Development plan

'Level Crossing': helping you to hold a more informed conversation

A community assets approach to promoting self-care for Type 2 Diabetes

Introduction

This 15-month project, starting April 2016, forms part of a strategy to tackle the ongoing concern about growing health inequalities in the West Lancashire area and the negative impact of long-term multiple health conditions. It is a partnership of the West Lancashire Council for Voluntary Service (CVS) with the University of Central Lancashire, local Voluntary, Community and Faith Sector (VCFS) organisations and health commissioners. It is designed to tackle health inequalities by utilising and building on developments locally, regionally and nationally around health interventions and digital health.

The project's focus is on Type 2 Diabetes as a condition that gives rise to health complications if not well-managed. One of the major challenges of current and future healthcare in the UK is the rise of complex multiple-health conditions, some preventable through self-care management. Type 2 Diabetes is currently on the increase and a major concern both locally and nationally in the UK health economy; for example, the West Lancashire CCG reports 'a high, and increasing, prevalence of diabetes in its population' (West Lancashire CCG. Five Year Strategy 2014/15 – 2018/19). The risks attached to Type 2 Diabetes, such as heart disease, stroke and nerve damage, can be reduced through self-care management, improving people's chances of living better for longer across the lifecycle. Prevention is at the core of the NHS Five Year Forward View (2014 -) and Bruce Keogh, Medical Director NHS England stated in his address at the International Festival of Public Health 2016 that the future lies in transmogrifying the NHS into a 'knowledge transfer business', using digital health care initiatives to empower patients with accessible health information (Manchester, 1st July 2016).

Background

"Level Crossing" is a social education project built on the achievements and solutions identified under the 2014-16 Community Development Placement Scheme involving the West Lancashire CVS, the West Lancashire CCG, Edge Hill University and 4 local VCFS organisations. The scheme supported improvements in the uptake of self-care and appropriate use of local health services, such as pharmacy drop-in advice to reduce GP appointments around minor ailments: local students, community workers and residents were trained as health champions and ABCD connectors who then promoted health care awareness within local settings and online via a local social media channel (West Lancs Community-i).

The project follows on from a multi-agency programme with Health Commissioners, Care Closer to Home, started in 2013, in which self-care was identified by the Care Closer to Home Programme Board as a critical development in the transformation of local services to improve health outcomes.

"Level Crossing" takes advantage of developments in digital health and tertiary prevention, and the opportunities these afford to reduce or minimise the consequences of a disease once it has been diagnosed. It is recognised that individuals face much unfiltered information on the internet and a complex health and social care environment. An information portal that draws together resources from the health sector and the third sector, one that is co-produced and utilised by local community health champions and self-care connectors, will peer support individuals through brief interventions towards helping themselves, using relevant and accessible materials that have been co-produced and reflect patient voice.

At the heart of the project is volunteer activity, supported by training and digital outputs, in recognition of the health benefits that volunteering brings to the individual, such as an ability to cope with ill health, improved self-esteem, increased social interaction and healthier lifestyles. Volunteer activity also has wider benefits for patients in receipt of peer support, such as improved clinic attendance (NHS Choices, 'Should I Volunteer?' online, 2016).

The partners

The project is a partnership of West Lancashire CVS, University of Central Lancashire and Skelmersdale Community Food Initiative. West Lancs CVS provides charity-sector advice, a training programme through its learning hub and networking opportunities for local groups and organisations. Its Volunteer Centre supports local people into volunteering opportunities. CVS is a local lead on asset-based community development, a person-centred approach to community that works on identifying and building existing gifts, skills, capacities and human connections to motivate and instigate change at the local level. It has developed its ABCD approach to mobilise community around self-care in light of the Marmot review *Fair Society, Healthy Lives* (2010). As an accredited RSPH centre it delivers regular health champion training (RSPH Level 2 Understanding Health Improvement), and it is developing a "bite-size" taster in preparation for the RSPH certificate that also serves as a basic guide to key messages on healthier lifestyles. It is also developing a short course on digital health basics as part of the project, such as identifying reliable online health links and the use of health apps.

As a local infrastructure organisation, West Lancashire CVS is well-placed to generate connections by utilising its existing networks, such as the One West Lancs Forum and its regular Health Network events in partnership with West Lancashire CCG. CVS is part of Well Skelmersdale, one of 10 pathfinder sites that form the Well North programme designed to generate health interventions at the local level. It also hosts Community Food Growing and Rally Round, a self-care resource (rallyroundme. com/wlcvs) that

provides a digital platform for support networks to rally round the practical needs of individuals. CVS is a partner of Active West Lancs, a three-year Lancashire County Council commissioned-project launched in July 2016 at the One West Lancs Forum. It offers programmes of early intervention and prevention activities for physical activity, weight management and obesity prevention. The other partners are West Lancashire Borough Council, Skelmersdale Community Food Initiative, West Lancashire School Sports Partnership and West Lancashire Community Leisure Trust. Physical activity is key to tertiary prevention for patients with Type 2 Diabetes, as well as weight management and correct intake of prescribed medication.

Skelmersdale Community Food Initiative is a local charity organisation that plays a specific role in the project given its experience in working successfully with local health partners and its active engagement with the local community on supporting the uptake of healthier lifestyles. It is the West Lancashire lead on weight management and a referral pathway for Active West Lancs and the Lancashire Wellbeing Service who refer into its 'Step In' suite of short courses to promote wellness. Its accredited educators deliver the Walking Away from Diabetes (DESMOND) programme in West Lancashire for local patients diagnosed as at risk of developing Type 2 Diabetes.

University of Central Lancashire is a local education establishment with strong regional, national and international connections and a vital link in shaping the outputs of the project. It plays an important role in networking with the wider health economy, evaluation design, clinical leadership and funding bids support for the future sustainability of the project. Dawne Gurbutt is the university contact for the project as Clinical Lead for Interprofessional Education at the College of Clinical and Biomedical Sciences. She has worked in Community and Public Health for many years, originally as a community practitioner working within areas of social deprivation in Yorkshire and Lancashire and then in education across the northwest of England. She working with Helen Jones, the "Level Crossing" project lead at CVS and the learning hub co-ordinator.

The three partners each have specified strategic and operational roles within the project, and will be working with individuals within the West Lancashire area. Local health workers are key connectors in the project, given their individual and professional knowledge, gifts, skills, capacities and connections to services and resources. They are part of their local community, share human connections, use the local facilities and recognise potential barriers to the uptake of self-care. They have a specific role to play in bridging the gap between vital health care services following diagnosis by referring onto training and signposting to other opportunities locally available to patients.

At the heart of this project is a recognition that local communities have many resources, starting with the individual. Each person's gifts, skills, capacities and human connections can be mobilised to motivate themselves and others to act, but only if they are first supported in identifying both their assets and personal barriers to the uptake of self-care. The creation, expansion and utilisation of a health champion and ABCD connectors' network is therefore central to this project to provide volunteer

opportunities for peer support around self-care and appropriate use of available health services.

Why "level crossing"?

Managing blood sugar levels is crucial to diagnosed patients' health and wellbeing if they are to avoid future health complications and live well with the condition. For this reason, checking levels is part of the day-to-day routine of an individual with type 2 Diabetes, but by far not the only activity that self-management should take. This project is about empowering people diagnosed with the condition to take up self-care by: providing opportunities for peer support; helping individuals to recognise their own gifts, skills, capacities and human connections; building their self-confidence and self-efficacy around their health condition; helping them to make decisions on changing lifestyles that support health improvement; helping them make healthy choices on the appropriate uptake of health services; mobilising them to become champions of change and share experiences with others.

"Level crossing" is not just about the maintenance and management of blood sugar levels through managing nutrition and increasing physical activity, but about crossing over to a more holistic understanding of health and wellbeing. It is about getting well and keeping well, reducing barriers to a person's motivation to take up self-care, and utilising and building support networks in the community. Just as rail tracks of a transportation system give direction, and stations a point of access and departure, the project is about creating a learning pathway of support and a direction of travel when seeking sources online. The title of the project was originally inspired by the number of level crossings that mark the West Lancashire landscape, the project's main, albeit not exclusive, focus. The area is a predominantly rural location with two intersecting railway lines running through it.

Target Group

"Level Crossing" targets the adult population above the age of 40 to match the cohort who have been identified as eligible for free NHS health checks (lancashire.gov.uk/health for ages 40-74) and who belong to the target group of the 2016 OneYou Public Health England health awareness campaign (people in their 40s and 50s), designed to support interventions in the middle-aged population and so reduce the risk of poor health in later life.

However, just as projects such as OneYou (PHE) deliver general health advice and digital tools that can be adopted by other adult age populations, so too is it envisaged that outputs from this project will not be restricted in their development and application to the geography and ages specified.

The project focuses on West Lancashire CCG's proposed health neighbourhoods, and specifically on areas of deprivation in the Skelmersdale area where multiple health

conditions are currently having a detrimental impact on quality and length of life, to coincide with the footprint of Well Skelmersdale. It fills a gap in current provision: while the 'Walking Away from Diabetes' programme supports those at risk of developing the condition, and 'Diabetes and You' supports those newly diagnosed, there is no intervention programme locally outside the surgeries for those living longer term with the condition whose entrenched behaviour is placing them at risk of life-threatening and life-changing complications. And yet it is recognised, for example, that approximately 10% of people with diabetes will have a diabetic foot ulcer at some point in their lives with high levels of subsequent foot amputations, 'with up to 70% of people dying within 5 years of having an amputation and around 50% dying within 5 years of developing a diabetic foot ulcer' (NICE Guidelines, https://www.nice.org.uk/guidance/ng19, last update January 2016).

Aims and objectives

The overarching aim of the programme is to attract individuals living with Type 2 Diabetes, build their awareness of their own gifts, skills, capacities and human connections to improve uptake in self-care, and support them towards helping themselves and others in managing and reducing the risks associated with long-term health conditions. It aims to raise awareness of existing tools, connect projects and train local residents to empower communities and individuals around health.

The project aims to:

- increase the uptake of self-care of those diagnosed with Type 2 Diabetes in the West Lancashire area
- provide the conditions and motivations to act and empower the individual to take up and sustain self-care
- support a more informed dialogue between the individual and health provider, navigating national, regional and local support services
- reduce the risk of developing further multiple long-term health conditions in local patients
- contribute to narrowing the gap in mortality rates across the social gradient
- improve health literacy around self-care and long-term health conditions
- improve self-efficacy in the uptake of self-care.

Its objectives are to:

- create digital resources to increase the uptake of self-care around Type 2 Diabetes and its associated risks of multiple-health conditions
- run a training programme directed at local people to support their efforts in improving self-care and to develop them as health-literate advocates of change in themselves and others
- foster peer support through a network of qualified health champions and local community connectors

- develop a social media strategy to support a platform for the authentic voice of community
- become a sustainable intervention beyond the 12-month period of activity.

Benefits

The project will:

- improve health literacy around long-term conditions
- support individuals in navigating national, regional and local support services
- increase the take up and maintenance of self-care for long-term conditions
- involve patients and carers in the use of health apps and digital health
- create a social media strategy and programme for authentic patient voice
- deliver health champions and community peer connectors
- provide a VCFS hub and model for self-care which will be commission ready and attract investment for sustainability
- improve knowledge of appropriate use of services.

Planned outcomes and outputs

The outputs will be as follows:

- A network of 40-50 health champions and self-care connectors to build community health literacy and the uptake of self-care
- A training programme to support patients' uptake of self-care and train health champions and ABCD connectors
- A web portal with learning materials, self-care information and links to sites of support to reveal what exists
- A social media strategy to keep the web portal live and active
- A one end-of-year project report including a sustainability plan for investment from local health commissioners.

Strategic Action Plan

Five cycles within the 15-month period 2016-17:

April - June:
Identify existing and emerging local connections, projects, partnerships and networks
Attend events to foster links with community groups, organisations and health partners
Identify and list all health champions in the West Lancashire area with up-to-date contact details
Formulate action plans; formulate a development plan; begin project report

July - September

Arrange networking meetings/gathering with health champions
Foster links with local faith groups, community centres and other sites of community
Create first draft of social media strategy
Plan literature review on current West Lancashire health profile, Public Health reports, community health campaigns and guidance on lifestyle changes emerging from research as relevant to non-clinical health interventions and the VCFS

October - December
Complete literature review
Create and start run of new CVS courses (volunteering training, digital health basics, health champion "bite-size" taster sessions)
Build on existing links with GPs, dietitians and other health workers to promote the project and to generate referrals
Start identifying a small cohort of patients with Type 2 Diabetes who have expressed an interest in improving self-care incl. uptake of short courses (via health professionals, health champions, informal carers and VCFS connectors).
Design a new course for a small cohort of patients with Type 2 Diabetes

January - March
Offer a small cohort of patients with Type 2 Diabetes a 4-week course (2 hours per week): *"Level Crossing" – a survival kit for Type 2 Diabetes*

Offer further opportunities such as Digital Health Basics (CVS); Eating Well with Diabetes (ScFi); 3 Steps to Wellness (ScFi); Making Connections - ABCD (CVS), RSPH Level 2 Understanding Health Improvement (full health champion qualification) (CVS)
Encourage onward self-sustaining peer support development via projects such as Happier Lancashire (Lancashire MIND)
Utilise the health champion network to help individuals make and sustain changes (informal peer support around SMART goal setting)

April-June
Launch web portal, based on participants' activities, such as podcasts and short films of participants, written testimonies etc.
Seek opportunities for future funding of project objectives and outputs
Ensure all planned outputs are completed and report all achieved objectives
Ensure that sustainability plan is in place
Complete any bids with deadlines within the quarter period

References

West Lancashire CCG. Five Year Strategy 2014/15 – 2018/19. Available at http://www.westlancashireccg.nhs.uk
DH, NHSE and PHE (2016). Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector. Available at https://vcsereview.org.uk/

NHS Choices, 'Should I Volunteer?' available at http://www.nhs.uk/Livewell/volunteering/Pages/Whyvolunteer.aspx (accessed November 2016)

Appendix 1

The participant journey for the planned training programme with the West Lancashire CVS and Skelmersdale Community Food Initiative: