



Framework for Neurological Care 2020 -2025 Funded Projects

STATUS REPORT

Project Title: Healthy Ageing Hub & Wellbeing Matrix

Overall Aim: To initiate a range of services which will contribute to Healthy Ageing Hub. The evidence gathered from this will help us to develop an evidence-based Wellbeing Matrix

Department/NHS Board:

Project Lead: Iona Campbell

Project Start Date: April 2021

Project End Date: April 2022

Report Date: 31st August 2022

Project Status

Current Project Status

(delete as appropriate)



Project Summary

Provide a brief summary of project progress against key deliverables. Please indicate if there are any significant risks that may impact on successful delivery of the project. If everything is going to plan one sentence should be sufficient. This section should be no more than half a page.

The project has been completed successfully. The key deliverables of the project are as follows; extension of our Health and Wellbeing Counselling service, development of a Wellbeing and Ageing Hub, development and promotion of digital MyCarepod and shared learning for other neurological conditions. Below is an outline of the progress at completion of each of these deliverables.

Health and Wellbeing Service

Our Health and Wellbeing counsellor has engaged with 19 service users over the last year. This has fallen short of the 20 we had hoped to achieve, however the reasoning behind this is that some service users are now being seen on a long-term basis. It is our priority to continue work with the service users that have existing identified need rather than actively identifying new service users to engage with the service. In addition, we have recently offered placement for a counselling student from the University of Strathclyde which will allow us to increase capacity going forward. Also, our family support team have also provided support to 127 individuals and family units over the last year. This team focuses on emotional wellbeing, financial enquires, housing, employment and education support, as well as, offering every individual and family unit a wellbeing/GIRFEC

assessment which will be used to inform a person-centred support plan. This helps to support the health and wellbeing service by providing service users with tools to thrive.

Wellbeing and Ageing Hub

The hub is now up and running and is hosted on Digital Bricks Learning (an open source platform). We are working to populate the hub with a variety of resources and plan to rollout to service users this summer. The site is due to go live to service users in September.

Testing, Promotion and Rollout of Digital MyCarepod

The rollout to staff and service users has gone to plan. We have all staff registered on the app and in June and July rolled out to some service users to test the sign-up process. Between January and March we spent considerable time to ensure that any bugs in the system were ironed out before considering rollout to service users. This was important for the integrity of the product, but also important for service users with hydrocephalus who may find sequencing new tasks confusing. We have marketed the product to initial 10 service users and used learning to understand how best to roll out to a larger group which could potentially see 1039 people aged 18+ using the app. Our goal for this year is to create a sustainable plan for this and consider what resources we need to bring in to achieve this. In addition, we have been working with Excelicare, the app developers, to enhance the information and links section of the app so that we are able more easily to offer and update what validated education material is available.

Having received the marketing campaigns devised by students at the University of Glasgow, we recruited an intern from this pool of students. They were working on rollout of the marketing campaign and content creation until July 2022 (post funded by University of Glasgow). So far, they have delivered marketing materials for the app and devised a marketing campaign to ensure successful rollout from September onwards.

Currently we are looking for funding to support a Digital Inclusion Officer/Sessional Worker to work closely with service users to set up the app. This is extremely important because many of our service users with hydrocephalus need extra support to be included in e-health and wellbeing initiatives. This is due to the cognitive complications that come with hydrocephalus which can affect a person's memory, behaviour and sequencing abilities. Therefore to set up the app on their phone it is important to have someone on the team who can support if need be. We are keen to close this gap in digital accessibility and cannot achieve this without appropriate funds to provide the person-centred work that is needed.

Movement to Cloud

This summer we have been migrating our person-centred database onto cloud-based software which will make access easier and enhance our cybersecurity requirements. The online cloud version is more accessible, quicker and saves staff time. The app will also run quicker and we are already seeing this in the testing phase. This has pushed us back a little in terms of time scales for rollout, but know it will be beneficial in the long-run for both service users and staff.

Marketing of MyCarepod

Soon we will be beginning our social media marketing campaign of the the myCarepod app via Facebook, Twitter and Instagram. In addition, we will be sharing our achievements widely with colleagues in health and social care and other third sector organisations. At the moment we have a webpage set up for people to learn more about the app and its features: <https://www.sbhscotland.org.uk/app-my-care-pod/>.

Shared Learning for other Neurological Conditions

Now that this project is complete we are excited to start sharing our success in promoting the e-health and digital aspects of our Strategic Development Plan as well as promoting our Innovative wellness and Aging Hub resources. We are looking forward to seeing the ways in which service users use the app to track their wellbeing and what benefits this brings in providing appropriate interventions for individuals based on their wellbeing score. In addition, our Information sharing agreement with NHS Lothian means that we will be able to test the app in a clinical setting also. We will celebrate what we have achieved with other organisations and health boards in the hope that shared learning can be achieved.

Project Shared Learning

Provide a brief summary of how you intend sharing project outcomes and what you have learned with others (please include the organisations/networks you will be sharing this with).

Service users will now be able to enter data which they can then share with their GP and specific consultants, making the service user at the centre of their own health and care record. We hope to replicate this relationship with our health boards in the future as part of a long-term goal to provide integrated health and social care for people with SB/H. We have recently secured an Information sharing agreement with Greater Glasgow and Clyde and are in early discussions with NHS Tayside and Grampian to replicate ISA's in their localities.

We will also share our achievements via communications with organisations, such as the Neurological Alliance of Scotland, PAMIS, Queen's Nursing Institute Scotland, Scottish Transition Forum, SBH Ireland and the International Federation for Spina Bifida and Hydrocephalus, with whom we have relationships with currently, but also more widely to organisations and health and social contacts that are new to us. This will be achieved through email marketing and direct communications with relevant staff. We will also share our new services on our social media platforms both to demonstrate what we have achieved and to encourage more service users to sign up.

What support can Scottish Government provide in helping you to share learning from the project?

If possible, we would be keen to share what we have achieved via Scottish Government channels e.g. social media, website material and blog posts. We would be keen to write a blog post which can be shared widely by Scottish Government. Any opportunity to promote our work across relevant departments and government agencies would be welcomed.

Sustainability

Provide a brief summary of how the achievements of the project will be sustained after funding ends. This could refer to how you hope to ensure adoption by other service providers, or continuation within your own service

What support can Scottish Government provide in helping you to replicate or extend this project?

The enhanced resources and future proofing offered by migrating our national database and app to cloud based services will enable us to further develop our digital strategy within SBH Scotland and to develop further innovative tools to support health and wellbeing. The Health and Wellbeing Counselling service will be continued subject to sourcing additional funding and we hope to extend this resource further by inclusion of offering placements for Counselling students. This both offers valuable experience for new counsellors and also extends our capacity.

SBH Scotland are entirely self-funded relying on the generosity of the public, trusts, and corporates to deliver core services . We are currently forecasting that our yearend to March 2022 will be a circa £100,000 surplus. This is mainly to do to two major "one off" gifts of £130,000 from two individual donors. Due to an uncertain financial landscape (cost of living crisis and European unrest) we are projecting a very difficult year in 2022/23. Our Board have provisionally approved our 2022/23 budget with a deficit of (£234,000). This shortfall in income generation will be buffered by using unrestricted reserves. To cover funding for our core costs we approach a range of key funders, including NHS, Local Authority, Scottish Government and numerous other grant and trust making bodies to discuss this. With regard to the app, now that development is complete maintenance is covered by our annual fee to Excelicare which is also a core cost due to its role in the day to day running of our national database. As we hope initiate further developments to the app, we will need to find additional funding.

This project in particular is part of a long-term plan to provide joined up and person-centred services which can be sustained for years to come and mark a positive change for people with neurological conditions in Scotland. The Board of SBH Scotland continue to prioritise a range of quality family support and clinical services whilst ensuring a key presence in Innovation and Research. Strategically, they continue to balance the requirements of a sustainable national specialist charity with the evolving needs of its services users of all ages throughout Scotland.

Key Milestones

ID	Title	Plan completion date	Forecast completion date	Actual completion date
1	Counselling (20 clients)	April 2022		April 2022 (19 clients)
2	Wellbeing and Ageing Hub	November 2021		March 2022

3	Transition resources website space	September 2021		September 2021
4	MyCarepod Promotion campaign building	December 2021		December 2021
5	Hiring of Marketing intern to implement MyCarepod Promotion campaign	March 2021		April 2022
6	Staff Mycarepod rollout	November 2021		November 2021
7	Appointment for Clinical Research and Innovation Assistant	June 2021		June 2021
8	Development of Wellmometer and Pain Assessment feature	August 2021		August 2021
9	Testing MyCarepod	December 2021		April 2022
10	Beginning of rollout to service users	April 2022		April 2022

Progress and Deviations from Plan

Outline achievements of key milestones or other significant measures of progress. Provide a brief report on any areas not progressing as planned and what is being done to address this.

At the end of the project we are satisfied that we have completed all milestones within the deadline and to a high standard. A couple areas were delayed as highlighted above. It can be seen in line 1 of the table that we have only delivered counselling to 19 clients. This highlights the limited capacity of the service, however we are still immensely proud of how far it has come in a year with only one counsellor on our team. In addition, the student who has recently been recruited will increase the capacity.

Furthermore, the appointment of the Marketing Intern was delayed due to low application numbers, however are now satisfied with the candidate we have appointed and look forward to a fruitful campaign being rolled out over the autumn. Migration to the cloud has pushed this schedule back a little, but we are excited for this stage as it is our next step to improving our digital innovation projects and remaining up to date and accessible.

Finally, the testing of MyCarepod took longer than expected due to an extended testing period. We are glad we took the extra time to iron this out and ensure that the product was ready for service users.

Risk Register

This may be attached to the report if it is tracked in a separate risk database. If the risks are documented here, then please use the following format.

ID	Description	Mitigation plan (what is being done to prevent the risk)	Contingency plan (what will be done if the risk occurs)	Likelihood of occurring	Potential impact (£/schedule/quality, etc)
	Low engagement with services	We have created a strong	Work closely with family support	Low	Schedule will be delayed

		<p>communication strategy through email marketing, support workers and social media which enables us to reach more service users (including those who engage less with our services). We are excited to see the uptake continue going forward.</p>	<p>workers to engage with more people on an individual level and maintain outgoing strong relationships with service users. In addition, each service user receives an onboarding call for the app where communication around any questions they have is opened.</p>		
	Financial risk	<p>Every month, the CEO, Director of Fundraising and Finance Manager review the organisations financial risk profile- the tool that drives risk assessment and planning. This is an ongoing process for identifying, evaluating, and managing significant financial risks.</p>	<p>Our fundraising team work consistently on fundraising events and on applications to a range of funders to ensure that we can maintain our valuable services.</p>	Low	<p>We would need to reduce the amount of services we offer which would have an adverse effect on the wellbeing of our service users.</p>
	Staff loss	<p>Our main method for this is preventative. We ensure to maintain a rigorous recruitment process, followed by robust training and consistent</p>	<p>If staff resources were minimal, the service delivery team has been designed to be flexible enough to allow for short term cover of holidays, sick</p>	Low	<p>Understaffing would put strain on services and reduce the quality of these services</p>

		support from line managers.	leave and vacancies. Additionally, all staff benefit from working within a designated team which are able to support any project deliverables on a temporary basis until replacement resources were identified.		
	Unprecedented workload	The organisation has a strong management team which provide regular supervision to the Family Support team and the Clinical Innovation and Research team in order to ensure that deadlines are being met and that staff are coping with demand.	Provide necessary support and training so that staff can fulfil their roles successfully. In addition, we bring in supporting staff where possible to help manage workloads e.g. interns, consultancy staff and student placements.	Medium	Delays to project schedule
	Large uptake of app and other services	We are committed to rollout of all services in a sustainable way that does not overwhelm staff and ensures that service users are receive the best support possible. Maintaining good		Low	

		communication with service users allows for this.			
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Metrics

Please detail the metrics being used to track project progress.
(As data becomes available please provide appropriate non-identifiable patient data demonstrating progress)

The metrics through PowerBI (linked to our person-centred database) show positive numbers in the uptake of the counselling service. Success can be seen continued attendance, however, to gain more in-depth data we sent over evaluation surveys to users of this service. Again, these have revealed positive feedback for the services, but also highlighted areas for improvement going forward. The majority of those surveyed feel listened to, that they are being supported to achieve their goals and that the service responds well to their needs. In addition, people generally said that they would recommend the service to a friend.

This practice will also be taken up with MyCarepod once more service users are enrolled. We will be starting the second phase of marketing of the app next week. From speaking to service users, we have discovered that it will be used in a variety of way with most people focusing in on a couple areas of their health and wellbeing e.g. their mood, sleep, pain levels. Service users can be connected to a family support worker for support too alongside use of the app. One service user in the testing phase told us, 'I have been enjoying using it as its helpful for my mental health with the mood'. We will have more feedback from more users in the Autumn.

Financial Status

Total Amount Funded: £30964
Spend to date: £30964

Expenditure Breakdown

Healthy Ageing Hub & Wellbeing Matrix			
	Budget	Actual April to March 22	Variance
Salary, NI & Pension Costs	13026	13464	-438
Staffing Costs	1796	1852	-56
Office & Equipment Costs	2171	2167	5
Premises Costs	1091	1092	-1
IT Costs	0		0
Digital Wellometer Costs	10000	9509	491
PR & Marketing Costs	0		0
Administration Costs	0		0

Management & Supervision Costs	2880	2880	0
Total	30964	30964	0