

Evaluation of Self Care Pilots (overview report on project learning)

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Health and Care Research Service

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Background

We have evaluated anonymised data from two self-care projects funded by the Eastern AHSN. These projects were specifically chosen as they have a focus away from the typical areas for self-care programmes of work e.g. support of long term conditions such as asthma or diabetes. One project focused on self-care by people with newly diagnosed hearing loss and was delivered by Cambridgeshire Hearing Loss. The other project supported parents (including new mothers) through the Just One Norfolk website developed by Cambridgeshire Community Services (CCS) and users in Norfolk of the Baby Buddy app.

- ❖ **Project 1:** The hearing loss project involved **psychoeducational workshops** for people who have a suspected or newly diagnosed hearing loss and were designed to help people with the self-management of their hearing loss. Each workshop provided education on hearing and the impact of hearing loss, with signposting to resources available, peer support and group therapy. The project encouraged partners, or friends/ family members to come with the person with a hearing loss to the workshop. In addition, there is an online version of the workshop which people can opt to do instead of the face to face workshops (Health Unlocked).
- ❖ **Project 2: Just One Norfolk¹** is a website developed to provide support to parents of children aged 0 to 19. Support can be provided in the following ways: e-prescriptions (e.g. videos/blogs; virtual support (webchat, text messaging via "Parent Line"); face to face support (e.g. assessing developmental progress); plus a range of self-care resources and quizzes to support parents. Referrals to other services can be made if appropriate. Every prospective parent in Norfolk is being asked to register with the site. This project also included an evaluation of the **Baby Buddy app²**, which is an existing, free to use virtual app that helps expectant mothers with behaviour change during pregnancy and for up to six months after giving birth, through goal setting and providing information such as informative videos. It is being promoted in Norfolk by the CCS team at ante natal appointments.

This overview report summarises the learning from the two projects, based on qualitative input obtained from members of the project steering groups and input from the project funding lead organisation (Eastern AHSN).

¹ <https://www.justonenorfolk.nhs.uk/>

² <https://www.bestbeginnings.org.uk/baby-buddy>

Summary of learning from the pilot projects

- 1. Patient Uptake:** Ensuring adequate patient uptake of new interventions is a key element in establishing a successful self-care project.
- 2. Communications:** A primary means of increasing patient uptake is through marketing and communications activity.
 - The use of social media, especially buying Facebook reach, was very effective in promoting the website and, in terms of Just One Norfolk, has changed CCS's overall communications activity.
 - The amount of spend and resources required for the hearing loss workshops (which required significant marketing activity) was underestimated.
- 3. Commissioner Engagement:** Increasing uptake can also be achieved through obtaining backing and/or buy-in from potential funders/commissioners. It is important to be able to provide evidence for the cost benefits and/or patient benefits to potential funders/commissioners.
 - Commissioners in Norfolk can see the benefits to outcomes for parents, children and families from having a digital approach to universal services to free up or refocus clinical resource for where it is most needed.
 - The commitment from senior managers and commissioners and a whole system approach to developing the website was essential.
 - The GPs did not engage with the hearing loss workshops, which meant that a significant amount of communications activity was required instead.
- 4. Stakeholders:** Buy-in from key stakeholders and users is also very important.
 - If the Just One Norfolk website project team had built some prototypes early on (to show what it might look like), this would have helped with engagement from a range of stakeholders and users.
 - The visual look and design of the website, as well as having a specific Norfolk focus, was key to generating parent and practitioner engagement with it and getting users to return.
- 5. Project Team:** It is important to have a dedicated project group with the right mix of skills and experience. Also important is a good working relationship between members and consistent communication.
 - Although the approach used and upskilling of the Just One Norfolk website development team evolved over time, they faced key challenges in IT issues, content creation and short timescales for staff engagement.
 - As a small organisation, Cambridgeshire Hearing Help struggled with the amount of work and resources required to set up a pilot project. However, a key strength was the knowledge, commitment and drive of the project manager.
- 6. Eastern AHSN Support:** Both project groups reported that the support from Eastern AHSN was very positive. This included the provision of links to other organisations and networks, increased credibility through association, and the practical support provided (especially in terms of communications/ PR and IT).
- 7. Project ambition:** Important lessons were learned about the scope and limitations of projects. The organisations involved had limited experience of implementing and piloting interventions, and it is necessary to recognise that they may need additional time and support. It is important for projects not to overstretch themselves by introducing too many elements too quickly, but focus on doing a few elements well.

- The Just One Norfolk website team delayed introducing the peer support and live chat elements until they could be sure that they could manage the workload and that they would be properly resourced.
- The decision to set up the hearing loss online course was made too early and should have been made after the workshops had been fully evaluated.

8. **Sustainability:** In order to be sustainable in the long-term, projects need to attract continued funding and resourcing or to become a 'business as usual' activity.

- The Just One Norfolk project team believes the project will be sustainable going forward and should become 'business as usual' at the end of the two years of funding.
- Both Cambridgeshire Hearing Help and Hospital Audiology Services would like to find a way of guaranteeing that the workshops will continue but need to attract funding.

Conclusion: Self-care resources are very relevant for these clinical groups, as much so as for patients with long term conditions. Where there is appropriate buy-in and engagement from service users, they welcome the opportunity to learn more about their own health or the health of their child.

Project learning from the Just One Norfolk website

Project learning

The project group felt that working with Eastern AHSN as an organisation was really positive and meant that they were able to develop the website sooner than they would have been able to do it themselves. Especially helpful was the support in bringing in and establishing some of the networks, including Baby Buddy and Health Unlocked. Also positive was the credibility given to the project through Eastern AHSN's investment in it, and the practical support provided.

The Just One Norfolk website and the Baby Buddy app had similar objectives and overlap in terms of the remit around encouraging self-care and the digital forum. Communication between the two organisations was consistent and a good working relationship developed between the project management teams. However, the project group felt that there were some differences in approach partly due to the national focus of Baby Buddy versus the regional focus of the website. In the longer term, collaboration between Just One Norfolk and Baby Buddy will continue because they have built a good relationship. Baby Buddy has provided access to resources, information and promotional events as well as a certain "gravitas" to the website.

Setting priorities early on about the website's initial areas of focus and values was very helpful, using the data from Just One Number to establish the key issues people were contacting the organisation about.

Having a dedicated project group with the right mix of skills and experience was important. This skills mix related to areas of operational practice and clinical expertise that was consistently involved in the project across the organisational infrastructure. These skills included clinical review expertise, co-production and engagement skills, redesign experience, organisational and co-ordination skills, and media/digital expertise. It would be important that future projects identify key issues in relation to operational practice and clinical expertise for new projects, and made sure that organisational support was in place to facilitate this input into projects. A way of achieving this would be to ensure support and buy-in from senior managers and public health commissioners. This support was very much evidenced in the project.

The pace required for the project was seen as somewhat problematic in that the short timeframe ensured that the project moved forward, but the project group reported that the timescales were challenging. One of the main issues for the project development was IT, including engaging with internal IT experts who were initially slow to understand the complexity of what was wanted, and some technical challenges.

A significant challenge and learning curve was content creation for the website, especially as it needed to be produced within a short timescale. The initial approach did not work as well as hoped and significant time and resource was required to create animations, graphics and other visual elements to go around or with the content, plus check all of the content from a clinical and safety perspective. However, in phase two of the project, the service has learned from these issues and is taking a very different approach by investing in and training two people to create all of the content – guided and informed by relevant staff - to make it consistent and user friendly.

Another challenge was having to deliver staff training in a short period of time to engage the workforce, before they knew what the end product was going to look like. However, now the health professionals have seen the end product they are engaging with it well and using it in their clinical practice. The end product is also aiding engagement with stakeholders and other non-health professionals, which is important as there are a number of changes in progress across the wider system - including the integration of 0-19 services, redevelopment of children's centres and redesign of the CAMHS service - that involve self-care.

The project team felt that if they were doing the project again they would have built some prototypes early on to show people what the website might look like as this would have helped with engagement from a range of stakeholders and users, something that is essential to the success of the website. They would also have provided more support around digital skills for the staff who needed them.

Social media has worked very well in promoting the website to parents, especially Facebook and using paid advertising to buy additional reach, and the learning from the project has changed the Trust's overall communications activity. Other things that worked well were pop-up displays in shopping centres (staffed with people) and the giant cuddly toy JON Bear. Having people available to promote the website was very important for engagement with both staff and the public.

The visual look and design of the website, including having fun features and interactive elements, is key to generating engagement with it and getting people to return. Another strong feature is having a specific Norfolk focus and having Norfolk families being filmed as part of the content. The recent introduction of the peer support facility of the website was prompted by parents who wanted to share their experiences to support other parents.

Future development and sustainability of the project

The project currently has a further two years of funding which will help to continue to develop the website and also to think about developing it using the current whole system approach of Children's Services in Norfolk. The project team believes that this funding, and the support of public health commissioners, means that the project will be sustainable beyond this two year period. At the end of those two years, the project will need to have a plan for the website to become 'business as usual'. In preparation, staff are being upskilled to be able to undertake all of the techniques required for the website rather than employing external contractors.

The project team feels that the project would still have been a viable one even without the funding for two years from commissioners. However, it might have only been viable as a healthy child programme product rather than as a Norfolk whole system approach since the funding enabled them to have a much broader scope and engage with a wide range of stakeholders who are working with the same families. Norfolk is unusual in that it has gone through major service redesigns so that its services are now 0-19 and integrated rather than just a healthy child programme.

Commissioners see the benefits to outcomes for children and families from having a digital approach to universal services to free up clinical resource for where it is most needed. However, this means the Just One Norfolk website in combination with Just One Number³

³ Since March 2017, all services provided by the Norfolk Healthy Child Programme team, including health visitors and school nurses, can be accessed by calling a single phone number.

rather than just having a website in isolation, as the two together provide a better service for families and support outcomes for them in terms of increased confidence and self-care. While not necessarily freeing up clinical time the website is helping CCS to refocus it.

Adoption and spread

The project group felt that if replicating the Just One Norfolk website elsewhere, it would need to be located in a county that is ready for it with buy-in from the wider system plus commitment from senior leaders and commissioners. It clearly needs an accompanying infrastructure to be in place for effective implementation, which Norfolk has after its redesign to an integrated service covering the whole 0-19 age group. Also required would be the corporate resources allocated to support the project, including a dedicated communications resource, and service redesign expertise. Baby Buddy suggested that a replicated project would need to ensure a good visual and interactive website and also allow more time (e.g. an 18-month timeline) to allow for greater preparation and outreach.

Project learning from the Hearing Loss workshops

Project learning

A key strength of the pilot was the knowledge, commitment and drive of the project manager. However, as a small (and at the start of the pilot, struggling) organisation with only four employees, Cambridgeshire Hearing Help had limited resources and lacked certain specialist expertise, e.g. in communications and website design/management. It struggled with the amount of work and resources required to set up this kind of pilot project.

The project group felt they underestimated the amount of marketing and communication activity that would be required to engage people in the workshops. Communications activity on the project was felt to be lacking in good management and planning, mainly due to the initial engagement being lower than anticipated. The budget did not allow for the level of spend required and the level of spend required and the impact of other resources has been limited. Social media could have been used more, plus existing local community/village pages or forums.

Both Eastern AHSN and the project team believed that the decision to set up the Health Unlocked online workshop was made too early and should have been made after the face to face workshops had been fully evaluated. Feedback on the online workshops is positive, although just 46 people have enrolled.

Future development and sustainability of the project

Cambridgeshire Hearing Help believe that there is a sustainable project going forward. However, the organisation feels that in the future running two workshops a month (as per the current pilot model) may be difficult to manage without additional funding, due to the administrative time required to promote and deliver the project. However, if Hospital Audiology Services were to set up direct referrals from GPs, then one workshop a month would not be enough for the higher number of patients referred.

The backing of the CCG, and the involvement of a number of surgeries, would be key to expanding the project and getting more recruitment to the workshops without having to spend a huge amount of time and resource in marketing them. Demonstrating the value of the project and benefits to patients would be especially important in terms of persuading the CCG to back or fund the workshops in the future.

Both Cambridgeshire Hearing Help and Hospital Audiology Services are very happy with the workshops and their content, and they all want to see a way of guaranteeing that they will continue.

The main barriers to continue running the workshops are funding, having sufficient staffing and resources, and the low level of referrals. The latter is partially due to the lack of evidence around patient benefits and the potential impact downstream on the health service. Course facilitation needs to be sustainable going forwards, as it is currently dependent on one provider and just a few contributors.

There are potential options for running the project in varying formats, extending them to everyone referred into Hospital Audiology Services or extending the offer to people with hearing aids as the level of knowledge, even with those using hearing aids, is poor. This would be very much in tune with the self-care/social prescribing model that is being promoted in the NHS Long-Term Plan⁴.

Adoption and spread

The main advice about replicating the project elsewhere was about gaining engagement with the project - especially from the CCG/GPs and audiology services - and obtaining referrals to it. Other advice was to stay focused and concentrate on either face to face or online elements, but not both at the same time.

⁴ As referenced within Section 3 of Chapter 1 – “People will get more control over their own health and more personalised care when they need it”. NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>