



# Learning from the mPower Ayrshire and Arran legacy project



A report by  
the Health and Social Care Alliance Scotland

May 2022

# Context

## > About mPower

[mPower](#) was a cross-border, five-year project which aimed to support older adults over 65 years of age living with long term conditions across the Republic of Ireland, Northern Ireland and Scotland. The project started in 2017 and ran until end of May 2022. During this time, it was supported by the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB).

mPower worked with communities to support people to live well, safely and independently in their own homes by self managing their 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. **Digital Navigators** were also deployed to help connect individuals to technology to enhance their health and wellbeing. [1]

## > mPower in Ayrshire and Arran

Ayrshire and Arran is made up of three local authority areas: North Ayrshire, East Ayrshire and South Ayrshire. The three local authorities are served by NHS Ayrshire and Arran, one of the 14 regional NHS health boards in Scotland. Ayrshire and Arran is also one of the eight regions where mPower operated between 2017 and 2022. The Ayrshire and Arran mPower team employed an Implementation Lead, three Digital Navigators and one Community Navigator to help support older adults over 65 years of age.

The team focused on helping individuals connect to activities in the community, as well as introducing them to simple digital health and wellbeing tools. Individuals could be referred to this service by a healthcare professional or by a friend or family member, as well as having the option to self-refer. The Ayrshire and Arran mPower team worked with over 2,000 individuals during the duration of the project. In total, mPower reached nearly 7,000 individuals across the eight regions it targeted.

## > About the ALLIANCE

[The Health and Social Care Alliance Scotland \(the ALLIANCE\)](#) is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE was commissioned by [mPower NHS Ayrshire & Arran](#) to deliver a project across North, East and South Ayrshire. This project, referred to as the '**mPower Ayrshire and Arran Legacy Project**', aimed to develop ways of continuing to support people to use digital to stay well beyond the end of the mPower funding period, by building on the legacy of the project.

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[1] [mPower: Healthy and Connected Communities](#)

Between November 2021 and May 2022, the ALLIANCE worked with the local mPower team, NHS Ayrshire and Arran, local libraries and Integration Authorities across North, East and South Ayrshire to trial potential ways of supporting people to use, or continue to use, digital. The learning from these efforts, as well as the process that was followed, have been recorded within this document. The aim of this report is to capture the opportunities and the challenges that were identified, as well as synthesising them into recommendations for a sustainability path that NHS Ayrshire and Arran can follow in order to enable more preventative, community-based approaches to health and wellbeing provision.

## > Project vision

The vision of the Legacy Project was to support people to improve their wellbeing, or that of their community, by increasing their access to relevant digital health and care information and support. In the long term, this approach was considered to have the potential to help prevent people becoming ill by enabling them to access early support, in a way that suits them. The project also aimed to consider ways to address inequalities around access to services and healthcare outcomes, by identifying assets within the community which could be used to further digital inclusion. A preference for the use of libraries as locations for 'digital hubs' was indicated by stakeholders early on in the process.



## > Project scope

The scope of this project was influenced by the unique position of the ALLIANCE within the wider landscape and the needs of the local system. As a national intermediary organisation, the ALLIANCE was well placed to try and understand the system with a level of objectivity, as well as developing and testing ideas for addressing local challenges. These were areas where capacity was deemed to be lacking locally by the project commissioners, due to pressures on the ground limiting the time and 'headspace' available to undertake such activities.



However, without being embedded in the day-to-day delivery of local services, the ALLIANCE had limited influence over other aspects of the improvement journey. Factors such as creating conditions for change, implementing ideas, and spreading or scaling up potentially successful trials were largely outside of the ALLIANCE's sphere of influence (figure 1). Furthermore, the ALLIANCE was commissioned to work on this project for a short time, between November 2021 – May 2022. Long-lasting change takes time to build and requires all of the steps of the improvement journey to be addressed.

In the context of the mPower legacy project, how much influence does the ALLIANCE have over the various stages of the improvement journey?



Source: [Quality Improvement Zone - TURAS Learn](#)

Figure 1

Implementing a full Quality Improvement Journey could potentially be something for local Health and Social Care Partnerships (HSCPs) to consider when commissioning services. If there is a desire for more sustainable, person-centred and equality driven services, HSCPs are best placed to create conditions for change and drive implementation, in partnership with local communities.

# Process

The project started in November 2021, with a deadline for completion by the end of May 2022. The project **Oversight Group** included representatives from the mPower leadership team, senior ALLIANCE staff, NHS Ayrshire and Arran and South Ayrshire Health and Social Care Partnership. Initial plans divided the project into four stages:

- fact finding
- prototyping
- testing
- legacy

## > Stage one: fact finding

The aim of the fact finding stage was to gather enough information about the local context to ensure that the project did not duplicate or compete with local efforts, but complemented and supported them instead. This stage looked at digital inclusion and community empowerment initiatives across the three areas, as well as comparing local improvement plans, digital strategies and other relevant strategic drivers that could support or inhibit the projects' progress.

### Mapping

The project team aimed to understand where there were areas of need and opportunity for digital inclusion services with a health and wellbeing focus. The project team collected data on local services, initiatives and drivers through desk research and conversations with various stakeholders from across the three local authorities. This information was shared with the Oversight Group and the mPower Implementation Lead for sense-checking and validation.

As the project covered the entire NHS Ayrshire and Arran health board area but aimed to deliver **three specific place-based interventions**, suitable locations also had to be identified. To help steer this decision, a **Reference Group** made up of local stakeholders was convened by the mPower Implementation Lead and facilitated by the ALLIANCE. It included representatives from library services across the three areas, as well as mPower staff and those services hosting the local Digital Navigators / Community Link Practitioner services.



This mapping exercise was crucial in establishing relationships and gaining an awareness of the local context. However, it was complicated by several factors including the tight timeline, the emergence of the Omicron COVID-19 variant and the sheer complexity of the landscape across North, East and South Ayrshire. Nonetheless, these challenging factors provided valuable learning which is covered in more detail later in this report.

## Wider insights

Whilst it was important to uncover the local context, there was also a wealth of information available from national and UK-wide initiatives that aimed to tackle digital exclusion, particularly in the wake of the COVID-19 pandemic. The mapping exercise described above was complemented through desk research into the wider learning arising from various digital inclusion projects. This learning was captured in the [Digital inclusion insights and considerations](#) paper, which was published in Spring 2022 to share the emergent learning.

## Equality and Human Rights Impact Assessment (EQHRIA)

An EQHRIA was undertaken to collate some of the key insights and statistics relating to the risks and effects of digital exclusion in various demographics, particularly those who are often seldom heard. As no template could be identified for an impact assessment that combined equalities and human rights considerations, one was developed by the team based on other templates and guidance from the [Scottish Human Rights Commission](#).

The data was collated drawing on various reports from the wider work of the ALLIANCE, as well as academic, governmental, third sector and NHS publications. The learning from this process, together with the template developed for this project, have also been collated into a separate document by the ALLIANCE, to facilitate knowledge transfer processes outside of the project.



## Governance

As already mentioned in the prior paragraphs, two groups were established for the Governance of this project.

- The **Oversight Group**, made up of key representatives from the mPower leadership team, senior ALLIANCE staff, NHS Ayrshire and Arran and South Ayrshire Health and Social Care Partnership, met monthly to discuss the high-level progress of the project and steer its future direction.
- The **Reference Group**, largely made up of representatives from the local library services, as well as mPower staff, met every two-to-four weeks to discuss the local progress and opportunities for shared learning.

## > Stage two: prototyping

The initial project proposal sought to establish specific '**digital pathways for wellbeing**'. These were envisioned to be made of guidelines for supporting individuals to:

- access technology
- develop skills to use technology
- access relevant digital health and wellbeing tools.

However, it was clear from the initial desk research that this kind of framework requires intense relationship building and one-to-one support to be provided to digitally excluded individuals. For such interventions to work, specialised staff (such as Community / Digital Navigators or Community Link Practitioners) must be available to personalise the support and information available in response to individual needs.

Despite initial hopes to offer this kind of support through the Legacy Project, staffing and capacity challenges within the short timescale rendered these plans unrealistic. As such, the project team re-directed its attention to kickstarting small-scale pilots that varied by location, which were deemed to help raise awareness of digital health and care options and which could, over time, evolve into more complex services.

### **Locations: community profiles and service blueprints**

The three locations for this project were selected through a process of balancing need and opportunity. Areas at high risk of digital exclusion were identified through the [Digital Exclusion Risk Index \(DERI\)](#) and presented to the Reference Group, alongside a list of organisations and initiatives linked to community empowerment and digital inclusion already operating within each of the local authority areas. The representatives were then asked to reflect on this information and identify potentially suitable locations for the project pilots (figure 2).

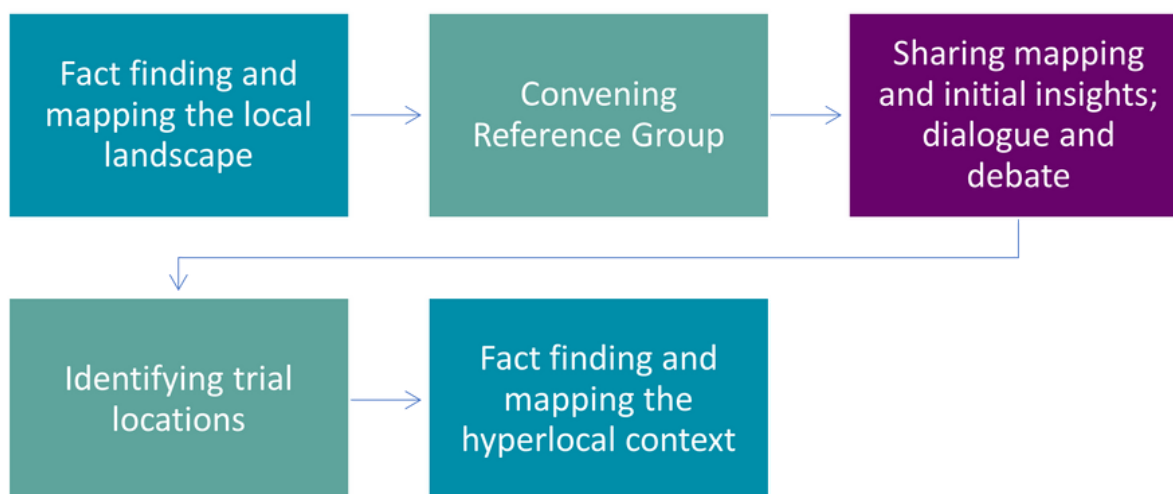


Figure 2

The selected areas were:

- **Kilwinning Library for North Ayrshire.** Despite being on the periphery of the digital exclusion high risk area, Kilwinning was chosen as it is located at the crossroads of the major routes connecting North Ayrshire and the neighbouring councils, thus being accessible to many nearby villages. The local library staff were also known to be passionate about supporting citizens' health and wellbeing, having taken part in various other relevant initiatives. Kilwinning also offers a range of challenges and opportunities linked to digital inclusion, due to the percentage of older residents, people living with long term conditions and lower income households.
- **Girvan Library for South Ayrshire.** Girvan is the largest town in the South Carrick area, which was identified to be at the highest risk of digital exclusion in South Ayrshire. There is a considerable percentage of older residents, people living with long term conditions, particularly mental health related, and households in the most deprived quintile of the SIMD.



- **A distributed / mobile approach in East Ayrshire,** in partnership with the [East Ayrshire Leisure Out and About](#) project. Through this new initiative, East Ayrshire Leisure Trust aim to deliver Leisure to the Heart of Every Community through four mobile units: a Festival Bus, a 'Branching Out' Bus, a Digital Communities Bus and an 'Activity on the Go' Bus. The Digital Bus was expected to travel to more rurally isolated communities to ensure equality of access to skills-development opportunities across the region. This Bus was identified as providing an opportunity to extend the reach of the mPower Legacy Project, trialling new ways of engaging individuals in conversations and support focused on the use of digital for health and wellbeing purposes.



These three approaches were deemed to be complementary to each other, allowing the project to capture different types of learning. 'Community profiles' were drawn for Kilwinning and Girvan, capturing some key demographic data and identifying potential opportunities for a digital inclusion project, targeted to local health, social care and wellbeing needs. As the destinations of the East Ayrshire project were not to be determined by the project team, community profiles for this area were not created.

Furthermore, 'service blueprints' were developed for each of the pilots. These described some of the services that could be implemented in each of the areas, centred around two complementary aims:

- **Delivering an information and support hub, to support digital skills and promote health and wellbeing.** This aim was to be supported through digital access (ways of accessing various technology, such as computer access and internet connectivity) and staff support (availability of staff with health, social care and wellbeing signposting skills).
- **Support people to acquire life-long digital skills which they can use to manage their health and wellbeing.** This aim was to be achieved through digital skills workshops or one-to-one support, where applicable.

The service blueprints were shared with the Reference Group and representatives of each area to help galvanise ideas for the type of pilots that could be implemented in each setting, depending on the local context, need and opportunity.



## User research

A small-scale user research exercise was also undertaken. The team engaged four residents in semi-structured interviews to better understand the types of services that were lacking and would have been welcome in local communities. This highlighted further areas of need and opportunity, as well as many of the challenges that can arise when trying to rebuild relationships after two years of pandemic, shielding and service interruptions.

The key themes emerging from this engagement were:

- **Digital inequality does not exist in isolation from other inequalities.**

Financial difficulties, long term conditions and digital literacy interact with individuals' willingness and ability to get online to engage with services rather than a face-to-face setting. While digital resources may be a lifeline to some, they are a secondary place of exclusion for others. This theme extends to considering venues and whether people are willing to attend certain activities or services.

- **There is no one-size fits all approach to engaging communities in digital development.**

There is a strong sense of uniqueness in communities across Ayrshire, and this is felt with a sense of pride. It is important to recognise that different localities will want different types of digital presence, in different settings, and different modes of support. One community's library is described as a vibrant hub of activities with various engaging factors, while another lies dormant due to accessibility issues and the presence of a strongly centred community hub elsewhere.

- **Success in an external project (such as the mPower Legacy Project) begins with active inclusion of all community members, to build trust in reputation and spread awareness.**

Communities with a large retired population will still have young people, and vice versa. Most individuals would benefit from digital support in some form, so it is important to ensure that everyone is considered in the development of a strategy. This theme is inclusive of considering venue choices that cater to more than one activity, to ensure people feel connected and supported in a wider setting. The employment of staff and recruitment of volunteers from the local population is also an important factor to encourage a sense of community connectedness and ensure the project represents the people.



## > Stage three: testing

As the focus of the project developed during its timeline, it became clear that the prototyping and testing phases would overlap. Developing service ideas in workshop settings, removed from on-the-ground delivery, was not feasible in the circumstances concerning this project. This was due to the importance of allowing frontline staff to shape the services that they felt most comfortable hosting or providing, with support from the ALLIANCE and mPower team.

### North Ayrshire

Kilwinning Library started their activity by hosting an mPower Digital Navigator during one of their hearing aid clinics, which meets in the library on a monthly basis. The Digital Navigator demonstrated some technologies that are currently available from private providers and which Alzheimer Scotland recommend to individuals living with dementia through their [ADAM \(About Digital and Me\)](#) platform.

This initial engagement was deemed to be successful, with the Digital Navigator having engaged with several of those attending and even having booked two one-to-one follow-ups as a result of the initial group drop-in and demo. A general interest in the technologies being demonstrated was also reported. Based on this early experience, the library staff and the digital navigator agreed to look at hosting future sessions, potentially in conjunction with the elderly forum who also use the library as their meeting space.



Furthermore, staff involved in this trial expressed an interest in accessing [ALISS \(A Local Information System for Scotland\)](#) training from the ALLIANCE staff. The digital ALISS platform can be used as a signposting tool, thus supporting the health and wellbeing conversations that frontline staff might be engaging their clients in. At the time of writing this report, 15 staff members from libraries in North Ayrshire, together with additional staff from Community Learning Development Teams, as well as some colleagues based on Arran, had registered an interest in this training. This reflects a large commitment and increasing momentum across the local authority area in upskilling to support person-centred approaches.

This early trial can be considered a success, as it widened the health and wellbeing activities that Kilwinning Library was already engaging in, to include digital solutions and advice. These early attempts can be built on to further increase awareness of digital tools and self management, and to demystify the role of technology in health, social care and wellbeing in a wider population group.

## South Ayrshire

Girvan Library also decided to host an mPower demonstration on their library premises. The first one took part on 15 April and engaged three Girvan residents: one local activist and two members of the council. As outreach for this event was carried out by the library staff, the turnout was considered to be a good introduction to a few key local champions, who have the ability to cascade information and support further relationship building.

The library agreed to host a display case with the demoed technologies and to distribute copies of the Discover Digital Guide to interested members of the public (figure 3). However, this resulted in a mixed response from members of the public. Visitors to the libraries were intrigued by the technologies on display, but soon felt disappointed when finding out that they were not freely available. This raised the point that whilst funding for devices such as tablets and laptops can be helpful, certain group may also benefit from support accessing assistive technologies such as those recommended through the ADAM platform, to ensure truly inclusive approaches are being considered.



Figure 3

## East Ayrshire

The Digital Bus (East Ayrshire) agreed to put their staff forward for training based on [ALISS](#) and the [Discover Digital Guide](#) developed by the ALLIANCE, to ensure that they would be able to signpost the individuals that they engaged with to relevant information and tools. The training was delivered by the ALLIANCE project team in April, ahead of the launch of the Digital Bus service. Based on good reception to this initial training, a further session on ALISS editor training was also arranged.

In addition to the above, the East Ayrshire connection also resulted in the ALLIANCE linking in with the existing Digital Access Network, run by East Ayrshire Council. By forging new connections between the local authority, the mPower Legacy Project and the Digital Bus initiative, other opportunities for future collaborations could be explored by local stakeholders.

## > Stage four: legacy

The 'legacy' stage of this project was to be concerned with capturing learning from the project and developing a set of recommendations to ensure the sustainability of these digital inclusion and digital health literacy initiatives. This is covered in more detail in the following section, drawing on the key opportunities and limitations faced by the project.

# mPower Legacy Project – key lessons

## > What went well

Some of the strengths identified in the approach taken by the mPower Legacy Project open up opportunities for learning that could be transferable to other similar initiatives.

### Local drivers and knowledge sharing

Initially, the project aimed to set up three near-identical 'digital hubs', one for each of the local authority areas in Ayrshire and Arran. Whilst there was no set definition for what these hubs should look like, it was assumed that they would be dedicated rooms with computer access, skills sessions and in-person support. However, during the early conversations with local stakeholders it soon became clear that **it was important for each of the areas to develop their own activities and approaches**. As such, the project ended up delivering three different pilots, shaped by a combination of local needs and opportunities.



This approach allowed the project team to support and evaluate three different approaches, in three different contexts. It also created opportunities for knowledge sharing in between the areas, with local stakeholders from North, East and South Ayrshire being able to advise and inspire each other. This was particularly important as it became apparent that the frontline library and leisure staff involved in the mPower Legacy Project were at different stages of their journey to understanding digital and the relevance of health, care and wellbeing signposting to their day-to-day roles.

For example, the staff based in Kilwinning Library had taken part in training around the role of librarians in supporting health and wellbeing conversations. As a result of this, they had more of an awareness of the importance of health and wellbeing conversations within a library context. On the other hand, staff in other locations were doubtful of their capacity to incorporate additional responsibilities into their day-to-day activities. As such, it became apparent that consideration had to be given to building the confidence of the frontline staff, as well as ensuring that there was an acknowledgement of the contribution they were already making to the wellbeing of their clients.

Finally, adopting a distributed approach in East Ayrshire also opened up new opportunities with regards to outreach. By adopting a 'train the trainer' model, where the Digital Bus staff were supported to understand more about digital in the context of health, social care and wellbeing through ALISS and Discover Digital training, the project team were able to test the sustainability of the knowledge transfer envisaged by the project commissioners. Time will tell whether it is possible to create new informal signposting mechanism to enable information sharing and the promotion of preventive approaches, without the availability of dedicated staff such as Digital Navigators. To capture this learning, it is recommended that those working on the Digital Bus initiative link in with the very strong Digital Access Network run by East Ayrshire Council. This may also lead to further opportunities for collaborative working and shared learning, within Ayrshire and Arran and beyond.

## Local champions

The fact that **place-based approaches are highly reliant on local champions** is well known within the third sector. Being able to reach out and engage with local activists, 'movers and shakers', digital champions and other individuals driven by the general-welfare of their community is a key step in building trust locally. Furthermore, these champions are also likely to inspire others to take action. One example of this is Kilwinning Library, where the staff were all aligned around a common goal of supporting the local community in creative and flexible ways, under the guidance and passion of a key member of staff.

Similar champions can emerge from other settings too. For example, we have heard of local GPs, who could be instrumental in the adoption of digital self management tools within a community, or local citizens who could help spread the word to grassroots groups and organisations. Ideally, these individuals should be engaged in further conversations, to help shape the services that are being developed, as well as to bring others on board and encourage local ownership over the project.

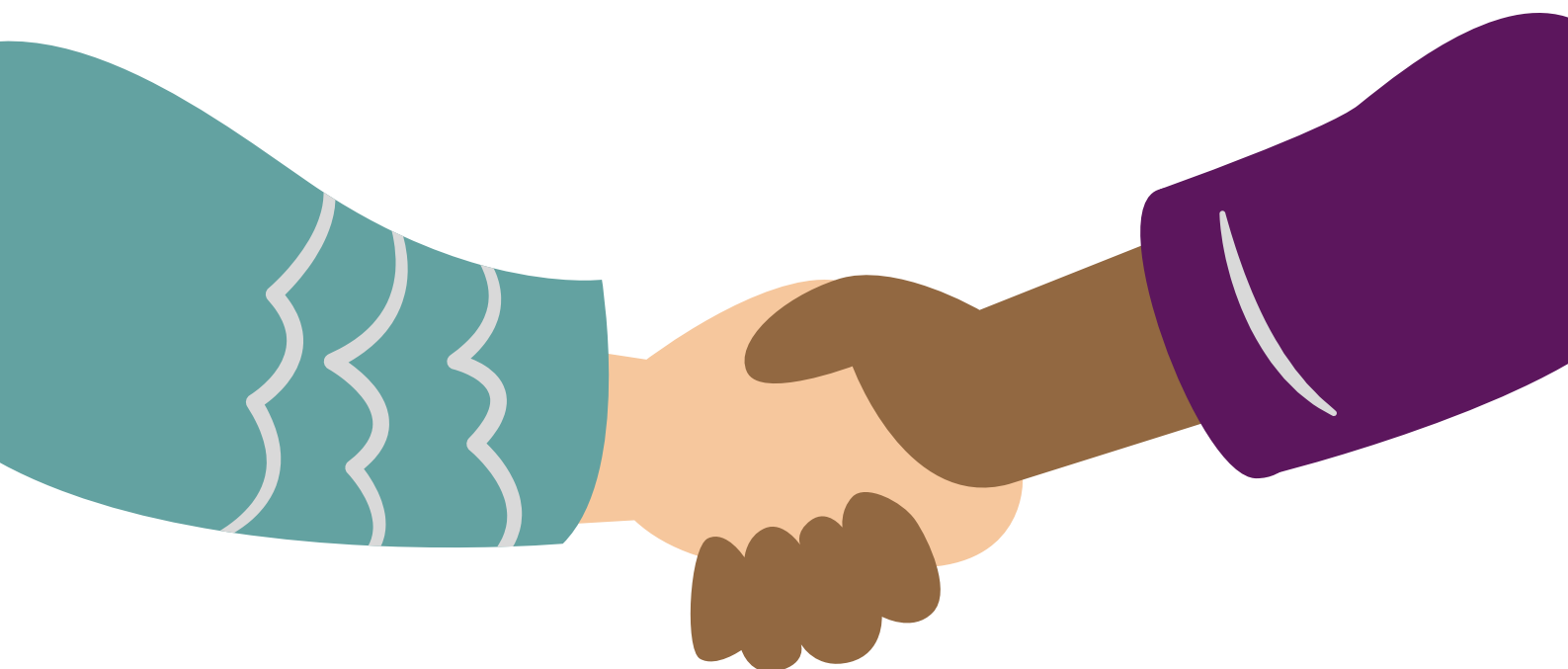


## Addressing local needs

Whilst hyper-local approaches come with additional demands in terms of time and resourcing, the emerging products or services are likely to be more suited to the needs of the local community. A hyper-local approach requires community mapping, the identification of local test sites, building relationships, trialling and developing a new service and ensuring its sustainability in a partnership with the local community. By taking this approach for the Legacy Project, the results over the long-term are more likely to suit the local context.

## Building new relationships

The project resulted in a wealth of new links being made between the mPower team, the ALLIANCE, local authorities, libraries, the NHS and the local HSCPs. Whilst this is perhaps not unexpected, it means that there are now more opportunities for future collaborations to advance digital inclusion. The ALLIANCE are keen to continue involvement within these areas through the ALISS and Discover Digital programmes in particular. This can be seen as an ongoing resource that stakeholders within Ayrshire and Arran can tap into.



## > Challenges and limitations

### Complexity of landscape

Despite being a relatively small area, which serves around 367,000 individuals, Ayrshire and Arran has an immensely complex health and social care landscape. The connections between the health board, the three local authorities, the three health and social care partnerships and the four third sector interfaces operating within the area, as well as the multitude of private service providers, are multi-faceted and varied. Furthermore, there is a complex history of collaboration and partnerships, as well as divergent approaches between the three areas, which can further the challenge of trying to establish a pan-Ayrshire project.

However, examples of successful collaborative working were shared by stakeholders across North, South and East Ayrshire. The strategic priorities of the three local authorities were also largely in alignment. Health, social care and wellbeing initiatives were often seen as bridging themes which could bring stakeholders together in a pan-Ayrshire approach. Therefore, the project team felt that **if there were more opportunities for sharing ground-level service and demographic data for Ayrshire and Arran as a whole, then needs and opportunities could be identified in a more agile way by future projects**. It is also important to recognise that such efforts were already underway within public health departments before the COVID-19 pandemic and plans for their resumption were underway at the time of the Legacy Project.

### Governance

As noted in previous sections, the project team established two Governance groups to oversee this project: the high-level Oversight Group and the delivery-focused Reference Group. However, neither of these groups were fully reflective of all the stakeholders relevant to the project and neither were they geographically representative. Instead, they consisted of stakeholders who naturally 'gravitated' towards the project or who were known to the ALLIANCE and mPower team as potential supporters. **In the future, it would be preferable to ensure wider representation of stakeholders in the governance of similar initiatives, to ensure there is distributed ownership over the project aims and collective leadership to drive it forward.**

Furthermore, the mPower project also had a Steering Group to which updates regarding this project were delivered on occasion by members of the Oversight Group. The ALLIANCE had limited direct contact with this group, although their support and commitment to the Legacy Project could have potentially been instrumental in creating better conditions for local change or increasing capacity on the ground. Nonetheless, this high and complex level of governance added to the challenging nature of the project. **There is a need to strike a balance between high-level oversight and grassroots mobilisation. Whilst the former can ensure strategic alignment with local priorities, there needs to be a direct line of communication with front-line projects to support and galvanise efforts on the ground.**

## Demographics

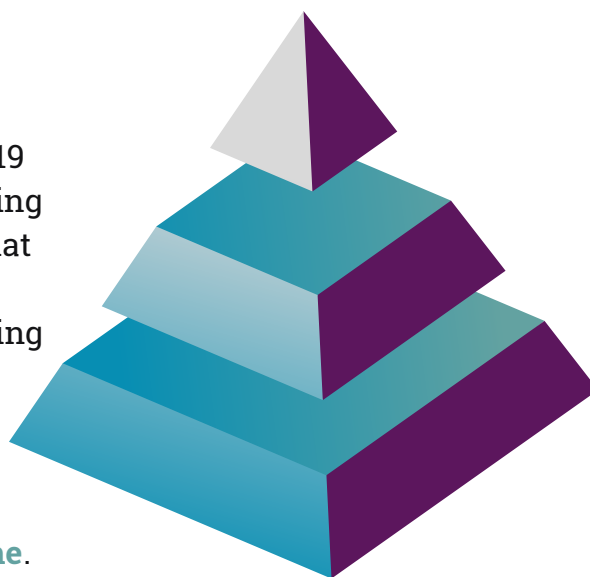
Despite carrying out an in-depth EQHRIA and developing community profiles to identify the demographics that the project should focus on in order to redress inequalities of access and opportunity, there was imperfect alignment between the wider ALLIANCE vision and the mPower focus on older adults over 65 year of age. Due to the governance of the programme, the mPower discourse shaped the understanding of the frontline staff with regards to whom the project should be aiming to engage with. As such, opportunities for bringing other seldom heard groups into the project might have been missed as older demographics were prioritised. **Ensuring there is clear alignment and shared expectations with regards to the target audiences in a partnership project can help focus efforts around inclusive outcomes.**

## Timeline

The project timeline was acknowledged to be ambitious from the very beginning and realistic goals were sought to be set in its early development stage. However, it is crucial that future projects acknowledge the fact that **cultural shifts can take a long time to truly become embedded within communities**. In the case of this project, delays were caused by the winter holiday period and the emergence of the Omicron Covid-19 variant. This tight timeline affected what the project was able to deliver, as well as the complexity of the outputs.

## COVID-19

As alluded to in the previous paragraph, COVID-19 posed significant challenges to this project. During the early stages of the project, it became clear that in-person engagement would not be possible or advisable from a public health point of view during the winter of 2021 - 2022. Unfortunately, **place-based initiatives are highly reliant on local relationships, trust and shared vision – all of which are harder to facilitate in a virtual environment, particularly in a short space of time.**



The emergence of the new variant also meant that many stakeholders were unavailable for interview. This was either due to capacity issues, compounded by wider challenges around staff absences and sickness, or due to redeployment to COVID-19 specific tasks, particularly within health and social care services.

Furthermore, the ongoing effects of the global pandemic meant that many services were at various stages of building back their offering. Activities on the ground were still sparse and it was unclear at times which were operating and which had ceased. On the other hand, there were also many more initiatives focused on digital inclusion that have been set up in response to the virtual world created by the pandemic. This had meant that there was more learning to draw on and that gaps in provision were easier to identify.

## Staffing and capacity

Whilst the challenges posed by COVID-19 to health, social care, third sector and public services staffing is summarised above, staff transience within the organisations central to this project also posed challenges. As the mPower project was due to end in May 2022, the project had less staff capacity than anticipated as the Legacy Project was getting off the ground. The libraries that the project was trying to engage with were also facing similar challenges. As they were just in the process of rebuilding their services and offering, many were still single staffed, facing restrictions in terms of numbers they could accommodate and having to incorporate strict infection control protocols. As such, it proved difficult at times to try to encourage them to incorporate new services into their priorities.

The unprecedented nature of the global public health challenges of the last two years make it difficult to draw general recommendations from this challenge. However, **it is worth considering how flexible aims can be embedded into community mobilisation or service design approaches. If staffing, capacity and wider resourcing are likely to be issues, which of the other variables inherent in a project can be adjusted to preserve the quality of the outputs? Can timelines be extended? Can the scope be narrowed?**

## Readiness for change

As well as challenges surrounding the availability of staff time and headspace to take on additional projects, the resilience of local communities must be considered. The project team heard from services and community representatives that for many there was still a reluctance to attend in-person events, particularly for those who had been isolated, shielding or living with long term conditions during the COVID-19 pandemic. As such, it was felt that **overcoming fragility in the confidence of local communities would take time and require devoted efforts from the project leads, as well as 'movers and shakers' within the communities themselves.**

## Unintended consequences

During the delivery of the project, it became clear how important it is to align key messages to the local context. Whilst the aim of the ADAM product demonstrations was to give a sense of the 'art of the possible' and inspire individuals to consider digital health and care options they might not have thought of before, this was received with criticism in areas of high deprivation.

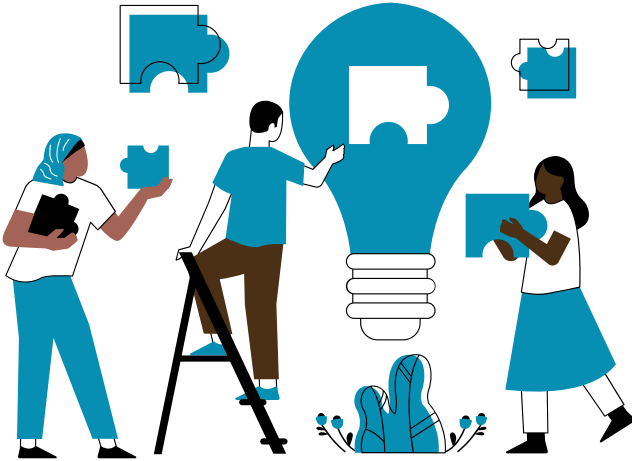
Whilst citizens' interest was aroused by these devices, they were soon disappointed to hear about their price tags. Whilst there are many other free or more accessible tools and devices available, through ADAM or even the Discover Digital Guide, it is important to note that this initial disappointment could lead to permanent disengagement. Therefore, **to ensure equity in a digital inclusion context, when costly solutions are suggested as potential solutions, there must also be support on hand to highlight the alternative, cost-free options.**

## > Recommendations

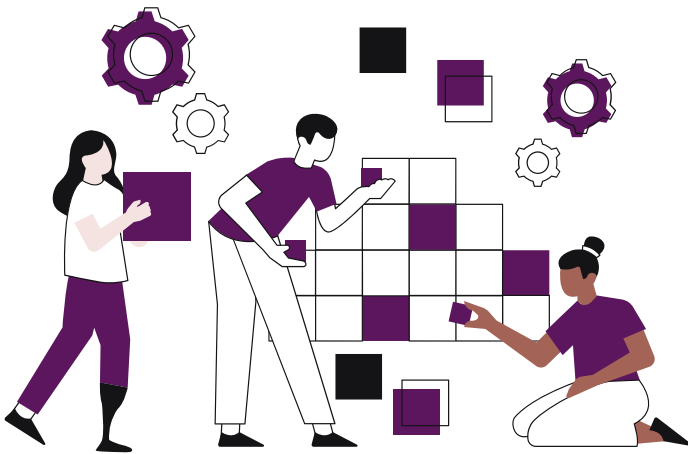
### Planning from the outset

With so many projects having limited lifespans, it is encouraging to see the mPower project thinking about its legacy and sustainability before the end of its five-year funding period. However, a six month legacy project would only be able to deliver limited outcomes.

Instead, it is recommended that an exit strategy and sustainability considerations are built in from the beginning of such projects, to consider questions such as:



- How will the learning and the skillsets developed by the project be preserved within communities beyond the funding period?



- Which stakeholders and/or individuals can take on roles that are being decommissioned or redeployed at the end of a funding period?

Whilst there is a clear desire for developing more preventative and self management supporting approaches to health and social care delivery within Ayrshire and Arran, it is important to acknowledge the fact that this will require a large cultural shift, as well as intense capacity-building efforts within communities. Whilst the mPower Legacy Project was able to highlight some of the ways these longer-term changes can be facilitated, a much longer project, with dedicated support on the ground, is recommended to ensure its success.

## Partnerships and service design to address needs

One of the most powerful ways of ensuring the longevity of an initiative is to ensure it is founded on strong partnerships working, which is not dependent on a single funding stream. For example, mPower already works closely with AbilityNet, SCVO and community links practitioners (CLPs) based within the communities they serve. These local and national partnerships could be strengthened to ensure that the various aspects of the support provided by the Community and Digital Navigators fit within the remit of the support staff employed by other organisations.

If support was to be designed with an emphasis on 'user needs and journeys' [2] at the outset, then alternative journeys for fulfilling the needs of the supported individuals could be identified. From the point of view of the citizen, it matters very little which organisation provides digital skills support, as long as they have an opportunity to establish a trusted relationship and access support in a way that suits them. As such, if support is to be decommissioned at the end of a funded project, those responsibilities could be delegated or outsourced to a different organisation, as long as there is a willingness, resource and capacity. A positive example of this continuation of support provision can also be exemplified by embedding digital navigators within local CLP teams.

Similarly, digital health literacy skills could be covered by Connecting Scotland digital champions, AbilityNet volunteers, staff from local housing providers, or through the Alzheimer Scotland ADAM toolkit, Discover Digital initiatives and other charity projects. Ideally, the needs of specific communities would be identified through open dialogue and research, and then services to respond to these needs would be mapped accordingly. Furthermore, where gaps are identified, opportunities arise for galvanising local responses from community members themselves. However, the experience of this project and wider evidence suggests this is likely to take several years, even when supported through ongoing relationship-building and capacity-building efforts.

## Local resourcing to enable local action

Whilst national or regional approaches such as that adopted through the Legacy Project can ensure that learning is shared between areas, there is value in resourcing locally to encourage community-driven action. If funding or grants were to be made available locally, potentially through the Health and Social Care Partnerships, they could invite responses to set challenges for local services or champions to address. Whilst support from the local authority and national bodies should still be offered, to ensure coordination and sharing of learning, when it comes to the day-to-day logistics of implementing new support services to address local needs, those already embedded in the community are better placed to navigate the very specific challenges this raises.

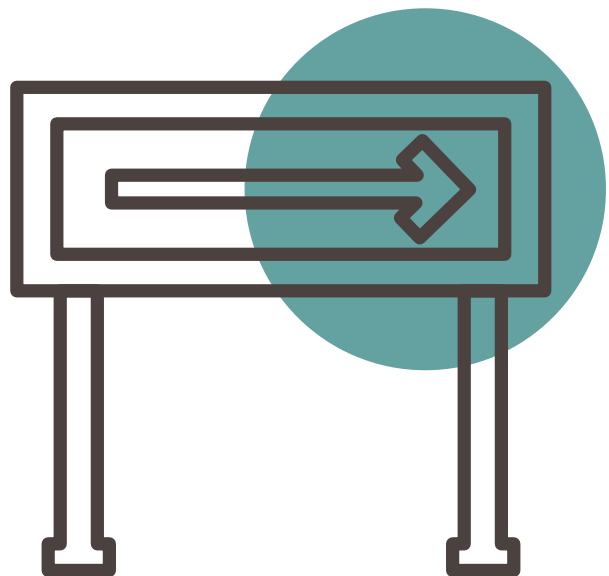


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[2] As understood in service design methodologies

## Removing barriers

Based on the EQHRIA information, the risk of widening inequalities through a project such as this was highlighted. Groups deemed to be at particular risk of further inequalities in a digital inclusion project were homeless people, those who do not speak or read English, individuals living with sensory loss or disabilities which may impair their ability to access 'traditional' services. Should a permanent or formal service be established in any of the locations considered in this project, special care should be taken to ensure that additional barriers are not being inadvertently created.



During the delivery of the project it also became apparent that those living in areas of multiple deprivations can be easily discouraged from accessing digital health and wellbeing solutions if there is a price-tag attached. Therefore, more funding should be available, either locally or nationally, to help those who are digitally excluded due to affordability issues access the solutions that would benefit their lives.

## Linking expectations

One of the key learning points for the project team was that even if there is commitment to change and service improvement at council or HSCP level, it can be hard to translate this to the day-to-day considerations of those delivering services on the ground. This is understandable, as change requires time, capacity and human resource – all of which were in very short supply in the aftermath of a global pandemic. Therefore, we recommend that where changes are reliant on existing staff delivering additional services time is taken to discuss these changes and communicate the vision to these staff over a period of time, involving them from the beginning in service design to ensure ownership and a shared understanding over the project aims.



## the mPower Ayrshire and Arran legacy project



The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.