**‘Level Crossing’**: helping you to hold a more informed conversation. A community assets approach to promoting self-care for Type 2 Diabetes

**End-of-year report**

**Summary of the project:**

The “Level Crossing” project was designed as an intervention in West Lancashire to reduce the gap in health inequalities across the social gradient and specifically to support improvements in the uptake of self-care in the middle-aged population and so reduce the risk of poor quality of health in later life. Type 2 Diabetes was identified as an area of concern, given the potential complications that can be avoided with good self-care management. The project was a partnership of West Lancashire Council for Voluntary Service (WLCVS), University of Central Lancashire and Skelmersdale Community Food Initiative, a local charity that supported individuals around weight management, wellbeing and diabetes prevention until its closure in July 2017. It took a behaviour change approach as adopted by the Royal Society for Public Health (RSPH) health champion training, and an assets-based approach based on the premise that for change to happen, individuals need support in recognising their gifts, skills, capacities and human connections, so that they are able to utilise existing assets and community connections to improve their lifestyle. This end-of-year project report outlines the successes, the challenges and the opportunities for future development.

The project built on the achievements and solutions identified under the 2014-16 Community Development Placement Scheme involving WLCVS, the West Lancashire Clinical Commissioning Group (CCG), Edge Hill University and local Voluntary Community Faith Sector (VCFS) organisations. It followed on from a multi-agency programme with Health Commissioners - Care Closer to Home - started in 2013, in which self-care was identified as a critical development in the transformation of local services to improve health outcomes. It was designed within the context of public health endeavours to reduce levels of preventable illness: while 10% may be genetically preconditioned, 40% is determined by lifestyle, and 40% by socio-economic factors (Diane Gardner, Lancashire County Council Public Health, commenting on Dahlgren and Whitehead (1991), WLCVS Health Network, April 2017). There is a general consensus across the health and care sector that while there may be factors outside an individual’s control that affect quality and length of life, there are also behaviours that can be tackled to support improvements in an individual’s health profile.

The “Level Crossing” title was originally inspired by the number of level crossings that mark the West Lancashire landscape, the project’s main, albeit not exclusive, focus. An overarching aim of the project was to promote lifestyle change by supporting an increase in trained health champions and community connectors in local residential areas, who would then signpost to sources of help and information online, and have the local knowledge and communication skills to support individuals with entrenched behaviours to overcome barriers to change. In this sense the project sought to provide the conditions for motivating others to take up and sustain self-care, support a more informed dialogue between the individual and health provider, reduce the risk of developing further multiple long-term health conditions in local patients, and contribute to narrowing the gap in mortality rates across the social gradient.

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| ‘If used in the right way, 76% of GPs think that [self-education] will help improve the quality of decisions […] and benefit patient health.’  Aviva Insurance UK-commissioned research (2011):  *GPs urge the nation to take more responsibility for their health*. <https://www.aviva.com/media/news/item/uk-gps-urge-the-nation-to-take-more-responsibility-for-their-health-12363/> |

At WLCVS a project lead worker coordinated activity, which included: liaising with the project partners; building contacts with local health professionals with the support of Skelmersdale Community Food Initiative; liaising with VCFS groups, organisations and IT companies; networking at health events; coordinating a training programme; delivering courses around health champion training and Asset-Based Community Development; building a database of health champions; communicating health updates with health champions and arranging get-togethers to share examples of signposting and support; working with residents; developing leaflets and digital resources; posting tweets to build an online resource around self-care; liaising with other WLCVS workers to communicate news and develop web links; monitoring and evaluating progress and adapting the project to emerging innovations and opportunities.

The project’s objectives included: the creation of a digital toolkit; the delivery of a training programme; the fostering of peer support through a network of qualified health champions and local community connectors and the development of a social media strategy. Information on its outputs can be found under the “Level crossing” project link at [**http://www.wlcvs.org**](http://www.wlcvs.org), such as sample interventions by local health champions, a digital toolkit, a patient story and training materials for short courses to support patients’ uptake of self-care. The Twitter account @levelcrossingwl distributes news and resources posted from a range of health agencies, professionals, VCFS organisations, local groups and individuals.

**Utilising the local Voluntary Community Faith Sector**

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| **Dr Dawne Gurbutt, Clinical Lead for Interprofessional Education, Faculty of Clinical and Biomedical Sciences, University of Central Lancashire (project partner)**:  “This was a complex project involving community engagement and liaison across a wide geographical area of West Lancashire.  Whilst maintaining a focus on the key issues that the project sought to address, West Lancashire CVS was able to utilise its role as an umbrella organisation to maximise other links and enhance the project in various ways via establishing connections, mapping against other projects and creating an interface between this and other projects which was mutually beneficial.  The links made via West Lancashire CVS and the willingness to listen, engage and adapt led to some good insights into the area, as well as the development of training which was fit for purpose for the client group and a sustained engagement across the community for the duration of the project. This project has given good insights into the locality, the communities and the challenges of provision and has taken a solution-focused approach to developing initiatives.  There is scope to build not only on the project, but on the connections and links which were developed around this piece of work”. |

WLCVS is a local infrastructure organisation supporting voluntary and community groups and organisations in the area. It works in partnership with the West Lancashire CCG on tackling health inequalities and is part of Well Skelmersdale, one of 10 Well North pathfinders formed to transform local communities through the active engagement of local residents. Skelmersdale is the largest urban location in West Lancashire with areas of significant deprivation and poor health outcomes (see, for example, *The Seven Wards: A Focus on Skelmersdale*, 2015). A key priority is to mobilise local people to become more engaged in the uptake of healthier lifestyles and proactive in conversations around health.

During the time of the project, WLCVS ran 3 Health Network events (April 2016; September 2016; April 2017) and one cross-sector forum (June 2016: One West Lancs). It participated in wider networking events around health and community building, such as the International Festival of Public Health, Manchester, July 2016, with a session that brought together the Well North pathfinders, and “Shift Happens” an Asset-Based Community Development conference in September 2016 at Edge Hill University, Ormskirk. It developed a hyper-local social communication platform, West Lancs Buzz (<http://westlancsbuzz.org/>) to distribute news and encourage local conversations across the wider determinants of health, and at the time of writing was working with Citizens Advice Lancashire West on a digital inclusion project, Buzz IT.

**The WLCVS Community Learning Support Hub**

Prior to the start of the “Level Crossing” project, WLCVS had become a licensed RSPH centre for the delivery of Level 2 Award Understanding Health Improvement (health champion training), a step towards the health trainer role and based on the science of behaviour change model and MECC (Make Every Contact Count). It had been training local VCFS workers, volunteers and Edge Hill University social science students. It also had an established Lancashire-wide reputation as an organisation that takes an asset-based approach to all its community project work and, as a regional lead on the delivery of Asset-Based Community Development training, delivered ABCD workshops across Lancashire in the summer of 2015.

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| **A local resident, on learning of RSPH result**  *“That's so cool! First ever qualification - thank you so much for the opportunity and support!”* (Email, 03/07/17) |

The core activity identified for best supporting the mobilisation of residents around behaviour change was the generation of qualified health champions and ABCD community connectors based within local residential areas. The RSPH Level 2 Award Understanding Health Improvement not only provides participants with key health promotion information and links to resources, but also trains them on effective communication and peer support skills, so that they can feel confident in working with others on improving their health, by, for example, engaging in ‘brief interventions’ (short structured conversations based on National Institute for Health and Care Excellence (NICE) guidance for smoking cessation) or SMART goal setting. The Asset-Based Community development training was designed to support two-way conversation: community members struggling with health problems may only have learned to see themselves as ‘in need’, while health champions also need help in recognising their existing strengths, such as local knowledge. As “Level Crossing” is about ‘crossing over’ to new behaviour, ABCD training was developed to improve individuals’ self-efficacy in the self-management of health conditions, and to improve self-confidence so that those who receive help would consider peer supporting others in the future. While local communities have many resources, individuals with entrenched behaviours need support in identifying both their assets and personal barriers to the uptake of self-care.

**Starting a network**

To communicate with the health champions, an email database was created and kept up to date for the duration of the project: as each health champion cohort successfully completed the RSPH qualification, they were added to this database and received bulletins on news of get-togethers and local initiatives. In total, within the timeframe of the project, 45 people were trained as RSPH-accredited health champions and 67 people attended WLCVS ABCD workshops.

The “Level Crossing” project also sought to network these champions in order to support them with health news updates, encourage and motivate them to use their skills and local knowledge to promote health, and pass on opportunities to help with local public health and CCG initiatives. Early discussions identified barriers such as:

* West Lancashire is neighbourhood-based with **a dispersed population** in small urban or rural locations - and so a network based on regular face-to-face meetings for the whole area was less likely to work. The outcome of early conversations was to acknowledge that meetings would generally be hyper-local, and that ad hoc networking led by local champions in multiple locations would be the most likely development to suit the area’s profile.
* Limitations to **digital connectivity**. In 3 individuals’ cases, for example, the only means of communication was by landline telephone or by leaving a letter with a local charity organisation.

As the project developed, the concept of a network evolved as follows:

* **Email bulletins** were sent regularly during the April to June period, more so in the first 9 months, with calls for suggested ways of meeting, and a regular reminder to pass on information to those not on email. Two specific events emerged: a ‘Ketso’ gathering at the Community Learning Support Hub (see <http://www.ketso.com/>) and a ‘walkabout’ (see Carpiano, RM. 2009) following a MacMillan coffee morning. During the ‘Ketso’, health champions explored actions to date, new shoots of growth, barriers to behaviour change, and future goals.
* It was at the ‘Ketso’ event that two key ideas emerged: create **a taster course** to help local people with the concept of the health champion, and be **‘mindful’**, i.e. adopt a mindset that spots opportunities for brief health interventions in day-to-day encounters (see the project page at <https://www.wlcvs.org/> for the full report). A selection of reported ‘brief interventions’ appears on the project’s webpage.
* The project was able to utilise strong **existing network events** to keep health champions informed of health promotion updates and to encourage activity. For example, one group (Mug Club) remained connected via face-to-face updates through one individual, thus recognising that the group had already established its identity and means of growth, based around its common purpose of supporting people with multiple health conditions.
* The project built on **ad hoc face-to-face** encounters with local champions, many of whom are active within WLCVS member and associate member community and voluntary groups and organisations. In this sense, the project ‘piggybacked’ onto existing connections (see Randall. 2013, p.6).
* A **social network** connected those who like the microblog format of health news via Twitter. @levelcrossingwl has been promoted at every health champion taster session and full course event to encourage health champions to network remotely. The account also regularly retweets WLCVS @westlancsbuzz news that also appears on the WLCVS Facebook page.

Overall, the email database list was an information distribution tool. It remained with the coordinator and addresses were not shared, as the health champions were a diverse group from across the West Lancashire area, not all with shared interests or work/volunteer roles; addresses changed frequently which required regular updating. It was envisaged that champions would make connections within their own neighbourhoods and stay in touch by means most appropriate to them (an asset-based approach), but would contact the project coordinator if seeking contact information for others.

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| **Some local barriers to change identified during a ‘Ketso’ conversation to share ideas, 12th July 2016**  conflicting media messages/overload  confidence; crisis - people go back to old behaviour  financial and time constraints; life happens!  being ready for change; acceptance of change  self-medicating; diet  pressure from other family members  lack of motivation  feeling hypocritical when not all of my health habits are good  fear, worry; addictions. |

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| **Health champion walkabout 5th October 2016**  *“I did not know these paths existed!” “It was good to do a bit of exercise”* |

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| **Susannah Randall. 2013. *Leading Networks in Healthcare*. The Health Foundation, p.8**:  ‘Networks are defined as cooperative structures where an interconnected group, or system, coalesce around shared purpose, and where members act as peers on the basis of reciprocity and exchange, based on trust, respect and mutuality. Networks can be set up for a variety of purposes: to promote a policy agenda, to support collective learning, to advocate for change or to actually change practice.’ (Malby B, Mervyn K. 2012) |

In the Health Foundation report (2013) quoted above, the author provides the following summary of the primary functions for networks (from Mendizabal, E and Hearn, S. 2011):

**‘Community building.** The network functions to promote and sustain the values of the individuals or groups.

**Filtering.** The network functions to organise and manage relevant information for members.

**Amplifying.** The network functions to help take new, little-known, or little-understood ideas and make them public, give them weight, or make them understandable.

**Facilitating**. The network functions to help members carry out their activities more efficiently and effectively.

**Investing or providing.** The network functions to provide members with the resources they need to carry out their main activities.

**Convening**. The network functions to bring together different, distinct people, or groups of people with distinct strategies to support them’ (Randall, S. 2013, p.9).

Of these functions, the email bulletins targeted specifically the **filtering**, **facilitating** and **providing** functions, while supporting the other ones.

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| **A health champion ‘brief intervention’, reported 20th March 2017**  “Signposted someone with learning disabilities and complex mental health needs to the OneYou app when they learned that learning disabled individuals were more likely to suffer poorer health - stated they wished to lose some weight and get more active.  They particularly liked the way the app was more "like a game" than a form. Also provided copy of Eat Well plate”. |

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| **Two health champions at U3A event Upholland, 4th May 2107**  “Talked to individuals who were seeking information on self-care for themselves or for others with type 2 Diabetes. Shared information on healthy eating, the benefits of physical activity and on sources of help around self-care such as the “Level Crossing” project.  Spoke to the Alzheimer’s Society, who had neighbouring table and who had seen “Level Crossing” on Twitter”. |

Given the time limit on the project, the networking aspect of the project achieved the initial stages of creating an email distribution list of health champions and having conversations on building connections effectively within the area. These conversations shaped the training programme that focused on networking individuals with a common interest in local health promotion and improvement, making the term ‘health champion’ more commonly known, and recognising the potential of an area with strong neighbourhood ties to enhance and produce its own ad hoc networks.

**Health “bite-size” taster sessions**

Of the key outputs, health champion “bite-size” taster sessions became the most effective entry point for residents to access conversations around heath and to learn basics around Department of Health, National Health Service and Public Health England guidelines on healthier lifestyles, communication, goal setting, and signposting. In this sense they were designed to fulfil the **amplifying** function for networks, as the health champions in attendance at the October 2016 ‘Ketso’ session agreed that the term describing the role held little meaning for local people, even though it now appears in a range of health literature and is part of the NHS *Five Year Forward View* (2014). The sessions also fulfilled the ‘**community building**’ and ‘**convening**’ functions as they provided a common framework for what it means to be healthy and brought individuals together to discuss health and join a network.

Within the timeframe of “Level Crossing”, 21 people participated in the taster sessions. The written feedback from these sessions indicates that they successfully boosted interest in health among groups and individuals and helped explain the ‘health champion’ role. They also generated an interest in the full qualification: on average, a third to a half of the participants of a taster session group during the project came forward to take up the full qualification. The only barrier to uptake had been the time factor, as some individuals who were able to commit two hours were unavailable for a two-day formal course: common reasons given included shift work and informal care of family relatives.

An informal secondment from the West Lancashire CCG supported the delivery of the “bite-size” taster from January 2017, as part of an asset mapping project in Skelmersdale to support the Well Skelmersdale initiative. As part of this secondment, a detailed profiling of the Tanhouse ward was initiated to locate its assets and provide a further information source for community members to support the reduction of health inequalities agenda.

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| **Health Champion "bite size" taster, October 2016:**  “*It has made me think about my lifestyle”*  *“A good introduction - I am now interested in the full course”*  *“It will change my lifestyle”*  *“Makes you think what you can do to change your lifestyle, “I would like to come back”* |

**The challenges for the project**

*Geography:*

The project was one response to recent opportunities in digital health and tertiary prevention to reduce or minimise the consequences of a disease once it has been diagnosed. There were limitations related to geography. The area sits on the periphery of the county, with Greater Manchester and Liverpool as its neighbours, and has a predominantly rural and dispersed population of 113,401 (2016) within an area of 347 square kilometres. No one location serves as a centre, although Ormskirk has a university: the area is largely neighbourhood-based (Ormskirk and Aughton, Skelmersdale, Burscough and the Northern parishes) with poor transport connections; rail links, for example, tend to connect with places outside the area, such as Wigan (Greater Manchester), Southport (Merseyside), Liverpool (Merseyside) and Preston (Central Lancashire), rather than connecting communities within the area. Key clinical health services are outside West Lancashire, as are major leisure and arts-based venues and large retail outlets.

As elsewhere in the country, there is a health gap locally, with a mortality gap as wide as 8-10 years, especially in men, depending on where people live. (WLCVS Health Network and CCG Annual General Meeting, September 2016). Projects and services tend to migrate to Skelmersdale, an area with some high levels of deprivation, poor health outcomes and low car ownership (an indicator of low income). West Lancashire as a whole has a percentage of 38.2% of people earning below the Living Wage (*I* newspaper*,* 13th October 2015, reporting on the Office for National Statistics). Given the trends in health inequalities across the social gradient and from South East to North West, the income indicator suggests a real barrier to behaviour change.

*Project scale:*

The “Level Crossing” project was limited in time and scale, although it was designed from the start to connect with existing community-based health activity and to form part of a wider endeavour to promote behaviour change. For example, WLCVS, including the “Level Crossing” project coordinator, took part in a large-scale change approach initiative over a period of 3 months from 31st January on mobilising communities around health across Lancashire and South Cumbria (Public Health, Lancashire County Council). One of the key starting points for any Large Scale Change is to identify a ‘burning ambition’ and then to frame and reframe issues over and over to involve an increasingly wider pool of engaged individuals with a range of relevant roles and skills. The name of the project “Level Crossing” has facilitated conversation and given opportunity for reframing the vision of good health for longer in West Lancashire communities, especially in neighbourhoods in which entrenched behaviour, low income and mental health conditions are some of the identified barriers to improving self-care. Each time the project lead spoke to health professionals, residents and community groups, the question “why Level Crossing?” created conversation and widened the network of people engaged in health-based conversation. A recognition of the role that the project could play in wider developments around health prevention will help sustain its lessons to date, especially on supporting a cultural shift in attitudes and behaviours towards getting well and staying well to prevent multiple health conditions with complications in individuals across local populations.

**Opportunities**

The availability of health information online and digital health tools offer an opportunity for faster access to knowledge and for improvements in self-care management, such as monitoring levels of physical exercise, self-checks on mental wellbeing or downloading recipes. The Nuffield Trust, for example, reported that 88% of UK adults use the internet (2015), 71% of citizens have a smartphone, and 75% search the web for health information. The same source reports 43,000 medical apps available on iTunes (Imison et al, 2016). The statistics also indicate a gap with a percentage that is not online: indeed, a recent digital diagnostic of client's skills carried out by Citizens Advice Lancashire West (at the time of writing) indicated that 18% of Skelmersdale residents have never seen the internet. An education programme is needed to support the many people locally who are currently still digitally excluded.

Emerging opportunities to help community members go online are paving the way for a way to take the project’s lessons forward: in the spring 2017, WLCVS and Citizens Advice Lancashire West began work on a joint Buzz IT project, an initiative for individuals who want to get digitally connected by training and engaging volunteer digital champions and buddies. At the time of writing, a learning space had been created at the Citizens Advice office, Concourse main shopping centre, Skelmersdale that is fitted out with PCs. Lancashire Adult Learning is providing IT courses, and WLCVS is running courses on the health champion role, social media, digital health basics and Asset-Based Community Development (supporting individuals to recognise their gifts, skills and capacities within community).

WLCVS is also working with the IT developers Better Points who have created an app -Skelmersdale Rewards. It encourages residents to improve physical activity by rewarding walking, cycling, running with vouchers (either for retail outlets or as donations to local VCFS groups). An increase in physical activity is one of the key health behaviours encouraged to prevent further health complications in people with Type 2 Diabetes, but is also associated with other benefits: for example, by reducing the risk of coronary heart disease, stroke, colon cancer, breast cancer, osteoarthritis, depression and dementia (NHS Choices, 2017).

WLCVS has a strong and ongoing partnership with West Lancashire CCG around improving the area’s health profile, and promoting healthier lifestyles. It continues to run Health Network events to bring the health sector and VCFS groups and organisations together. WLCVS has also connected to the health coaching coalition (<http://www.betterconversation.co.uk/>) and introduced an education approach to the West Lancashire CCG chronic pain procurement process in May 2017.

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| An “excellent piece of work”  Amanda Gordon, Service Redesign Manager, West Lancashire CCG (email, 16th January 2017) |

It maintains partnership links with University of Central Lancashire, Preston, and Edge Hill University, Ormskirk. These are important connections in terms of the resources that local universities can provide, the expertise of academic staff members and the local student population who can be mobilised to serve as community volunteers.For example,during the project (October 2016), WLCVS ran a 2-hour ABCD workshop at Edge Hill University for a group of first-year social sciences students. The session included identifying their experiences as potential assets, and encouraging them to consider applying their gifts, capacities, skills and human connections to participate in social change.

**Immediately commissionable outputs as a result of the project:**

* Delivery of RSPH Level 2 Understanding Health Improvement to expand on the number of local qualified health champions.
* ‘Building Better Connections’: an ABCD course targeted at individuals who need a step up into engaging in community, initiating projects, forming groups, or for individual self-support/peer support.
* Health champion “bite-size” taster sessions to engage informally with small groups and involve in conversations around the key messages to reduce health inequalities and improve health. Potentially a means to support the start-up of new patient participation groups.
* A coordinator role to support network development of health champions towards generating further informal peer mentoring.

**Next steps:**

An extension of the project into the future would create greater opportunity for promoting multiple, increasingly active and connected health champion networks. For example, within West Lancashire, there is a strong community spirit that is revealed in interviews with community members in the film *Well Skelmersdale, Creating Tomorrow, Together* (Artz Centre, 6th December 2016, YouTube). It would also support the continuation of a training programme for health champions, ABCD connectors and local residents interested in becoming more involved in the role self-care management in understanding local health services, working towards reducing health inequalities and improving health in the local population.

The project can be expanded to address other health conditions with longer-term risks, and general health and wellbeing to reduce those risks that are avoidable or can be reduced with improved uptake of self-care management. It is designed to foster a more active patient role in working with health care professionals. For a range of health conditions, the core message of “Level Crossing”, initially targeted at those with Type 2 Diabetes, also holds true: a wider, more holistic definition of health applies, an educational approach helps local people to become more informed on how to improve lifestyles and utilise local health services more effectively; sharing information and recognising local barriers but setting SMART targets supports behaviour change; communities need help to build self-confidence and self-efficacy, but can also achieve much themselves with a little help; digital resources are an opportunity for self-care management which can be promoted by qualified RSPH health champions who have learned about reliable and credible resources relevant to the UK’s health economy.

A coordinator is a vital role in order to keep individuals, groups and networks well informed and connected, to act as a point of contact for health professionals and VCFS organisations, to manage the Twitter account @levelcrossingwl and to oversee further opportunities for project development.

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