

11.12 Promoting Wellbeing and Good Health Choices

Improvement Project Title Promoting Wellbeing and Good Health Choices
Executive Sponsor Sandra MacLeod, Chief Officer, Aberdeen Health and Social Care Partnership
Project Lead Name: Anna Gale Job Role & Organisation: Public Health Co-ordinator Email Address: annagale@nhs.net
Aim statement Increase number of people in local communities promoting wellbeing and good health choices by 2021.
Link to Local Outcome Improvement Plan 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 – Stretch Outcome 11.2 Building community resilience through a peer supported approach to health literacy distributed amongst social networks – key driver 11.5 Working with staff, professionals and employers to provide individuals and communities with the social resources needed to make informed decisions about health and lifestyle – key driver No. people attending awareness raising sessions for health issues in their community – key improvement measure No of community run groups promoting wellbeing and good health choices (such as Jog Scotland groups, social connections groups, etc.) – key improvement measure No. of frontline staff trained in overall MeOC approach – Key improvement measure
Why this is important Estimated life expectancy at birth in Aberdeen is in line with Scottish averages at 81.2 years for females and 77.1 years for males (81.1 years 77.0 years respectively for Scotland). However, as in Scotland, life expectancy is strongly associated with deprivation, with those in the least affluent areas having a lower life expectancy than those in the most affluent areas. Healthy life expectancy (years lived in good health) is lower at 65 years for males and 67.4 for females. These differences in health outcomes are caused by the fundamental inequity in the distribution of power, money and resource. There is widespread recognition that communities ¹ have a vital role in improving health and wellbeing. Reasons including: <ul style="list-style-type: none">• The communities where we live, work and play have a significant influence on our health and wellbeing.² The immediate physical environment, the social networks we belong to, the local economy, our workplace and the accessibility of services are all important. Strong communities are good for health².

¹ A community is defined as “a group of people joined together by a common interest or experience” ² Dahlgren, G. and Whitehead, M. (1993) Tackling health inequalities in health: what we can learn from what has been tried.

² Strong communities, wellbeing and resilience

<https://www.kingsfund.org.uk/projects/improvingpublics-health/strong-communities-wellbeing-and-resilience> <https://communityplanningaberdeen.org.uk/community-planning-aberdeen-board/>



- There are many 'assets' within communities, such as skills, experience and knowledge that can be mobilised to promote health and wellbeing.
- Communities have great insight and intelligence on what is needed from services, and on what works in improving health and wellbeing. In addition, directly engaging with people most likely affected by health inequalities is important in addressing these inequalities both through health and social care services and other means.

There are a number of national strategic drivers for change including:

- The Christie Commission (2011)
- The National Public Health priorities
- Public Bodies (Joint Working)(Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015

A number of common themes that cut across all drivers were observed, including reducing inequalities; prevention and early intervention; empowering people and communities; collaboration and engagement; and intelligence, evidence and innovation.

Recent reports from the World Health Organization (WHO) identify preventative programmes that are likely to be cost-effective, effective in reducing health inequalities and have the potential to make savings. These include programmes to change behaviours and programmes addressing the social and environmental determinants of health. The WHO concludes that prevention, on the whole, is cost-effective, with some interventions providing quick returns on investment.

This project will initially test in the Woodside area of Aberdeen. Woodside recently celebrated 125 years since becoming incorporated in the City of Aberdeen yet it still maintains a strong sense of community and identity - people look out for each other. However in general, people living in Woodside – across all age groups – have poorer life outcomes than peers from less deprived areas of the city; academic attainment tends to be lower, earnings potential lower and life expectancy shorter.

Woodside is a neighbourhood that lies to the north of Aberdeen City Centre and is widely regarded as being amongst the most deprived in the city. Life expectancy in both males and females in Woodside is lower than average, at 68.2 years (males) and 74.9 years (females). In addition, within the Tillydrone, Seaton & Woodside locality around 14% of the population are unemployed with the rate of unemployment standing much higher at 24% in parts of Woodside.

An initial scoping workshop with volunteers and staff at Fersands and Fountain community project in Woodside have identified stress, depression and anxiety linked to financial concerns; drug and alcohol use and food insecurity as the main health and wellbeing concerns of people using the community project.

Due to the COVID-19 pandemic, engagement with staff and volunteers at Fersands and Fountain community project has been temporarily paused. However, the socio-economic impact of COVID-19 demonstrates the importance of this work continuing.

Operational definitions:

Health – “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO)

Wellbeing - Has a wider meaning than “health” (absence of disease). Can be defined as “Doing well, feeling good; doing good, feeling well” (AHSCP Strategic Plan)

Measures

Outcome measures

Increased awareness amongst people in local communities of what is available locally to promote wellbeing and good health choices by 2021.

Process measures

- No. of people working, living and/or volunteering being part of a community wellbeing action group.
- No. of community run groups documented (either physically or digitally) promoting wellbeing and good health choices e.g. health walks or community cafes.
- No of volunteers and staff trained in overall approach to Making Every Opportunity Count (MeOC).
- No. of conversations (i.e. using the Making Every Opportunity Count (MeOC) recorded promoting wellbeing and good health choices.
- No. of people adopting the role of Wellbeing Ambassador.

Balancing measures

- Increased understanding of health and social care needs within local communities to help support locality planning.
- Volunteers and staff feel empowered to make a difference to health and wellbeing in their local community.

Qualitative Measures

- Clear definition of what health and wellbeing means to people living and working in Woodside.
- Feedback from volunteers and staff indicating increased confidence and knowledge of what can support the promotion of wellbeing and good health choices within the local community.

Share experience on the barriers that exist for local people making good health choices.

Change ideas

1. Bring together a community wellbeing action group of local residents, staff and volunteers.
2. Develop a Wellbeing Resource which is local and appropriate based on the 5 steps to Wellbeing.
3. Upskill local people to become Wellbeing Ambassadors to promote wellbeing and good health choices.

Potential risks and/or barriers to success & actions to address these

- **How we involve community members in a meaningful way.**
Use the 'Engagement, Participation and Empowerment Strategy' to guide ways of working. Recognise that meaningful long-term change won't happen overnight and that relationships based on trust need to be established with both community members and those already delivering valuable services and support.
- **Confidence levels of staff and community members to have MeOC style conversations**
Use a training/coaching approach to support individuals.
- **Potential language barriers**
Work with equalities teams within NHS Grampian and Aberdeen City Council as well as third sector organisations such as GREC.
- **How to identify baseline measurements in relation to the number of people promoting wellbeing and good health choices.**
Be clear on target population to aid baseline measurements.
- **Increase membership of project group to be include cross-sector and community representation**
Be clear on target population to ensure appropriate representation of those that understand the needs and opportunities within the community.

Project Team:

Anna Gale, Public Health Co-ordinator, Aberdeen Health and Social Care Partnership
Jayne Boyle, Senior Wellbeing Co-ordinator, Aberdeen Health and Social Care Partnership
Chris Littlejohn, Deputy Director of Public Health, NHS Grampian
Louise Argo, Wellbeing Co-ordinator, Aberdeen Health and Social Care Partnership
Fran Smith, Community Builder, Aberdeen Health and Social Care Partnership
Dave Kilgour, Development Manager, CFine
Dr Emma Whindle, GP and **Sarah Stewart**, community representative– advisors from Aberdeen's first Health and Wellbeing Festival
Mark Lovie, Project Co-ordinator, Fersands and Fountain Community Project
Members of the Fersands and Fountain Community Project Management Committee – local residents

Improvement Advisor: Rosie Cooper

Links have also been made to the Tillydrone, Seaton and Woodside Community Planning Aberdeen group and agreement made to share project charter to capture overall contribution to the LOIP from this area of Aberdeen.

In addition, links have been made across the Community Planning Partnership with ADP LOIP projects around alcohol awareness and Sustainable Cities projects in relation to food insecurity. Connections have also more recently been made to the Connecting Scotland workstream regarding digital accessibility.

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>Scope out ideas and develop project group</p> <p>Initial project charter drafted, and initial ideas presented via a brief scoping session at the RIS meeting on 7th November</p> <p>Further work to understand the opportunities within Woodside:</p> <p>Initial meeting to be held to further refine change ideas with project co-ordinator and 2 members of the management committee</p> <p>Workshop to be facilitated with HSCP staff; Fersands and Fountain project co-ordinator; management committee; volunteers from community pantry and staff from breakfast club/after school club to explore:</p> <ul style="list-style-type: none"> -What issues people are coming in to the project with -What support the volunteers and staff know is available in the local area -What data/resources HSCP staff that we are aware of, i.e. link practitioner data <p>Driver diagram created</p> <p>Continue to collaborate with volunteers and staff in Woodside to:</p> <ul style="list-style-type: none"> -Define what good health and wellbeing choices mean to the community. -Define the wellbeing needs of the community. -Find a common understanding of barriers to making wellbeing and good health choices for defined community -Scope current opportunities to promote wellbeing and good health choices. 	<p>September – November 2019</p> <p>November 2019</p> <p>November 2019</p> <p>January 2020</p>
Designing and Testing Changes (Project Score 4-7)	<p>Project charter endorsed by CPA</p> <p>Change ideas developed further, measurement plans established and initial PDSAs are planned.</p> <p>Continue testing</p>	<p>September 2020</p> <p>October to March 2021</p>

Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Feedback on improvements Plan in place based on initial learning from PDSAs.	March 2021 – June 2021
Spreading Changes (Project Score 9-10)	Review progress and identify areas for continuation of improvements.	July 2021

Key:

In order to achieve this aim..

We need to ensure...

Which requires...

Ideas to ensure this happens

