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mPower Project 2017 – 2022
On Island of Ireland

Self- management and Co-production
Programme Funding

A project supported by the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB)

€ 10.1m

€ 2m
(€ 1.7m)

€ 6m
(€ 5.1m)

€ 2.1m
(€ 1.8m)

€ 10.1m

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Interreg VA Programme Area & Project Partners

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mPower Locations

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mPower Aims & Objectives

Healthy & Connected Communities

- Supporting older people (65+) living with long-term conditions
- Reducing un-necessary presentation to primary care
- Enabling people to live well, safely and independently in their own homes
- Supporting self-management of their care in their community
- Reducing isolation and the impact of loneliness
mPower Aims & Objectives

How will these be achieved?

- Establish cross sectoral collaboration across Republic of Ireland, Northern Ireland and Scotland to support greater mobility, confidence and reach of health & care professionals and services;

- Effectively engage individuals, community organisations and services in redesign of health and care services.

- Employing Community Navigators to work with people to develop wellbeing plans that connect to community activities

- Employing Implementation Leads to connect services to new technology that support health and wellbeing
mPower Aims & Objectives

Indicator 4.120: Patients availing of e-health interventions to support independent living in caring communities

Indicator 4.121: Patients availing of a shared cross-border framework and service for the identification, assessment and referral of patients identified as “at risk” of isolation and social exclusion

Indicator 4.122: Specialist training and development programmes for cross-border area health and social care providers
Intended Operational Level
Evaluation & Reporting

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Evaluation Overview

All mPower deployment sites 1033 Evaluation Participants

- Gender:
  - Female: 343 (33%)
  - Male: 690 (67%)
- Living alone:
  - Yes: 316 (31%)
  - No: 715 (69%)

Age band:
- 65 to 69 years: 115 (11%)
- 70 to 74 years: 197 (19%)
- 75 to 79 years: 244 (24%)
- 80 to 84 years: 194 (19%)
- 85 to 90 years: 65 (6%)
- 90+ years: 218 (21%)

37% of beneficiaries also had long term conditions listed as ‘other’. These included mental health/anxiety (7%), stroke (3%) and Parkinsons (2%).
Co-production and Self-Management

Western Health and Social Care Trust

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Co-production and Self-Management

Western Health and Social Care Trust

Community Funds

Wider Referral Pathways

3rd Sector Alliances

Consumer Tech & Corporate Products

Virtual Community Digital Health Hubs

Mental Health Virtual Clinics Within Community Facilities

The Western Trust partnered with the Community and Voluntary sector in Omagh, Fermanagh and Clady to create three Virtual Community Digital Health Hubs. mPower provided funding to enable each facility to purchase video conferencing equipment, dementia training for community facility staff, meet and greet staff and to employ a Western Trust Dementia Companion to attend each clinic.

Patient’s can now access Mental Health Virtual Clinics. These clinics enabled patients and family members, to attend a virtual clinic within a community facility to be seen by either a Consultant or Specialist Nurse. These clinics provide patient-centred care, are easy to access without the need for long travel or having to attend a hospital.

Feedback
• Close to own patients home
• Quieter relaxed facility
• Virtual appointment works well

Outcome
Provided programmes including exercises, crafts, dancing, history, connecting to online technology

HOPE (Helping Older People Engage)

The group received 2-4 cellular phones, fitted with a mobile sim that worked in the person didn’t have a phone or connection

Providing data for people taking image or (putting in the care of the phone)

Alison Forbes discussing HOPE and how mPower made a difference to people within the community

Quality improvement Co-ordinator Digital Hub - Community Mental Health Clinics

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Co-production and Self-Management

Health Service Executive (HSE)

National Programme Synergy

More Navigator (Digital) Posts

3rd Sector Alliances

HI Digital Vodafone

Sláinte Care
Right Care. Right Place. Right Time.

ALONE
YOU’RE NOT ALONE

Hi Digital

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Co-production and Self-Management

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Co-production and Self-Management

Reducing Loneliness and Social Isolation: the proportions experiencing decreases were much higher within deployment sites Western Trust (52%) and HSE CHO1 (48%).

Enhancing Mental Wellbeing: proportions were much higher in deployment site HSE CHO1 (42%) and the Western Trust (40%).

*Figure 31 Changes in life satisfaction for evaluation participants by deployment site.*

When we break the data down by deployment site, we can see that several of the sites have higher than average proportions of beneficiaries who reported increases in life satisfaction: HSE CHO1 (42%), Western Trust (40%), HSE CHO8 (27%), Dumfries and Galloway (26%), Southern Trust (26%).
Co-production and Self-Management

Connecting Care Homes

Co-production and Self-Management

Southern Health and Social Care Trust

RITA Reminiscence Interactive Therapy Activities

Connecting Care Homes - adapting to new ways of working

Background
• During this COVID-19 pandemic, it was necessary to introduce significant restrictions to normal care home visiting arrangements in order to reduce the risk of residents contracting coronavirus.
• The detrimental impact of restricted visiting on the health and well-being of both residents and their families and loved ones became apparent.
• mPower provided much needed digital devices which became a lifeline for residents to keep in touch with family and friends.

Implementation
1st phase July/August 2020 – 15 Care Homes in Newry/ South Armagh/South Down
2nd Phase October/November 2020 -28 Care homes

Results
An Overnight Success
• Almost 500 people living in care homes within the Southern Trust are regularly using a tablet provided by mPower.
• Initially, the connecting care homes project was piloted in 15 care homes

RITA Reminiscence Interactive Therapy Activities
• People with dementia are usually dependent on staff having the skills and knowledge to meet their needs effectively and ensure they are cared for.
• We wish to flip this around, to continue to support people with dementia, to live an abundant, meaningful and more independent life.
• This is why we are looking at creative ways to support people with dementia that will promote their well-being and increase independence.
• We scoped best practice around Dementia care and what was going on nationally, and learned of a system called RITA, Reminiscence, Interactive, Therapy and Activities.
• mPower funding was instrumental in introducing RITA into the Southern Trust

MPower funded one RITA device for Daisy Hill Hospital and also provided 5 iPads which had preloaded Apps and content for patients to use. Staff in Daisy Hill received training to use all the equipment in a person-centred way.

People have been able to identify patients who benefited from using RITA and then offered them iPads for trial at home.

The individual will receive follow-up support at home from the MPower Community Navigator.

RITA success was instant!! It went on to win the Southern Trusts Dragons Den at the QI event in 2020. RITA has also secured funding from RQIA and will now be resident in wards within Acute, Non Acute, Mental Health and in Community Residential settings. RITA supports the mPower legacy throughout the SHSCT!!

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Digital Approaches

- Citizen Tech
- Try Before You Buy
- WAVE
- Sleepio, Silvercloud, Chatpal
- Remote Health Pathways
- Attend Anywhere
- Community Digital Hubs
- HOPE
- Telecare
- Digital Champions

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Wellbeing Plans

- Community Navigator Role
- Social Prescribing (& Digital & Other)
- Health & Wellbeing / Access & Information Teams
- Value and Place in System
- Trusted Assessor
- Advanced Psychological Practice
- What Matters to You?
- Time
- Wellbeing Plans

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Target Outputs

 Indicator 4.120:
Patients availing of e-health interventions to support independent living in caring communities

5,525
+ 23%

 Indicator 4.121:
Patients availing of a shared cross-border framework and service for the identification, assessment and referral of patients identified as “at risk” of isolation and social exclusion

2,742
+ 10%

 Indicator 4.122:
Special needs and development programmes of cross-border area health and social care providers

1,353
+ 33%
Testimonials

“I’m seventy one. I didn’t think I’d a lot of skills in technology, in IT but if I can do it anybody can do it. Just go for it.”

“This project has been fundamental in flipping the conversation from ‘What’s the matter with you?’ to ‘What matters to you?’ And the beauty of listening.

- Tommy Whitelaw, National Lead, Caring and Outreach, Carer Voices Health and Social Care Alliance Scotland (the ALLIANCE)

“I don’t know what I would have done without this. I might have been sliding back into a quiet time and not a lot of interest in life or activity. Just wondering when the next hospital appointment might come along. And so this was a big change.”

- Patrick MacLauchlan, Beneficiary

“mPower showed us a way to innovate digitally.”

- Conor Keenan Joint Co-ordinator Older People’s Community Project

“If we can intervene by video conferencing and give the required treatment on time I believe that helps everybody.”

- Dr Etaluku, Consultant Old Age Psychiatrist, Western Health and Social Care Trust

“It doesn’t matter how old you are there’s things out there that we can still learn.”

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mPower Aims & Objectives

1.11 Reducing Loneliness and Social Isolation

There is evidence that interaction with mPower led to reductions in loneliness and social isolation. This is the outcome most frequently discussed by beneficiaries, staff, third sector representatives and interviewees working in primary care. Group activities, in particular, were considered to contribute to the realisation of this outcome. From the overall quantitative sample of beneficiaries, 20% reported reductions in loneliness on the measurement scale between baseline and follow-on. However, the proportions experiencing decreases were much higher within deployment sites Western Trust (52%) and HSE CHO1 (48%) and much lower in Ayrshire and Arran (8%). The positive changes were statistically significant for those with depression.
mPower Aims & Objectives

1.8 The Relationship between Community Navigator and Beneficiary

Across all deployment sites, the relationship between Community Navigator and beneficiary was central to the generation of outcomes. Beneficiaries highlighted, for example, that they were able to engage with the project and achieve health and wellbeing outcomes because Community Navigators visited them in their own home, spent an adequate amount of time with them on each visit, and demonstrated genuine engagement and caring in interactions with them. Community Navigators were shown to be flexible, adaptable and in possession of a considerable skill set. This was also evident in the ways in which they adapted to keep the service going through the COVID-19 pandemic.

The Community Navigators have been shown to have the power to act on the social determinants of health. The importance of the human contact that they provided for older people, who may be experiencing loneliness and isolation, is hard to overemphasise. It is the relationship between Community Navigator and beneficiary that is the foundation of much of the generation of positive outcomes within the mPower project. However, this role carries with it a not inconsiderable burden in emotional terms. Evidence suggests that Community Navigators could be further supported through more formal debriefing processes and peer support.
Lessons Learned: Repeatable

- Try Before You Buy
- Acceptable Variation
- Alzheimer Scotland, The Alliance
- Community Funds
- Belfast Festival
- Community & Digital Navigators
- Project ECHO
- Community Digital Hubs

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Lessons Learned: Un-repeatable & Next Time

- Covid-19
- Brexit
- Project Managers
- Programme, Benefits & Change Mgt.
- Information Governance
- Service Improvement & Project Assurance
- Expert & Advisory Groups, Governance
- Service Design
- User Voices

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Sustainability & Next Steps

- HSE Social Prescribing Framework
- Community Digital Hubs & Network
- Scottish Irish Health Collaboration
- Retained mPower Project Staff
- Digital Navigators
- Peace Plus
- Mental Health Link Workers
- Care Technologist
- Legacy Website

1 mpowerhealth.eu

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Impact Film: https://mpowerhealth.eu/

What was the mPower project?

This is the legacy website for the mPower project. As we close the project we’ll be adding more content including content from the Festival in Belfast. Please check back regularly for updates and all content will be in place during July.

mPower was a five-year project supported by the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB). The project was a cross-border collaboration to support older people (age 65+) living with long-term conditions across the Republic of Ireland, Northern Ireland and Scotland.

The project started in late 2017 and ran until May 2022. mPower worked with communities to enable people to take the steps needed to live well, safely and independently in their own homes by self-managing their own health and care in the community.

Community Navigators were employed to work with people referred from health and care services to develop wellbeing plans connecting them to activities in their community as well as connecting them to technology to enhance support for health and wellbeing.

mPower impact brochure

Watch our showcase films:

Film 1 – mPower’s person-centered approach

Film 2 – mPower connecting and enabling community

Film 3 – Connecting people and solutions

Film 4 – mPower and community needs

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