

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 11th June 2018

Report By	Michael Curran & Tim Paterson
Contact	Michael Curran
Telephone:	01835 824000 ext. 5939

INTERIM REPORT ON COMMUNITY CAPACITY BUILDING

Purpose of Report:	<p>To update the IJB on progress made by the Community Capacity Building Project to support transformation.</p> <p>To set out the qualitative impact of the work carried out by Community Capacity Building Project.</p> <p>To set out the high level plan to engage with acute and primary care colleagues to facilitate the evaluation of the clinical impact of Community Capacity Building project.</p>
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <p>Note the work of the Community Capacity Building Team to date.</p>
Personnel:	There are no personnel implications outlined in the content of this Interim report
Carers:	There is an inherit benefit to carers in delivering effective community capacity building.
Equalities:	There are no equalities impacts arising from this report
Financial:	Financial impacts where covered in previous reports
Legal:	Supports the delivery of the strategic plan and is in compliance with the Public Bodies (joint working) (Scotland) Act 2104.
Risk Implications:	To be reviewed in line with agreed risk management strategy inability to deliver enhanced capacity within the community will undermine the delivery of key strategic objectives.

1. Background

- 1.1. Community Capacity Building is a mechanism for early intervention, reducing health inequalities, supporting carers and supporting independent living. The team has and will continue to improve health and wellbeing through preventive and supportive community based care, this will enable the delivery of the strategic intention to move the balance of care into the community.
- 1.2. The IJB approved a further 12 months ICF funding for the Community Capacity Building Team in December 2017 for financial year 18/19. It was agreed at this time that an evaluation set up which would include acute and primary care colleagues, should be carried out within 12 months as well as an update on progress to the IJB at six months.

2. Summary of impact

- 2.1. The Community Capacity Building Team (CCBT) has won the silver award in the 'Creating Community Capacity' at the Public Sector Transformation Awards in London. The award recognises the substantial impact on transformation and was presented to Cllr Weatherston and members of the team by Chairman of IESE, Councillor Paul Bettison.
- 2.2. The CCBT continue to maintain the existing level of activity and have added 4 new activities to the programme since December 17. There has been an increase in participants in the programme from 500 per week to 650 per week. The team have enlisted 14 new volunteers to support the new groups. Whilst the Hawick Gentle exercise class has ceased due to issues around viability, the overall participation numbers have increased.
- 2.3. The CCBT have engaged with transformation projects and explored how their input could be best realised. A broad theme has emerged for several transformation projects; having a mechanism to pull people through to longer term activities post clinical input. The mechanism for this would be via the Community Led Support "What Matters Hubs" where community capacity workers would be in attendance.
- 2.4. The CCBT have successfully created new community based alternatives for the remaining clients attending the Ability Centre as part of the reimagining day centre project. This has allowed the Centre to be decommissioned as a building based model. The community based model is provided via a community link worker model.
- 2.5. The CCBT is engaged in further re-imagining work in the Berwickshire area where new joint models of care are being developed to deliver a joint approach to day time opportunities.
- 2.6. The CCBT are engaged in the type two diabetes agenda with current and future activity delivering the community capacity building element of the actions required to address this growing issue.

- 2.7. An additional benefit generated by the support offered by the CCBT to local projects in the community has been the allocation of additional funding to local groups and organisations. The CCB team have supported the raising of £117,600 (appendix 1) which has strengthened these organisations and has made many other activities possible across the Scottish Borders.

3. Impact Evaluation approach

- 3.1. The CCB team have brought together a range of case studies to support the evaluation and to offer insight for colleagues in acute and primary care to develop an impact assessment approach (see Appendix 2). The case studies cover a range of clinical conditions such as clinical depression, osteoporosis, parkinson's, early onset dementia, joint replacement, falls and prostate cancer.
- 3.2. It is agreed that colleagues from Acute Care (Cliff Sharp) and Primary care (Kenny Mitchell) as well as Public Health (Tim Paterson) explore and agree the most appropriate evaluation approach considering both the broad and specific nature of benefits outlined in the case studies. It is also proposed that Partnership Programme support should be utilised to ensure that evaluation mechanisms are aligned to those for all ICF funded projects.
- 3.3. It is proposed that the evaluation should be completed by November 2018 and the presented to the IJB in December or very early in 2019.

Appendix 1

An additional unexpected benefit generated by the support offered by the CCB team to local projects in the community has been the allocation of additional funding to local groups and organisations which has strengthened these organisations and has made many other activities possible across the Scottish Borders.

Group	Funding Source 17/18	Amount
Food Train	Scottish Government	£38,000
Gala walking football	Aviva	£1,000
	Hayward Sanderson Trust	£400
Just Cycle	Transport Scotland	£25,000
	Scottish landfill communities Fund	£25,000
	The Foyle Foundation	£ 2,000
	Foundation Scotland	£ 2,000
Food Foundation	Local Trust Fund	£5,000
Silver Sunday	Berwickshire Housing Association	£1,000
New Age Kurling	Barchester's Charitable Foundation	£500
	Coldingham community Council	£300
	Coldingham Book Shop	£200
Walking Netball	Foundation Scotland – Drone Hill Windfarm	£500
Duns veterans club	RAF Edinburgh, Lothians and Borders Branch	£200
Writing for wellbeing	Blackhill Windfarm	£750
	Christie's Trust	£450
Wellbeing Week	Health In mind	£800
	Community Grant	£500
Mens shed	Hudson Hirsell	£3500
	Blackhill Community Fund	£3500
	Localities Bid fund	£7000
Total		£117,600

Appendix 2

Case Study 1:

A PENSIONER - AND FINISHED?

I started work at 17 and retired nearly 50 years later without a day's unemployment. For much of that time I was also active, healthy and effectively illness-free – there's was one period of 27 years without a single day's absence. Unfortunately I then fell into an extended period of clinical depression where I had a breakdown and was diagnosed by my psychiatrist as "passively suicidal". The recommended treatment was cognitive therapy rather than medication – essentially being active mentally and physically. With support, this worked very well for a long period – I had a challenging job and I played football in some form until nearly 60.

This support programme disappeared almost overnight on retirement – opportunities for mental and physical agility disappeared simultaneously and I felt myself slip into dark moods, bad ways and poor health. Depression, although a mental illness, brings with it a host of physical problems as the ability – even the interest - to fight any illness disappears as well. It's a downwards spiral.

Walking football pulled me out of that spiral.

I spotted the opportunity advertised in local publications and shops. Checking Walking Football generally on-line was not encouraging – it has an air of "care in the community for old folk". However when I spoke to the local contact, Amanda Renwick, she was very positive, emphasising the fun side - with the benefits flowing as natural outcome. I was persuaded. When I first attended I found her enthusiasm and commitment infectious, something that has been constant ever since. I may not match her for effort and energy but she sets a standard to aim for.

Since I began attending I have missed only one night – due to the snow. I have also identified additional outlets in Gala. Much of my week is now taken up with football. Foremost fun – with benefits to follow as promised. My social skills are coming back and extending beyond football: my self-esteem has been restored. I'm using my brain again. My health is better than can be expected for someone approaching 70, my fitness compares with many 50+. I have regular bruises and strains from playing but these are badges of honour, carried with pride!

Depression never goes away but I am once again handling it as an irritation in the background and not as a life-threatening issue. Who would have thought all this from walking football - and Amanda?

I am grateful to them both.

Pensioner LAUDER

Case Study 2:

X started attending the gentle exercise class, however, suffered from osteoporosis, and as a result if this has a very weak neck, her head carriage was very low and a lot of the time x was unable to look up and straight ahead of her.

This had impacted her greatly as she had stopped going out of the house as often as she had to rely on a mobility scooter but often became quite distressed as she was banging into things. This resulted in a loss of confidence, lack of self-esteem and an unwillingness to socialise.

X started attending the weekly gentle exercise class and after a short number weeks of attending the class, the lady asked me over to her seat as she said she had something to show me, she slowly lifted her head from her chest and was able to hold it up – she explained that this was a result of the exercise class and thanked myself and the instructor for making a difference to her.

Not only had this helped with her muscle strength, she had slowly built up the confidence to go out and about in her mobility scooter again.

Case study 3:

X started coming to the walking football as he saw it advertised around the town. After a brief conversation, x told me he had arthritis in both knees and was unable to play football now. He explained this had impacted him both physically as he felt he was not getting the exercise he needed, and socially, as he struggled in company with his friends who still played and he sometimes felt slightly isolated from the conversation.

He has now been coming to the walking football for a number of months and says he physically he feels much fitter and managed to persuade one of his friends to come along and play too.

Case study 4:

One of our players was asked to write for the Walking Football Scotland website back in the autumn. Gordon has been playing with the Gala team almost since they started nearly three and a half years ago

He is age 71 and as a sixteen year old was asked to sign an “S” form for Hearts-such was his talent. His mother said that he would be better off with a “proper job” and so he turned down the chance and took a job with DHSS –where he stayed until his retirement.

Even with Parkinsons disease you can see the skilful touches he has when playing.

Cant help but wonder , what if...

Moral of the story is, you should not always listen to your mother!

Article

Having retired four years ago I was determined that the time had now come to agree a course of action with my GP regarding a knee that had been damaged for a long time and which resulted in a knee replacement. Prior to this my limping caused some to sympathise and others mild amusement!

As time went by and I continued with exercises to strengthen my new knee. This was mainly by walking and within the Galashiels area and developing quite a knowledge of the town and also meeting many other walkers. Whether they had also had a replacement knee or not I don't know! I also started attending a weekly badminton group at our church and gradually began to strengthen my knee but also increase my confidence as to what was possible or not.

The next discovery was walking football. I had loved football since the start of living memory and hadn't anticipated becoming involved again but this seemed to be a possibility and I determined to investigate. I spoke with Lynn who coordinates the walking football, particularly in the Galashiels area. She suggested that I come along to the two weekly sessions – one at the Langlee Community centre and the other at Netherdale – to see how I felt.

This has resulted in developing friendships with other like-minded guys but also in rediscovery of football involvement to my great delight. I'm still wary about strong tackles and over enthusiastic play and I think others back off a bit which I appreciate and I still don't want to get too competitive but usually I love the sessions and the banter.

Furthermore since starting walking football I have been diagnosed with Parkinsons. This has not affected my attending the football and I consider the exercise beneficial and necessary as I intend to keep playing football, badminton, walking and going to the gym for as long as possible.

To sum up I am SO PLEASED to have the opportunity to play football again

Case study 5:

X is a 70 year old who has not long moved to the Borders. Other than her children and grandchildren she only knew 1 other person her own age when she moved here.

Upon turning 70 X realised she needed to become proactive in term of looking after her health, realising the importance of strength and balance to prevent falls and injuries. X weekly goes online to the NHS Choices website and carries out the exercises online to improve balance.

Having joined a local yoga class she saw advertised Walking Netball (a community capacity building (CCB) organised session) and thought why not, especially after her teenage granddaughters encouraged her to go along and try it out. X had not played netball since a child herself.

Walking netball is now the highlight of her week! "Our netball sessions are excellent, not only are the games enjoyable but the drills are great for remembering things and coordination/ movement – having to follow general instructions is brilliant for the brain"

X told me that having the opportunity to still be competitive in game play inspires confidence and is inclusive of all abilities to ensure everyone can take part and enjoy the sport.

Personally the great thing for me (CCB worker) is that as a result of X attending Walking Netball she has made a whole other network of people who she never knew before, X now volunteers with a different CCB activity – soup lunch, and has gone on to join another CCB class (arts and crafts) as well as various other things in the local community that she has since discovered through meeting new friends at netball!

Walking netball has therefore been beneficial to this individual both physically and socially.

Case study 6:

X attends one of our gentle exercise classes and has done since it began in 2014. She is now 85 years old and lives with Parkinson's Disease as well as early onset Dementia.

X takes part weekly in the classes completing the whole 45 minutes of exercise. The exercise really helps to reduce her shakes and tremors out with the class, she feels the coordination of the moves is very beneficial mentally as well as helping with general fitness levels. Although she walks regularly around the town she may not be taking part in such exercise if it hadn't been for this class.

Having a regular, consistent class to attend also is helpful to her now living with dementia as well. As she has been coming for a few years now she is familiar with getting there and back and all of the people and surroundings which is empowering.

The physical activity yes is a huge bonus but so is the general socialising with friends. X stays on for refreshments after the session with the other participants and her peers will always ensure she gets a cup of tea and is ok.

Case study 7:

Duns Tea Dance was created not only as an alternative to traditional fitness activities, although has similar benefits the initial aim was to bring people in the community together through a shared interest.

Participants are mainly local people but other regular attendants come as far as Selkirk, Jedburgh and Hawick. Recently however, a new participant has been attending the sessions. This person has been diagnosed with MS and as the condition progressed, the individual felt unable to attend regular groups such as crafts and knitting which requires a higher level of motor coordination. This has had an impact in the person's social life, self-esteem and confidence. It has also put a strain on her husband, her main carer. This person has reported feeling renewed and with a greater sense of purpose since she started attending the sessions in Duns and, despite her limited mobility, she really enjoys being there and part of the group. She reported feeling more connected to others and the music has a great impact on her wellbeing.

"I look forward to attending the sessions and so does my husband, it is the only activity that I attend which is really meaningful to me and not only time away from the house or respite time for my husband. I come back home on a high note and the feeling stays for

days after. My husband also welcomes the opportunity to have time for himself and do things he also enjoys and this is priceless.”

Case study 8:

Men's shed have been well supported by the CCB team across the whole of the Borders. The involved with Men's sheds often talk about how important it is to have a meaningful space for social connections and skills sharing but equally as a space for mutual support and information sharing.

In one of the sheds for example, one of the members who had been diagnosed with prostate cancer shared his story with the other shedders during one of their meetings. His personal story prompted other men in the shed to book for the test, and all other men there stated that they had never had it done neither had considered having the test done despite seeing so much on tv and being constantly reminded by health professionals on the importance of having the test done. As one of the men put it: “you never think it is going to happen to you until it hits close to home”.

Case study 9:

The programme was successful in attracting people from disparate backgrounds and skills which helped reduce intellectual and even, social inequalities. In addition, it provided intergenerational experience where participants of different ages could benefit through skills sharing; it fostered a sense of shared endeavour in the creative work and promoted social interaction and a sense of belonging. One participant for example, is 89 years old and a full time carer with no family or friends around. She signed up to the programme aiming to meet new people who shared an interest in writing. During the course, the participant talked openly about her feeling of isolation and how having a purpose has had an impact on her well-being and even on her relationship with her husband who she cares for at home. Once a keen writer, she disclosed to the group that she even “managed to revive an old typewriter which had been neglected and forgotten for many years”. After the programme, the organisers had the chance to speak with the participant's husband who spoke openly about how beneficial the activity had been to his wife:

“She has gained a new purpose in life and we both look forward to our own times apart. She looks forward to attend the session and when she comes back home, she is full of a very contagious enthusiasm. I look forward to hear her written pieces which she is always keen to share with me”.