



Community Planning Aberdeen

Progress Report	Project End Report: LOIP Charter 11.3 Support 100 people to feel confident to promote wellbeing and good health choices by 2023.
Lead Officer	Alison Macleod, Chair Resilient, Included and Supported (RIS) Outcome Improvement Group
Report Author	Chris Smillie, Public Health Co-ordinator, Aberdeen City Health and Social Care Partnership (ACHSCP), Project Manager
Date of Report	07/23
Governance Group	CPA Board – 6 September 2023

Purpose of the Report
This report presents the results of the LOIP Improvement Project Aim to support 100 people to feel confident to promote wellbeing and good health choices by 2023 and seeks approval to end the project as the aim has been achieved.

Summary of Key Information
<p>1. BACKGROUND</p> <p>1.1 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.</p> <p>1.2 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 have a vital role in improving health and wellbeing. Reasons including the communities where we live, work and play have a significant influence on our health and wellbeing. 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 health.</p> <p>1.3 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,</p>

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.

1.4 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.

1.5 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 Organisation (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.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, on October 2021 the CPA Board approved the project charter for the initiation of an improvement project which aimed to support 100 people to feel confident to promote wellbeing and good health choices by 2023.

2.2 Recent reports from the 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.

3 WHAT CHANGES DID WE MAKE?

3.1 Following a review of the current systems and engagement with individuals in various setting, several areas for improvement were identified and the following changes, focused on reaching our communities, were tested throughout the project and are listed below.

Making Every Opportunity Count (MEOC)

3.2 MEOC is an ambitious, integrative, and transformative 3-tiered approach used to support a cultural shift. This aims to enable people who use services, and people who provide services, to live as well as they can, with every system and service doing a little. MEOC focusses on Tier 1 where very brief conversations are used to signpost individuals to information which will enable them to live as well as they can. Across February and March 2023, 6 Making every Opportunity Count (MEOC) awareness sessions were held on Microsoft Teams for Library staff. A small number of Communities (Aberdeen City Council) and Third Sector (Aberdeen Football Club Community Trust) staff also attended the sessions to

support their work in Warm Hubs. The awareness session lasted approximately 1.5 -2 hours dependent on the interaction from participants. The training comprised of short videos and infographics highlighting the health inequalities across Grampian and Aberdeen City to highlight the importance of MEOC as a prevention and early intervention approach. A breakout room allowed participants the opportunity to consider a delegated scenario and discuss what information could be provided, each group fed back upon returning to the main meeting area. A list of useful websites/organisations to signpost service-users to was also provided to support participants with MEOC conversations.

- 3.3 During the planning stage of MEOC with the libraries service, a lead was identified to work alongside the Health Improvement team to deliver the MEOC training which would allow us to build capacity within the library service to deliver the training. Although this was planned due to sickness absence this was not progressed and due to capacity within the service the training was delivered solely by the Health Improvement team.

Health Issues in the Community

- 3.4 A local Health Issues in the Community (HIIC) course was developed. It is a course that helps people understand what affects their health and the health of their communities. Through the course participants gain a broad understanding of the social model of health, health inequalities, power and participation, and community development approaches in health – and how they can use these to make change happen in their communities.

3.5 Intended Outcomes:

- Supports the rights of people to participate in the decision-making processes and to take a more active.
- Seeks to promote the value of equity in terms of equal access to health and to counter discrimination.
- Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.
- Supports people to understand what affects their health and the health of their communities.
- Aims to explore how key concerns can be addressed using community development approaches.

3.6 To enable HIIC to be implemented in Aberdeen we undertook the following:

- Invited members of the Locality Empowerment Groups to participate in a taster session for HIIC from February – March 2023. This resulted in 5 members of the Locality Empowerment group signing up for the sessions.
- Standalone information sheets was sent across partners and using the Improvement Programme Channel to see if there were people previously trained or interested in being trained to deliver HIIC. This resulted in no existing tutors being contacted and zero interest in becoming a tutor.

- Staff working within localities and working with underrepresented groups were targeted and invited them to an information session on HIIC. 3 information sessions were held with 9 services being represented across all the sessions. These sessions enabled discussion into how HIIC could be incorporated and complement existing work. Of the 9 services who were represented 92% of the organisations signed up to have at least 1 member of staff trained to deliver HIIC. The other service was keen to be involved but were unable to, due to staff capacity at the time.

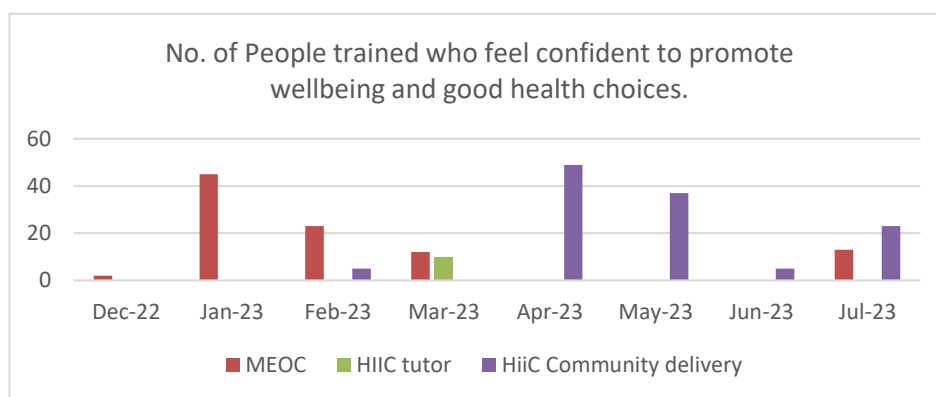
3.7 To become a tutor each person has to undertake the following;

- Complete the initial 2 day Tutor Training course.
- Undertake practice delivery sessions equivalent to 8 -10 hours of delivery time within 6 months of completing tutor training
- Complete a portfolio of work from the delivery sessions and training course.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, our aim has been achieved with 106 people supported to feel confident to promote wellbeing and good health choices, 6% over the aim. Overall, the project has delivered:

- 8 MEOC programmes to 96 people
- 1 HIIC tutor training – 10 people
- 114 people have undertaken HIIC Workshops. These workshops have been well received and although we are at early implementation of HIIC people there seems to be an enthusiasm building with
 - 2 people having indicated that they would like to be involved in a full course.
 - 9 people have signposted or connected to groups or areas where HIIC could be delivered.



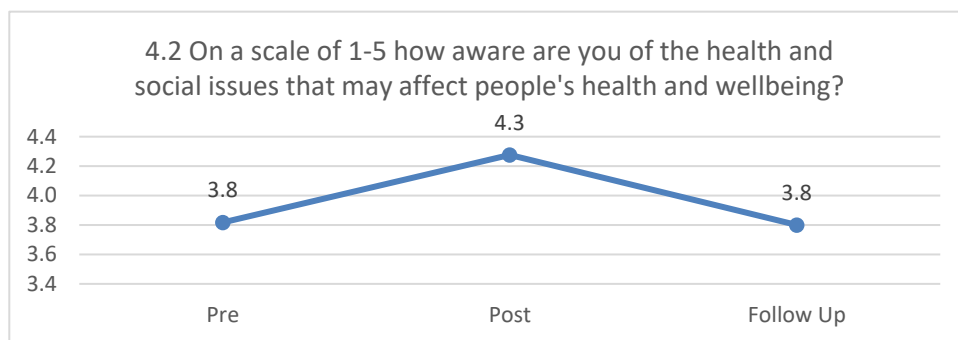
Making Every Opportunity Count

4.2 Historically, MEOC was measured in relation to the number of MEOC conversations recorded by staff. However, it was acknowledged this is challenging for staff to keep track of in busy roles and not a practical measure of success. It was agreed MEOC would instead be measured by the confidence levels of staff/community members to carry out the conversations.

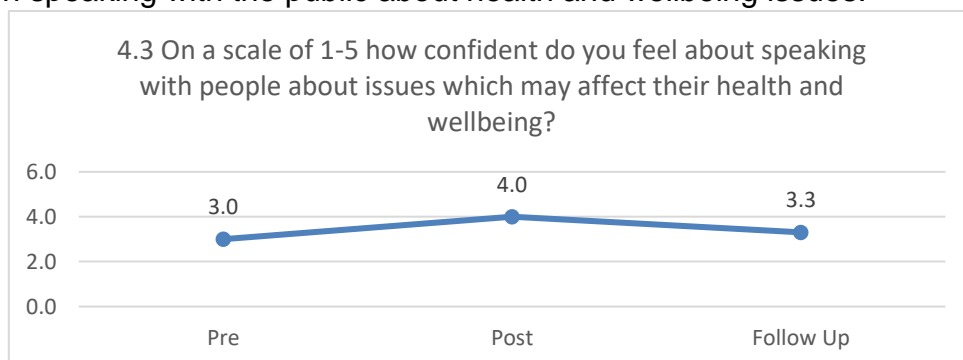
4.3 Before attending, 96 participants were asked to complete a pre-session evaluation and immediately after the session a post-session evaluation was shared of which 75 participants completed. The aim of this was to identify current knowledge and confidence to carry out MEOC conversations. An additional follow-up evaluation was conducted 12-weeks post session to understand if participants were using MEOC within their role and if they felt confident to do so which was completed by 33 people.

Comparison of Pre, Post and Follow-up Confidence/Awareness

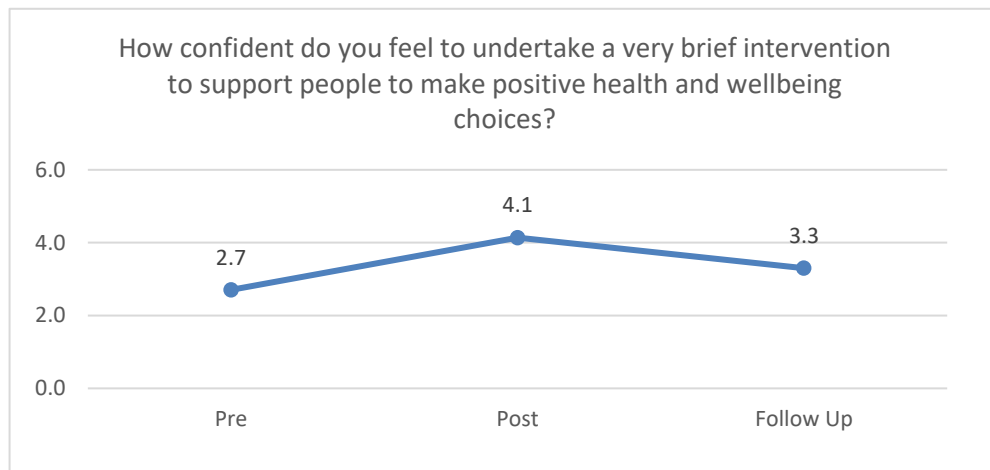
4.4 Participants were asked to identify on a scale of 1-5 (1 = not at all and 5 = fully), how aware they were of health and social issues that may affect people’s health and wellbeing. The findings (*graph 4.2*) highlight the changes in awareness over time. Immediately after the session, participants reported their awareness increasing from an average of 3.8 to 4.3. This is encouraging as it suggests that the session covered issues the participants were not aware of. Unfortunately, the follow up evaluation shows a decrease to the level of awareness, although this did not decrease below the baseline which is encouraging. This evidences the importance of having a lead within the team or service who can maintain the awareness of MEOC and continue to provide relevant information and support to that team.



4.5 Participants were asked to identify how confident they felt when speaking with people about issues which may affect their health and wellbeing (1 = not at all, 5 = very). Following the session, confidence levels increased by an average of 1 point; from 3 to 4. The follow-up evaluation shows that confidence levels decrease, however this remained slightly higher than the baseline (*graph 4.3*). These findings support the aim of the session to increase confidence levels when speaking with the public about health and wellbeing issues.



4.6 Participants were asked how confident they felt to undertake a very brief intervention (MEOC conversation) (1= not at all, 5 = very). Prior to the session confidence level was reported as 2.7, encouragingly this increased to an average of 4.1 (*graph 4.4*). The follow-up evaluation highlights a decrease in confidence; however, the average confidence remains higher than the baseline level. A small decrease is expected as the content of the session is not as “fresh” in peoples head as immediately post information sharing. One of the reasons we identified a lead within organisations is to provide support internally to that team to support staff to feel confident to undertake MEOC conversations.



Participants have feedback

- One of our wellbeing programmes is held weekly and we find ourselves regularly using MEOC. We have various organisations at the Hub to offer support and we signpost to a number of organisations/services.
- Mentioned the Memories sessions to a borrower whose father has dementia and who was helping him choose Local History books to take out. I signposted him to the events page on the website for booking a place
- Signposting a customer to a bereavement support group.

Recipients of MEOC have said.

- “Just on an initial enquiry they supported me to access support for my Dad”
- I kind of knew about the help that was out there but the conversation with P helped me to just go and do it”

Health Issues in the Community (HIIC)

4.7 10 people undertook the training in March 2023 to become HIIC trainers. This was made up from staff from Aberdeen City Health and Social Care Partnership, ACC Community Learning and Development, Barnardos, GREC, Aberdeen Foyer. Due to staff illnesses (2) and work capacity (1) 3 people were replaced at short notice on the tutor training course. Of the 10 people who attended 7 people are on track to complete their registration by August 2023 with the remaining 3 having been impacted by changes at work. One has been offered to support, one is keen to continue HIIC in a new job role and one is awaiting information on funding which impacts their capacity.

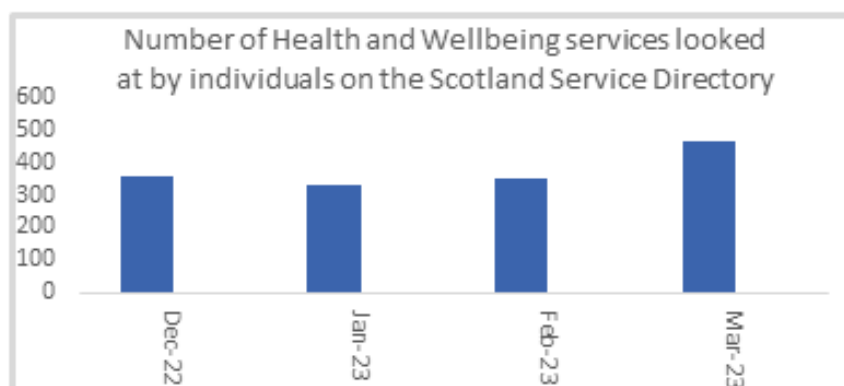
4.8 As part of the tutor accreditation process 114 people have participated in HIIC Workshops. This has been delivered to both professional and community groups with the aim of promoting HIIC locally. Participants have provided feedback:

- I have enjoyed the session and getting everyone's different opinions and making me think differently.
- Giving a starting point for interesting conversations about health related issues and allowing open, reflective discussions.
- Getting into the distinction between equality and equity - important for me to be aware of and be able to describe.

4.9 An introduction to Health Issues in the Community course was offered to Locality Empowerment group members of which 5 members attended, 2 from North, 2 from South, 1 Central. One of the participants highlighted the course at the Torry Priority Neighbourhood Partnership and talked positively on how it could be beneficial for Torry to participate. This also resulted in another member of the group acknowledging that they were already HIIC trained. All highlighted that the courses had benefited in some way. Some of the feedback received was:

- I feel there is still a lot more to learn and would be keen on a longer course or some suggested follow up.
- As a result, when looking at someone's situation I will consider it from a point of view of equity rather than equality.
- It has given me a broader understanding of health issues which I was previously not aware of, I have also met members of the community and have made lasting contacts from it.

4.10 Both tests signposted/raised awareness of the health and wellbeing services on Scotland's Service Directory and data shows a subsequent increase in the number of views of these services on the directory as shown below. Between Dec 2022 and March 23 there had been a 29% increase in the number of services in Aberdeen that had been looked at.



5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 The changes above have been embedded as business as usual and we will look to spread those as detailed at section 7. As we roll out the MEOC training to different groups, we will be identifying a lead for that service who will continue to champion MEOC, identify future training needs and facilitate the dissemination of health information across their service. This Lead will be supported to deliver the MEOC training, so that any future needs are met by their service, representation from the leads along with HSCP/NHSG rep will continually monitor the training and ensure it meets the needs of the individuals. Quarterly meeting facilitated by the Health Improvement team alongside a Microsoft Team channel will support the Leads from each service.
- 5.2 HIIC – When the tutors have completed their tutor validation process the tutors will be buddied up to deliver the Health Issues in the Programme to community groups across Aberdeen. The feedback from the people undertaking the 5 week taster course highlighted that they would like to attend the longer course. With the tutors being accredited by September this will allow the full HIIC course to be delivered as per the CHEX Programme guidance. The people who were unable to attend due to sickness will have the opportunity to buddy up with the first cohort of trainers to deliver a programme before undertaking a future tutor training course.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 Data on both Making Every Opportunity Count and Health Issues in the Community will continue to be collated and reported to the Resilient, Included and Supported Group and is also now aligned to the Aberdeen City Health and Social Care Partnership Delivery Plan.
- 6.2 The HIIC work will be incorporated into the Community Empowerment Group Improvement project - *Increase the number of people (staff and communities) who state they have the skills, tools and support they need to work together to make improvements in the community by 50% by 2025* and data monitored through that project.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 The project has evidenced how the changes have had a direct impact in the settings tested within. There is now opportunity for these to be spread to wider setting and in our communities. Therefore, the MEOC training will be offered to services and community groups to ensure that people feel confident to support the brief interventions.
- 7.2 Also, the Health Issues in the Community Programme will be spread across the community, with a focus initially on priority neighbourhoods to increase knowledge and confidence and to support reducing inequalities. The HIIC will also be part of the Improvement projects led by the Community Empowerment Group.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim of supporting 100 people to feel confident to promote wellbeing and good health choices has been achieved and the changes embedded as business as usual;
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the plans to scale up and spread the changes tested.

Opportunities and Risks

There are a range of people well placed to undertake MEOC conversations. Although a number of services have highlighted the need for Making Every Opportunity Count training the focus should be on those individuals within each team, service or project that are not confident in having those conversations.

The Health Issues in the Community workshops and taster sessions that have been delivered to date have shown a real appetite for the full programme to be delivered in Aberdeen. There are opportunities to deliver the HIIC course as part of our locality work or more targeted engagement with a specific group of people or topic of interest. All tutors will be given the opportunity to deliver the full Part 1 section of HIIC as detailed by CHEX to enable the programme to be fully evaluated.

Consultation

Resilient, Included and Supported

Background Papers

The following papers were used in the preparation of this report.

11.3 Project Charter

Contact details:

Chris Smillie
Public Health Coordinator
Aberdeen City Health and Social Care Partnership
csmillie@aberdeencity.gov.uk