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## Voices of Community Navigators—

# Enabling Wellbeing through eHealth and Social prescribing in Scotland

### Context

Demands on health and social care services in Scotland, Ireland and Northern Ireland are increasing as the proportion of older people rises. Simultaneously, long-term conditions are becoming more prevalent, with older people often facing multiple conditions. This can lead to social isolation, increasing reliance on health and social care services.

### What is mPower?

The mPower project is funded through the European Union's INTERREG VA Programme, designed to promote greater levels of cross-border co-operation. Match funding is provided by the Northern Ireland Executive, the Irish Government and the Scottish Government. mPower aims to stimulate transformation in older people's services, enabling people to live well, safely and independently in their own homes, supported by a modernised infrastructure. mPower targets citizens aged over 65 who are living with at least one long-term condition across 7 deployment sites in Northern Ireland, Ireland and Scotland, delivering:

- A Community Navigator Service undertaking home visits, co-producing 2500 personalised Wellbeing Plans with beneficiaries, focused on prevention and self-management.
- 4500 episodes of eHealth interventions through use of Home and Mobile Health Monitoring, Digital Apps and Video Enabled Care Services.

### Evaluating mPower

The aim of the evaluation, conducted by researchers based at the University of the Highlands and Islands, is to monitor and evaluate the delivery of the mPower programme against its targets, making use of both quantitative and qualitative data collected throughout the programme. The key aim is to examine if the mPower service supports older people to live well at home for as long as possible.

This poster draws on early data from qualitative interviews with Community Navigators in two deployment sites in Scotland.

#### Improving the wellbeing of mPower beneficiaries

One of the key outcomes for beneficiaries highlighted by local teams was an improvement in their wellbeing. Supporting beneficiaries in their use of technology, for example showing them how to shop for food online in the absence of nearby shops, could in a concrete way improve their physical wellbeing. Using an online diabetes self-management tool allowed beneficiaries to gain access to more general advice relating to lifestyle, rather than merely monitoring of the illness.

Home and health monitoring also helped beneficiaries manage their health while staying in their own home. For example, wearing an emergency alarm gave a beneficiary and their family peace of mind after a fall.

Conducting home visits with beneficiaries gave Community Navigators the opportunity to gain a more holistic picture of their wellbeing:

*'I think the home visit appointment, it gives a bigger picture, as well as the person's overall health and wellbeing, how they are managing at home. I think sometimes when patients meet in GP practices and GPs see them there in front of them, they are not seeing the whole picture.'*

#### Community and Connectedness

Providing beneficiaries with support in making use of technology such as mobile phones, tablets and computers, enabled them to stay connected to family and friends. For beneficiaries living in isolated areas, far away from family and friends, being able to use video conference software could make the distance feel shorter:

*'He wouldn't see people day-to-day but... he had his webcam and could speak with friends... That did have a big impact on his isolation because he felt connected to someone.'*

Community Navigators also acted as links to activities taking place in the communities beneficiaries lived in. In designing wellbeing plans collaboratively with beneficiaries, Community Navigators are able to gain an understanding of their needs and interests, and suggest activities in the community they might not even be aware of.

Community Navigators are also able to support beneficiaries who may be feeling anxious about taking part in social activities:

*'He felt quite anxious about going to a social group... and I actually went with him and I think that made him feel at ease, knowing there was someone there he knew already so he didn't feel so anxious.'*

#### Empowerment

The theme most prominently arising from this early data is empowerment. The Community navigator service was seen as giving beneficiaries agency in different aspects of their lives. This took place both through technological interventions and social prescribing. Beneficiaries were shown how to use their mobile phones, enabling them to call for a taxi themselves; taught how to use the internet to renew their car insurance, meaning they didn't have to ask family or friends; teaching those interested in reading how to access books on their tablet; and how to use Voiceover to write and read emails after sight loss.

Key to achieving empowerment and agency is Community Navigators working with beneficiaries to help them identify what their needs are:

*'We find out what is important to you, what matters to you. What you miss, what you can't do anymore that you want to do around health, what element of your health is it that matters.'*

In this way, beneficiaries have more of a say when it comes to their needs and priorities, rather than being given solutions to problems identified by a health professional. This requires a degree of mutual trust, and Community Navigators highlighted the importance of multiple home visits in enabling beneficiaries to open up about their needs and empower them to improve their wellbeing.

#### Conclusion

Speaking to Community Navigators at this early stage of the programme has shown the importance of supporting beneficiaries in identifying what is important to them in achieving outcomes such as increased wellbeing, connectedness and empowerment.

Community Navigators act both as facilitators of these conversations, importantly taking place in the comfort of the homes of beneficiaries in a manner that is not rushed, and as links to appropriate services in the available, both eHealth and community resources.

*'mPower links all these services together... each thing that's going on in the community... it's about informing and keeping track of what's going on... A professional might sit down with a patient and think "right, this patient needs this and where the heck am I going to go for this?" And they might actually phone us up... It's different to anything else that's going on [here]. In terms of eHealth, I think it's the same... there is so much going on, there's just nothing to keep it together [until now].'*

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