, Kirby, Muxloe, Leicester, Leicester Forest East, Mowmacre Hill, New Parks, Ratby, Rothley, Westcotes, Western Park	Mixed-high and moderate deprivation	70% white, 30% non-white
LE4	Beaumont Leys, Birstall, Mowmacre Hill, Rushey Mead, Syston, Thurmaston, Thurmaston, Wanlip, Wreake	Moderately deprived	45% white, 55% non-white
LE5	Barkby, Barkby Thorpe, Belgrave, Birstall, Crown Hills, Evington, Highfields, Humberstone, Nether Hall, North Evington, Scraftoft, Spinney Hills, Thurmaston, Thurnby	Mild deprivation	31% white, 69% non-white

Data source: Utilisation of UHL Emergency Department project September 2021



Map shows population within 1 mile radius of A&E and main routes into the City.

## Target population

9. In addition to geographically segmenting the target audience we applied further segmentation targeting different socio-demographic groups.
  - Those who live within the 1-mile radius and on main arterial routes into the City - highlighted in the above table and map (distance from A&E)
  - Families with babies and young children under the age of 10
  - People within the age group of 21-30 years (young professionals) and 31-40 years. These groups are also most likely to have children 10 years or under
  - Homeless, refugees and asylum seekers
  - Eastern European and Black, Asian, and Minority Ethnic communities
  - Groups with particular barriers to healthcare access

## Approach

10. Through the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) Voluntary, Community and Social Enterprise Alliance a brief was circulated to local groups inviting them to participate in the hyperlocal work. Responses to the brief were reviewed by a small panel of ICB and University Hospitals of Leicester (UHL) A&E staff and 9 VCSE organisations commissioned and mobilised.
11. In order to achieve the best outcomes from the work we held a webinar to bring the voluntary sector together and encourage cross working.

## Overall achievements

12. We have had evaluation back from nine of the VCSE organisation and one organisation is still completing their engagements in September.
13. Total number of people engaged and involved so far:
  - a. **4703 face to face**
  - b. **10506 via Facebook**
  - c. **2706 via Twitter**
  - d. **331 via Instagram**
  - e. **907 via WhatsApp**
  - f. **26 families helped to register with local GP**

## Key Outputs

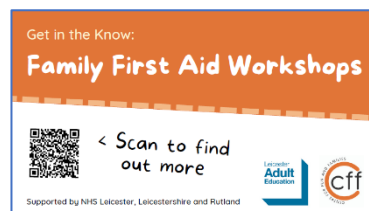
14. We outline below the key and current outputs of the hyperlocal work:

## 15. Centre for Fun and Families Ltd (CFF)

Activities implemented:

- Information displayed about family health and first aid course at Children A&E, briefing conducted with Prof. Damian Roland, Head of Service, Children's ED and staff to give business card QR code to register family health and first aid course. Total of 100 business cards and 10 posters distributed.
- Conducted collaboration activities with Wesley Hall to deliver family health and first aid course.
- Delivered five family health and first aid courses via Leicester City Adult Education trainers:
  - 5 people attended at Leicester City Reference Library completed in July.
    - After asking participants after the course, all 5 people had confidence in choosing the right place to get care, increased their knowledge on first aid and confident in using different NHS services and when to use them.
  - 30 people attended Wesley Hall completed in July.
    - After asking participants after the course, all 30 people had confidence in choosing the right place to get care, increased their knowledge on first aid and confident in using different NHS services and when to use them.

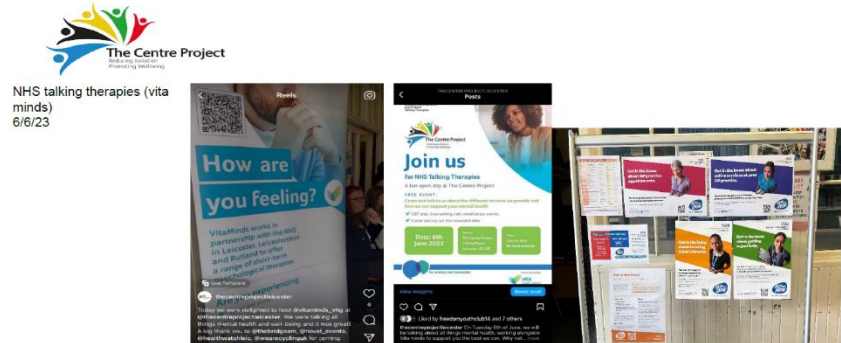
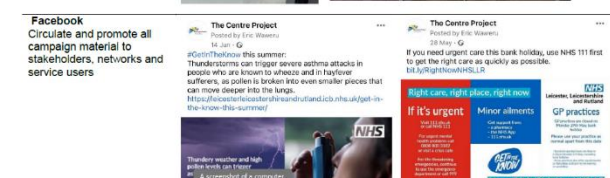
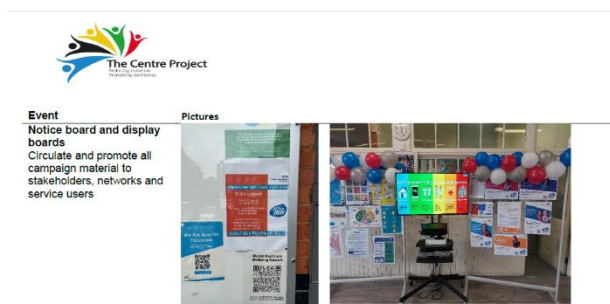
Family Health and First Aid Course:



## 16. The Centre Project

Activities implemented:

- Drop-in workshops where **137** people interacted with conversation and information on how to access self-care, GP access, Pharmacy, NHS111, Urgent Care Centre
- WhatsApp, Twitter and Facebook messages posted – reaching **358** people.
- Get in the Know printed materials distributed and conversation taken place with **111** people via food bank.
- Prevention clinic's taken placed on services covering support for weight management, oral health, alcohol awareness, smoking cessation and cancer screening clinics.
  - Offered **54** health checks for long term conditions patients, 3 follow up calls made to individual who had a high reading, verbal conversation with 3 assisted to make appointments with their GP.
  - **30** free eye checks offered during Foodbank session.
  - Cancer Awareness focus group with **16** people.
  - Prostate Cancer Awareness event with **28** people
  - Oral Health promotion with **77** people.
  - Cervical screening and breast screening awareness workshop with **13** people.
  - Alcohol awareness session with **45** people.
- Promoting and enabling **32** people to engage with the 'Get in the Know' campaign through digital support.
- Raise awareness of other health services, when and how to access them and what to expect.

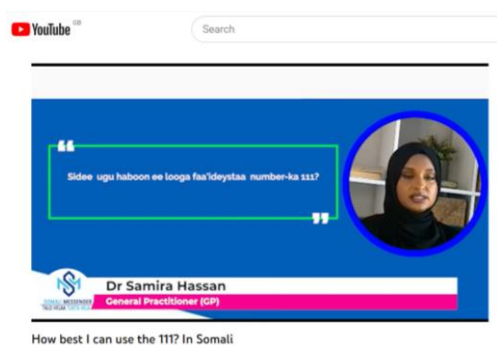


## 17. Hashim Duale

Stimulating behaviour change in the Somali community by involving the community leaders. Working with GPs, Primary Care Teams and Community Pharmacies:

Activities implemented:

- Production of three videos in Somali language with a GP who explains how best the community can get services from their surgery, pharmacy and how to use NHS 111
- Working with GP practices in St Matthews and Merly Vaz to get video links out to Somali patients via text from GP – Video link to be texted to targeted patient, waiting for DHU to come back.
- **250** local Somali community members shared messages in Somali language via WhatsApp platform. Also, these WhatsApp platforms are interactive and Hashim respond to the queries.
- Multi page Facebook campaign with YouTube links to videos reaching **3000** people.
- Every Friday after the prayer, Hashim approached worshipers answering their questions about the campaign. In direct personal interactions, Hashim took on the responsibility of engaging with the elders within the mosque community. Using iPad, showcased the videos that had been created, providing them with a visual understanding of the information being conveyed. This approach allowed Hashim to actively address any queries or concerns they might have had, fostering a sense of open dialogue. As a part of the community outreach efforts, Hashim ensured that the campaign's message was visible and accessible in various local spaces.
- Hashim promoted the 'Get in the Know' campaign posters and informative literature displayed in community venues and mosques.



How to book an appointment with the GP? in Somali

<https://youtu.be/9MFisjqv9jI>

How best I can use the time allocated for each appointment? In Somali

<https://youtu.be/udQ82aSvBX8>

How best I can use the 111? In Somali

<https://youtu.be/8rSWU0QEwxg>



## 18. Leicester Community Links

Activities implemented:

Delivered **17** workshops/Information sessions in Leicester between April 2023 to July 2023 at strategic locations and areas where the targeted service users reside. The groups were all South Asian communities.

- WhatsApp, Twitter and Facebook -a lot of retweets and forwarding messages in total **2374** views on their social media platforms.
- Engaged with simple messages focusing on how to use pharmacy, NHS 111, Self care and how to access different services provided by GPs to 710 plus people from Diu and Daman and predominantly Asian communities in LE4 and LE2 postcodes across Leicester City
- Delivered targeted **17** events including talks and Information at workshops, pop up events around Get to Know Campaign to service users and staff delivered in Gujarati, Punjabi and English:
  - Workshop 1 at community hub in Belgrave
  - Get in the Know Workshop 2 at community hub in Belgrave
  - Belgrave Neighbourhood centre and Belgrave Neighbourhood Cooperative housing association pop up 1
  - Wesley hall community centre - pop up
  - Belgrave Neighbourhood Cooperative Housing Association pop up 2
  - Belgrave Neighbourhood centre pop up 3
  - Health and Wellbeing pop up at Peepul Centre
  - Mental Health Awareness week workshop on Get in the know focusing on mental health services
  - Pop up event as part of mental health awareness week in Thurmaston
  - Wesley Hall pop up - Food bank users and ESOL classes
  - Pop up **3** at community hub in Belgrave
  - Walking cricket at Cossington Park and workshop
  - Wesley Hall pop up at fitness session/ESOL classes
  - Pop up at Belgrave Neighbourhood Centre
  - Training and pop up at community hub in Belgrave

- Pop up at Harrison Road Gurudwara
- Wesley Hall pop up at fitness session/ESOL classes
- Conducted collaborative activities with Wesley Hall, Belgrave Housing Association and Chris Hill from Walking Cricket
- **710** people fed back from the activities and said they felt more confident after our intervention in using different health care services.



facebook

Leicester Community Links CIC



## 19. Leicester Medical School

Activities implemented:

- **1500** students recruited to take part in the project via email campaign, social media, presentations in lectures etc.
- Get in the know campaign using posters and literature in community venues where possible - the Get in the Know campaign was supported with posters and leaflets designed by the students with the support of a specialist speech and language therapist. Get in the Know literature and the website were also used, although internet access is often a problem for this population group. Copies of the new posters emailed separately.



- The Medical School intention was to offer 3 different drop-in sessions, each with a different subject. However, on further discussion with stakeholders, patients and people working with people experiencing homelessness, it was decided to cover as much as possible opportunistically in one or two sessions as getting this group of patients to engage can be difficult. Students were guided by the patients to cover the areas they felt they needed the most support in. Wound care and dental hygiene were the most sought-after subjects. Most sessions ended up being run as one-to-one sessions with **280** patients receiving an education session over 4 sites. The four sites included food bank and lunch at the Centre Project. Also, those staying in Action Homeless properties and attending the Bridge charity. Not all people were homeless, but all affected by deprivation.
- **1500-2000** patients targeted via poster campaigns at Inclusion Healthcare, Action Homeless, the Bridge and the Centre Project.

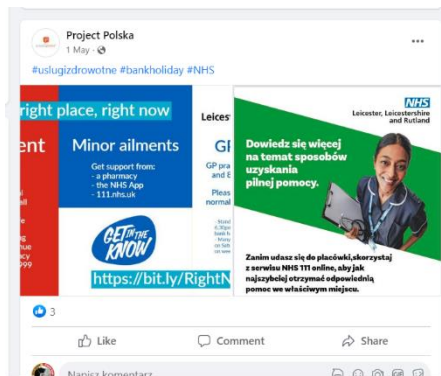


## 20. Project Polska

Activities implemented:

- 7 x Pop-Up Play Session (2hrs); held at West End Neighbourhood Centre LE3 5PA. **81** Polish mums and their children (under the age of 10) attended.
- Health Shop/Swap Shop/ Polish Saturday Scholl held at Tudor Grange Samworth Academy where **85** of the targeted population swap unwanted items alongside with having an opportunity to access health resources and learning about local health and wellbeing support.
- Online Bilingual Targeted Engagement – publicity/awareness on Polish Facebook groups - Project Polska Facebook page and Leicester Polonia. Reach of **4.9k**

- 3 x Signposting Drop-in Session held at Tudor Grange Samworth Academy attended by 16 people in total.
- Mailing to **157** members with Get in the Know Campaign resources to Project Polska mailing list subscribers.
- Ask the Expert Seminar (Bilingual Professional/themed around self-care; mental wellbeing; access to services); held at the Brite Centre where **11** attended Ask the Expert Seminar Online (Cancer Prevention, screening and where to seek support) where **15** attended.
- Cultural Awareness Talk to **4** staff from Merridale Medical Centre Leicester allowing to reach out to Polish communities. They plan to role this out through the PCN.
- Promotion of translated resources/ posters/literature displayed at Polish centre and the church (Get in the know Campaign) with attendance of **350**.
- Stand at Cosmopolitan Festival in Leicester City with **120** attendance.



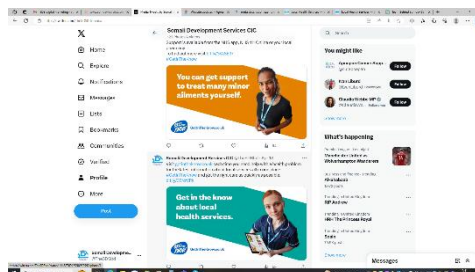
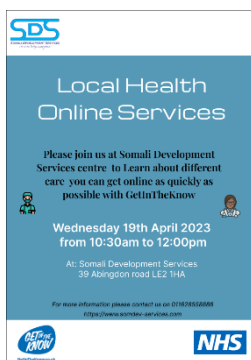
## 21. Somali Development Services

Activities implemented:

Raising awareness of alternative options and ensuring that all our service users are registered with a local GP.

Promoting the use pharmacies and other non-urgent NHS services such as 111 as an alternative to GP if they are unable to get an appointment to see a GP. Promoting self-care in the local community so that community members only access the critical NHS services when there is a major need to do so. Reach people from Somali and Bangladeshi backgrounds; other demographic groups include Indians, Arabs & Pakistanis.

- Group-emails sent (**32** families), shared the promotion materials through SDS Twitter (**123** viewed), Facebook (**34** viewed), WhatsApp (**53** clients shared), and Website (**16** people viewed).
- Get in the Know promotion materials shared in the community centres Beaumont Leys Health Centre, SOCOPA and place of worship.
- **26** new families have been supported to become registered with GP's - The Surgeries dealt with are: Melbourne Road Community Health Centre; Shefa Medical Centre, Sparkehoe Street; Highfield Medical Centre; Springfield GP Surgery.
- **45** people attended the awareness sessions about the alternatives to A&E at SDS and audiences attended were from LE2, LE4, LE5 and few of them from LE1.
- One-to-one sessions to give the service users the information about the alternatives to A&E. **210** service users have been given the information about the alternatives to A&E from SDS.



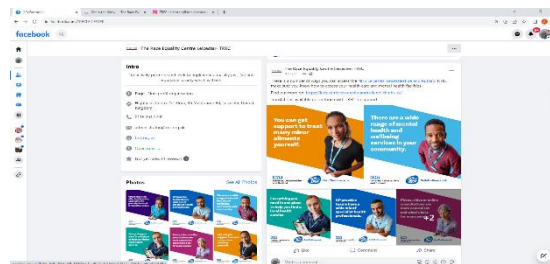
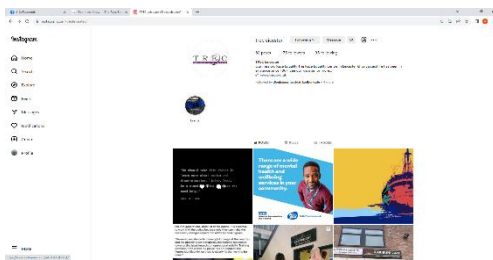
## 22. Trec Chill and Chat Group

Activities implemented:

Sessions delivered to our clients via group work/discussion, using informal education model of delivery. Delivered during the group sessions, onsite at the allotment and to parents with young children that are currently residing at the hotel accommodations, who were invited to come to a group work session on Trec premises. Sessions delivered in different languages, which include Kurdish, Arabic, Tigrinya, and Pushto/Dari.

Sessions delivered in a local community venue in Highfields, in a Leicester City centre venue and at the allotment based in Evington.

- Promoted Get in the know campaign posters and information from the toolkit were devised into information, displayed across TREC reception, and used when delivering the groupwork activities.
- Using digital platforms - TREC website, Instagram & Facebook.
- **50** Chill & Chat group members via group work/discussion, using informal education model of delivery. Delivered in different languages, which include Kurdish, Arabic, Tigrinya, and Pushto/Dari.
- WhatsApp messages with relevant messages around how to access alternative to A&E to **58** WhatsApp group members and in TREC monthly newsletter.



### 23. Wesley Hall Community Centre

Activities implemented:

Programme reaching out to people who live in the following target areas:

- Spinney Hills
- Highfields
- Stoneygate

- North Evington
- Crown Hills
  
- Pop up workshop at Gurudwara (Connecting communities Event) promoted about Get in the know campaign. Gave out leaflets, explained them about minor ailments and emergency to **150** members of the Sikh community.
- Invited local GP and Pharmacist from East Leicester Medical Practice and Highfields Medical Centre to explain to people how to use a GP practice and how to use a pharmacist. **120** people attended.
- 2 x EID parties at Wesley Hall, explained the community people about the Get in the Know campaign, 160 people attended.
- Visited Crown Hills Community College event where 175 people attended.
- Promoted Get in the know campaign with **50** members at Parents and Toddler groups & English class at Wesley Hall. Delivering key messages on how to use GP, Pharmacy, NHS 111, Urgent care centre and A&E via our ESOL (English for speakers of other languages) classes.
- Promoting Get in the know campaign at the Peepul Centre to the local community and reaching out to 200 people.
- Wesley Hall Preschool 40plus Celebration where **135** people attended.
- Mental Health Workshop Event at Wesley Hall Community Centre where **100** people attended.
- Parent and toddler group distributing leaflets and explaining the campaign to **25** people.
- Nelson College open day, working with EAVA FM distributed leaflet in different languages and explain to the group of alternative services to A&E to **130** young people.
- Windrush event at Wesley Hall distributed leaflet and explained to the group where **150** people attended.
- Attended food bank at Wesley Hall and interacted at the point of collection with **150** people from deprived families in the local area pantry.
- Spoken to 48 Asian elders in the community and lunch club members every Thursday at Wesley Hall.
- Partnerships to involve health practitioners in our work and the collaborative arrangements we have in place with local groups. Worked with social prescribers, local surgeries, had pop up table on local surgeries.
- Worked with Medical students to promote winter pressure, minor ailments with children and food pantry users, where **60** people attended.
- First Aid, CPR/ Self-care workshop delivered to parents with children aged 1–10-year-old in collaboration with Fun and Families and provided creche facilities. The session was attended by 25 parents and oversubscribed.
- Conducted fun interactive sessions on how to use alternatives to A&E with approximately **70**, 6–16-year-olds i.e., a symptom was called out and the young people had to run to applicable station to assess whether they knew what to do.
- Working with local GP, pharmacy, and social prescribers to educate approximately 500 users of Wesley Hall.



## Insights from communities

24. The following insights from communities has been shared during the hyperlocal work, which we need to consider in any future work:

- Whilst delivering information sessions to **Diu and Daman communities** at Wesley Hall it was identified that this community has faced particular issues in accessing health services and understanding the reasons for attending A and E. Transport has also been a concern and a lack of understanding of the health landscape including primary care services. The barriers faced are primarily language and cultural with a lack of awareness of local services and the reliance on community representatives to share information. There also appears to be generational issues with families and young people communicating to their wider family group.
- During an information session we were told that **Sikh elders** had little understanding of different health services, and some were not aware of using NHS 111 service as an alternative. They lacked the confidence in accessing health services. They relied on family members to take them to hospital. They were not sure where they should go to receive treatment for different ailments.
- People in general needed empowerment and knowledge of how and when to use NHS 111
- Access to GP was a major issue for some communities. Sometimes it felt to be easier to go to A&E. Hubs were often seen as difficult to access as they are not local. Also, some people related poor experiences e.g., a family member or friend having struggled with cancer and getting help late.
- Some **homeless** clients go to A&E for safety at night and to stay warm. Referral process to talking therapies not always very clear, even for professionals, so sometimes easier for people to attend A&E
- Recurring feedback received from **Somalian** community, emphasising the challenges many face in securing GP appointments, often leading to reliance on A&E services. It's evident that this issue resonates deeply within the community.

- The introduction of the NHS 111 number and the ability to request a **Somali** interpreter and consult with pharmacists has been widely appreciated.
- Feedback from Leicester Medical School intervention - the main barrier was perceived difficulty in obtaining GP appointments. Several patients ranked their health understanding highly but had not considered alternatives to GP appointments or A&E. Use of pharmacists or practice nurses (although well utilised at Inclusion Healthcare), were often not considered. Many of the patients seen would wait for a crisis before seeking help (often at A&E), so advice on preventative healthcare was well received. The healthcare packs provided useful items such as dressings, swabs and dental care kits to help in this regard. The students did not feel they had adequate knowledge to advise on drugs and alcohol use and so further training in this area would be helpful before future sessions.
- Feedback on NHS 111 services received from the **Polish** community. Positive comments about the NHS111 included: - instant access, direct contact with HCP; access 24/7; empathic and understanding staff; convenience, good when needed support and help for children. Participants were not aware about availability of translators- this was seen as a very positive element of the service.
- Concerns about negative mental health issues among men and children; limited access to services; problems with getting appointments/specialist care; seeking help via A&E route; long discussion about lack of **Polish** speaking HCPs across different NHS services.
- Vaccination during pregnancy- hesitancy for Flu and Covid vaccine; low uptake due to safety concerns issues; MMR vaccine for children - concerns about side effects
- Cancer screening - many women told us that they are undertaking screening tests in **Poland** and private UK outlets.
- The participants were very pleased to get the information about the alternatives to A&E. One of them said 'it is very exhausting to wait more than 12 hours to get support at the A&E. I will use the alternative places from now on'. Another one said: 'we are going to A&E because we are not getting the right support from our GP'.
- The participants of **Somalian** group were also very happy to get the information. They complained about the accessibility to the GP surgeries. They said that it is very difficult to get appointments with a GP. They said that the GPs don't make appointment directly these days and they want first to talk to you on the phone. Many of them said that they can't explain well what they have due to language barriers. For that reason, many of them prefer to go to A&E to get face-to-face support.
- Some of the members from **TREC** didn't go to see their GP due to language barriers and didn't know they could request an interpreter and had not heard about 111 or that help is available 24 hours a day, 7 days a week.

## Strengths and Weakness of the hyperlocal work

25. Below we outline the strengths and weakness of the hyperlocal work undertaken by (VCSE) voluntary, community and social enterprise groups:

### Strengths

- Very targeted and face to face engagement seems to be well received and understood, particular when delivered community to community.
- Collaborative working helps voluntary, community and social enterprise groups to expand their network and deliver cost effective interventions.
- Interactive sessions and workshops on specific topics worked well and were well received.
- VCSE very helpful with translation into a variety of different languages.
- Many VCSE organisations offered excellent value for money and a wide reach through hyperlocal work.

### Weaknesses

- Unfortunately, some of the VCSE groups interact with the same community members again and again rather than reaching out to different and none users of their services.
- Some of the VCSE groups are delivering multiple campaigns and this dilutes the messaging and quality intervention.
- Issues experienced in receiving printed materials in a timely way, caused frustration with VCSE sector.
- Difficulties experienced in getting timely data from VCSE showing outputs and outcomes.
- Some VCSE organisations stated that they had wider networks, but in reality, this was not the case.
- Childcare seems to be a barrier for many parents attending events and workshops. This was overcome by some organisations offering free creche places.

## Conclusions

26. The collaboration has given us a good understanding of what works well and what would not be recommended going forward. Where the VCSE sector were able to deliver interactive sessions and practical workshops, this resulted in a positive output and outcome for people. Therefore, we would recommend the following:

- More empowerment and practical workshops and interactive sessions working with different communities across Leicester City rather than distributing printed materials.
- More First Aid, CPR/ Self-care type workshop for parents with young children held for all communities in community settings. Working in collaboration with adult education services from Leicester City Council. Creche provision also removes barriers in attendance.
- Need more organic videos of patients experience of using NHS 111, GP, Pharmacy and Urgent Care Centres to sell service benefits.
- Need to have community groups working consistently and constantly in partnership with local GP's and PCNs to amplify key messages and signposting – not as a one off.
- Continue first aid training and simple advice on wound care, with antiseptic swab kits provided to allow cleaning and care of injection sites delivered by University of



Leicester medical students to homeless/vulnerable people in city. Also, try and collaborate these activities with other homeless charities.

- More focus on promotion of NHS 111 and translation services through hyperlocal engagement, to reassure patients with little or very low understanding of English to feel comfortable in using the NHS 111 services. The translation services provided by NHS 111 will also make sure patient can explain their symptoms clearly and get treated in the right place at the right time.