


Health and Wellbeing Board 29 th September 2015	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
A prevention-orientated system	

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Executive Key Decision?	No

Summary

1.1 Making Every Contact Count (MECC) is a national programme allowing for locally tailored delivery. It provides an important opportunity to embed prevention in all frontline services. This paper sets out the current stage of development across local authority services, primary care, Barts Health and East London Foundation Trust. It also sets out the proposed areas of development: embedding MECC principles in all service pathways, aligning to the social prescribing programme and achieving economies of scale through delivery across a wider geographic footprint.

1.2 The full report is attached.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. note progress on the Making Every Contact Count (MECC) programme
2. comment on the proposed areas for further development

1. REASONS FOR THE DECISIONS

- 1.1 Making Every Contact Count provides a key opportunity to embed prevention within system delivery. There are identified benefits to developing a unified approach across the Health and Wellbeing partnership.

2. ALTERNATIVE OPTIONS

- 2.1 This paper presents the current approach to Making Every Contact Count within each sector of the health and wellbeing economy.

3. DETAILS OF REPORT

- 3.1 The report is attached.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The work being carried out in respect to MECC is met from public health grant, there are no direct financial implications as a result of the recommendations in this report.

5. LEGAL COMMENTS

- 5.1 The report updates the HWBB about the progress of the making every count programme. The MECC programme is supported through an implementation guide and national toolkit published by the NHS.
- 5.2 The MECC has no statutory basis however following the public health agenda being formally transfer to the Council in April 2013 it provides a framework within which public health is able to use the opportunities of a local government setting to improve health and wellbeing.
- 5.3 The MECC programme contributes to the Council meeting its general duties under the Care Act 2014 (the Act), which include –
- To promote an individual's well-being. Well-being is defined in the Act and includes control by the individual over day-to-day life. In exercising this general duty the Council must have regard to the importance of preventing or delaying the development of needs for care and support as well as and the importance of the individual participating as fully as possible.
 - To promote integration of care and support. The statutory guidance supporting the Act includes guidance for Council departments working more closely together and in a joined up manner.
 - To establish and maintain a service for providing people in its area with information and advice relating to care and support. This service should include information about the choices and types of care and support available, choices of providers available and how to access the care and support.
 - To promote diversity and quality in the provision of services within the locality. Under this section the Council must ensure that commissioning and

procurement practices deliver the services that meet the requirements of the Act.

- 5.4 The Care and Support Statutory Guidance (2014) supporting the Act is clear that information and advice is fundamental to enabling people, carers and families to take control of, and make well informed, choices about their care and support. In arranging the provision of advice and assistance the Council is encouraged to take an active and critical role in arranging the delivery of advice. The statutory guidance explains that this requires the Council to work across its area to ensure coherence, sufficiency and accessibility of the information and advice. In doing this the statutory guidance recognises that the role of the Council will be to understand, co-ordinate and make effective use of resources available to people in its area.
- 5.5 The recommendations to note the content of the MECC report and comment on the proposed areas for further development are within the terms of reference of the HWB, in particular:
- i) To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
 - ii) To consider and promote engagement from wider stakeholders.
 - iii) To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.
- 5.6 When considering the recommendation regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Making Every Contact Count provides an important opportunity to address health inequalities within Tower Hamlets.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The principles behind Making Every Contact Count involve maximising the effectiveness of existing frontline resource by embedding prevention within

practice. The proposals for further development of the programme include consideration of achieving economies of scale.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Limited relevance

9. RISK MANAGEMENT IMPLICATIONS

9.1 This risks to the council are minimal. This sets out an approach to organisational development across the health and wellbeing partnership.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Limited relevance

Linked Reports, Appendices and Background Documents

A Prevention-orientated system

**Abigail Knight, Acting Associate Director in Public Health
September 2015**

1. Purpose

The Health and Wellbeing Board is asked to note progress on the Making Every Contact Count (MECC) programme and comment on its proposed areas of further development.

2. Background

MECC is a public health initiative which aims to encourage those who work with the public to make the most of every opportunity to have a conversation about a healthy lifestyle and offer signposting information to facilitate behaviour change. This is part of the national programme of the same name, with a locally tailored approach to training and prevention approaches. Frontline staff receive training in how to pick up on conversational cues about healthy lifestyles that someone may be willing to discuss, and how to encourage them to take action. This is not about telling people what to do, nor what not to do. It is about helping people to identify for themselves where they would benefit from some support.

MECC is built on a broad evidence base (NICE, Public Health Guidance on behaviour change approaches 2014) that brief advice and signposting to services, when delivered on a large enough scale, can deliver behaviour change within a population. This in turn leads to improvements in the health of individuals and reductions in the numbers preventable diseases in communities. MECC is also recognised for its contribution to improving employee health and wellbeing.

3. Implementation

The London Borough of Tower Hamlets public health team has developed a localised training programme and accompanying training material. This training programme is being delivered to a range of staff across the wider partnership in the borough to ensure we have

consistency of message in the brief advice and signposting offered. We are also working with teams as to how we can embed this in practice thus ensuring it is part of business as usual.

The learning outcomes of the Tower Hamlets' MECC training programme are:

- *To improve knowledge about key public health messages: smoking, alcohol, healthy eating, physical activity and mental health.*
- *To build on existing skills in promoting healthy lifestyle and behaviour change*
- *To explore and identify opportunities to raise key health issues*
- *To recognise opportunities for staff and staff team to put MECC into practice*

3a. Adults and Children's Services

In 2015/16 we are working with both Adults and Children's Services to build MECC into the corporate training programme. This follows a successful six month pilot in the previous year.

In the initial phase of this pilot, MECC was introduced to service directors and managers to support the development of a generic workshop appropriate for all frontline staff across Adults and Children's Services. The resulting coproduced workshops were delivered to 200 staff. The service groups who have received this training are set out below:

Service	Number of staff	Number of participants
First Response Team	58	23
Reablement Team	60	26
Resources Team (Day Care Centre staff)	50 (approx.)	17
Community Learning Disabilities Service	60	41
Occupational Therapy	25	21
Children's Social Care teams	85	60
Service users liaison team LBTH	13	13

In response to the Care Act, the London Borough of Tower Hamlets has introduced Framework I assessments, which are to be administered by all frontline health and social care staff who are in contact with local residents. This assessment includes a question on MECC to act as a prompt for staff. It enables us to identify when brief advice on smoking cessation, alcohol, mental wellbeing, healthy eating, physical activity or sexual health is given, and to which support service someone has been signposted. Through this mechanism we intend to monitor the level of MECC activity at regular intervals, and to provide targeted support where needed.

3b. Wider local authority and voluntary sector services

In 15/16 the MECC programme is being expanded to offer training to staff from a wider range of services. To date we have secured the involvement of the following teams:

- Drugs and Alcohol Action Team
- LinkAge Plus
- Idea Stores
- Tower Hamlets Homes
- Providence Row Housing
- Poplar Harca housing association
- Emergency services
- Care homes

- Salvation Army
- Mental health support service providers

3c. Primary Care

Public Health successfully bid for a workforce development grant from the Health Education North Central and East London. The £16K grant will support training and development in the wider health workforce, in alignment with strategic priorities for the sector. It enables the MECC training programme to be delivered, from October 2015, to 400 frontline staff working within different settings of care, including acute services, community services, primary care services, mental health service, social care service, pharmacy and voluntary and independent sector organisations.

3d. Barts Health

Barts Health has well developed programmes providing opportunistic health promotion amongst patients. The most advanced is smoking cessation which includes online training, advertising throughout the trust and an electronic referral system with rapid feedback to clinical areas. A key area of intervention is at Pre-operative Assessment. This year Barts Health aims to refer at least 2,500 patients, introduce CO monitoring in maternity and launch a new Tobacco policy that will support staff in challenging smokers on Trust grounds and offer support and referral to stop smoking services.

Barts Health are introducing formal screening of patients attending all its A&Es for dangerous levels of alcohol use, using the NICE approved screening tool and improving information giving, provision of IBA (Identification and Brief Advice) and onward referral to community alcohol services where appropriate.

Barts Health works with colleagues, such as diabetes clinicians, to contribute to prevention. They run a number of successful programmes, such as opportunistically identifying patients with HIV and other viruses including hepatitis, who attend as emergencies and save lives by instigating earlier treatment.

3e. East London NHS Foundation Trust (ELFT)

ELFT runs a Trust-wide Quality Improvement Programme, within which there is a physical health collaborative. This aims to address parity of esteem by improving the physical health of people with serious mental illness. ELFT is adopting a quality improvement approach to health promotion in which small scale interventions, such as information and signposting to lifestyle services, are monitored and reviewed by the staff delivering them and suggestions for improvements are led by staff. Training to staff in this quality improvement approach is made available through the wider programme at ELFT.

4. Evaluation of the pilot programme

Early findings from the evaluation of MECC show that participants have increased confidence and skills in raising health messages. Post training follow-up sessions with participants revealed a number of positive case studies of putting MECC learning into practice.

- 92% of participants felt that it was important to promote health with clients when the opportunity arises
- As a result of the training 89% of participants felt more confident in raising lifestyle issues with clients
- As a result of the workshop 83% of participants felt better skilled to help clients to make lifestyle changes
- As a result of the workshop 82% of clients felt more confident to signpost clients appropriately to support services

What did participants find most useful about the workshop?

“New ways to interact with clients”

“The right words to say to the clients”

“Ways to get discussion started”

“Ways to address health and other issues with families in a non-confrontational manner”

“Practical aspect - putting it into practice in a safe environment”

“How to raise the issue”

“Training was highly relevant to my role. I have learned about reflective listening and how to motivate clients”

“The importance of expressing empathy – looking through someone else’s glasses”

“Really listening to what people are saying, reflecting that”

“Made me think about my approach – probably coercive / persuasive!”

“Making me stop and think before speaking”

“Signpost information to local health services information”

“Listen and reflect. Let client lead where necessary”

What will participants take away about MECC?

“Health promotion is everyone’s business”

“It only takes a few minutes to make a contact count”

“Promoting health is vital in our work with service users”

“Make every contact count. Even if it’s a 5 minute conversation - it can make a difference”

“Importance of promoting positive health messages when service users are open to this”

“That it’s worth raising a subject with someone when you have the opportunity”

“The government statistics and facts”

“Understanding what healthy eating is”

“Per 100g guidelines”

“Seeing the alcohol glasses to understand units....seeing the food plate to understand portion size and a balanced diet”

Additional feedback showed:

- Participants valued the opportunity to reflect on their practice of supporting clients and improving their own health.
- Participants expressed that they would like further refresher training to reinforce what they learnt.
- Some participants were interested in attending a more in depth training to support clients they saw frequently – a motivational interviewing 2 day training course. Occupational Therapy staff expressed a particular interest in this training.

5. Proposed areas of development

5.1 Embed MECC in all service pathways

The inclusion of MECC in the Framework I assessment, is an example of good practice that allows MECC to both be embedded in practice and its implementation monitored. The MECC training programme is one aspect of service delivery and as it is rolled out to new service areas, we need to identify other opportunities to ensure it results in staff delivering brief advice and signposting opportunities.

5.2 Alignment with the Social Prescribing Programme

Tower Hamlets CCG is currently developing its specification for implementing social prescribing across the borough, following a pilot in the north east of the borough. This programme is intended to identify needs and priorities in people attending primary care that lie outside of the medical model, and provide signposting to the appropriate support or services for them. There are obvious parallels with MECC: the skills required to offer brief advice and signposting, ensuring there is a means of embedding this in practice, and the types of service to which people may be signposted. We therefore propose to align the approach taken in MECC and social prescribing.

5.3 Delivery across the WELC footprint

The WELC boroughs (Tower Hamlets, Newham and Waltham Forest) are all at different stages in their development of MECC and social prescribing. There is an opportunity, through the Transforming Services Together (TST) programme, to better enable consistency of message across these boroughs by working collaboratively on these programmes. The greatest opportunities that this presents are: unified approach to workforce development, sharing best practice in embedding MECC into practice, and a single evaluation that allows comparison of the different approaches that have been adopted.

6. Conclusion

Each sector of the health and wellbeing economy is developing MECC, or similar programmes to support a prevention orientated system. There are further opportunities to work together in its development towards:

- Consistency of advice
- Shared training programmes
- Adopting a systems approach to embedding training in practice
- Economies of scale across a wider geographic footprint
- Engagement at all levels, from senior to front-line staff.

In the context of the Health and Wellbeing Strategy refresh we may want to explore these opportunities further.