Healthy London Partnership

Making every contact count for London

26 April 2017

Supported by and delivering for:

Public Health England

NHS

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MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Making Every Contact Count (MECC) for London

Welcome

Facilitated by:
Dawn Reeves, Facilitate This!
Hilary Wareing, Improving Performance in Practice (iPiP)

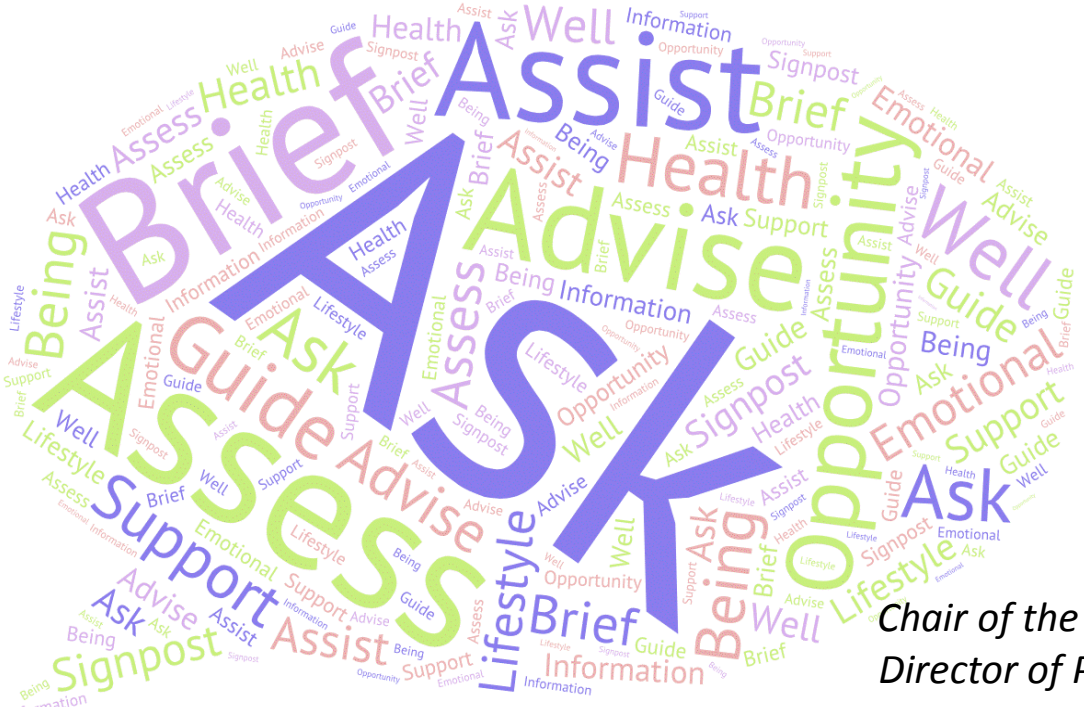
Working with

Objectives of the day

- Emerging strategy and definition of MECC
- Evidence so far and what impact we want to make
- Benefits, challenges and opportunities of working in partnership
- Agree how we support local priorities and add value
- Priority actions over the next 12-18 months

Making Every Contact Count Challenger Event

Supporting the prevention agenda across London



Julie Billett
Chair of the London Wide MECC Steering Group
Director of Public Health, Camden and Islington

Sally Prus
Implementation Lead, Prevention Programme
Healthy London Partnership

MECC across London

NHS Five Year Forward View: Focus on prevention is essential for better health and a sustainable NHS

HEE Mandate: "preventing illness with staff using every contact they have as an opportunity to help people stay in good health"

Local Government Association: Vehicle for not only health improvement but supporting wider determinants of health

PHE Priority: From Evidence into action: opportunities to protect and improve the nations health

NHS England: Making Every Contact Count is in NHS Standard Contract.

- Prevention is key to improving outcomes and system sustainability
- MECC is an integral part of delivering that prevention agenda
- Momentum is building with growing recognition of the value of MECC and support for its delivery at scale across London and across a range of organisations
- Today is about building on that momentum, creating a strong partnership and plan to support the delivery of MECC in London, as part of making health and wellbeing and prevention an important part of everyone's business

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Why MECC?

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What is MECC?

A Definition for London

MECC is a scalable, behaviour change approach that encourages positive health and wellbeing choices through individual, organisational and environmental interactions. It involves enhancing, identifying and acting on the opportunities to engage people in conversations about their health in a respectful way to help them take action for their own health and wellbeing.

- **MECC is central** in how we can better **support people** to get the help they need earlier
- Often residents or patients will **ask for help on issues** outside of our own work area but we don't know what advice to give.
- MECC is about **spotting opportunities** in the conversations we already have with residents to **signpost them** to support
- MECC is about creating a **'workforce for prevention'** so that members of the local health, public sector and voluntary workforces in London are **champions for prevention**

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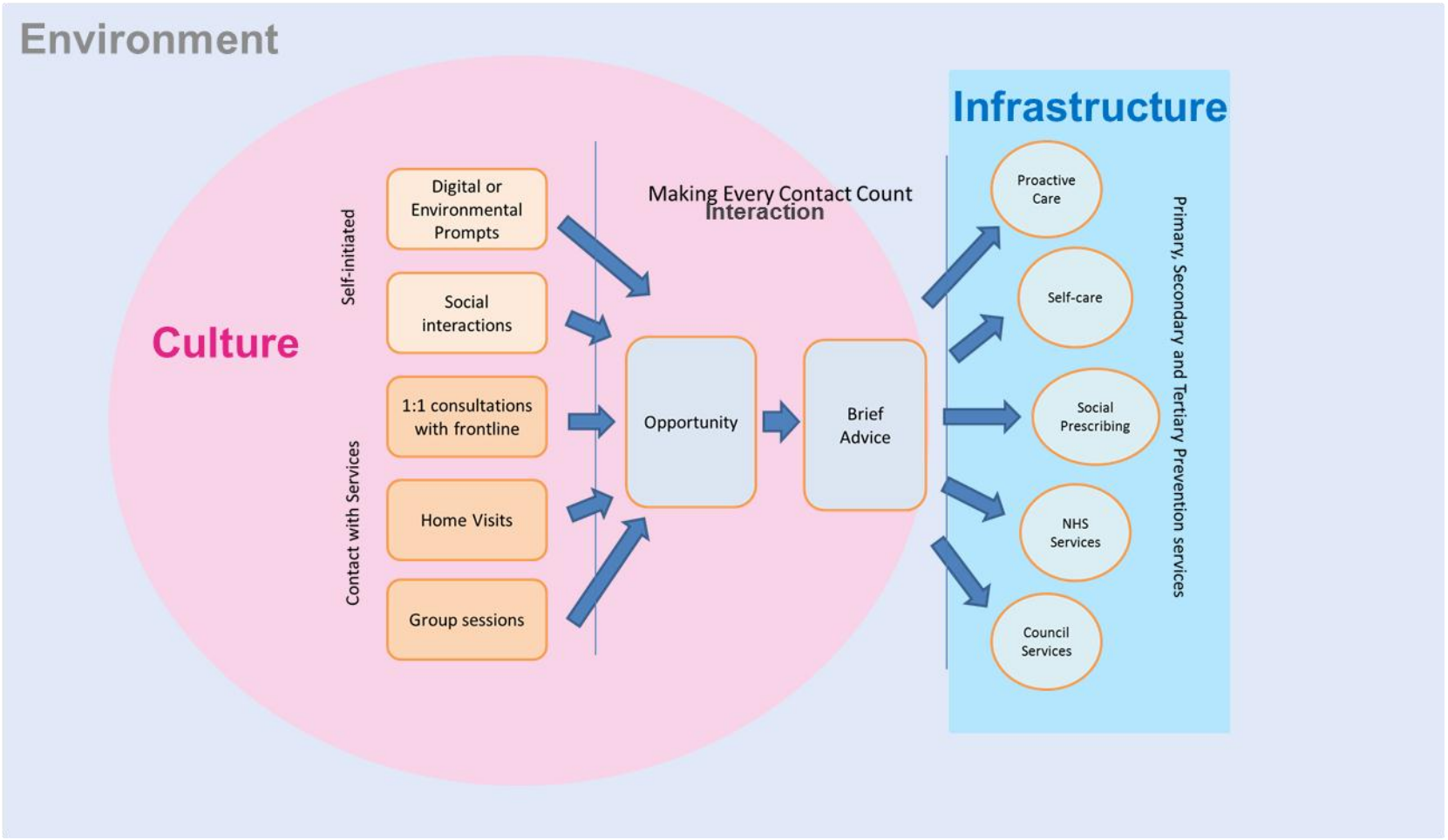
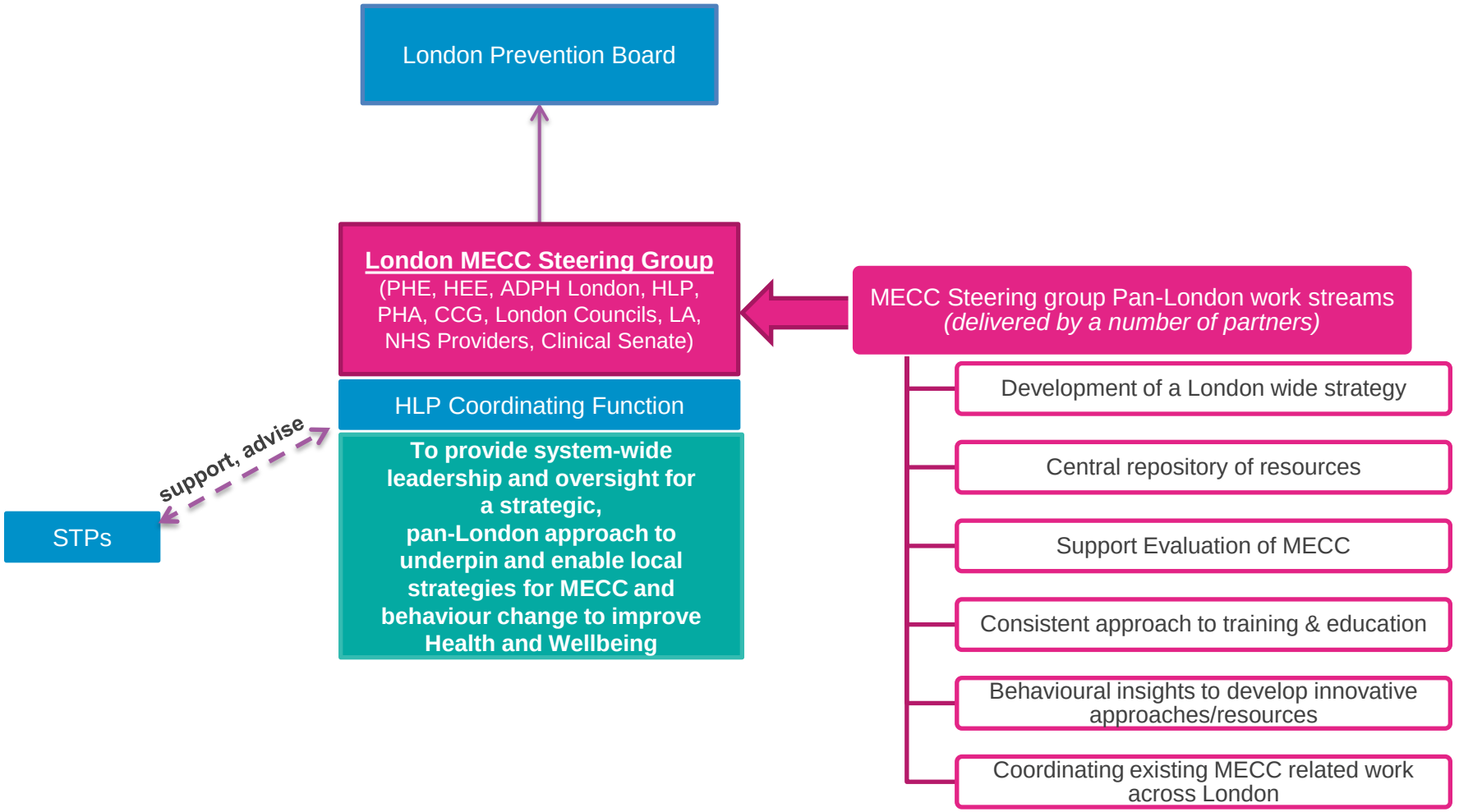
Stepping up MECC: MECC as part of wider model



A partnership for MECC in London – the London MECC Steering Group



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A Framework for London: Our thinking so far…

Strategic Aims

1. System level:
A consolidated view across London of what MECC is and what it aims to achieve in the broader context of H&W and behaviour change. This includes a greater social responsibility for H&W including an increased awareness/appreciation of the impact of MECC across all levels including the need to link to wider environmental and cultural enablers

2. Organisation Level:
Providing staff with the authority and improved accessibility of quality tools and resources to support the leadership, culture, environment, training and information that they need to implement and evaluate the MECC approach. This includes the use of innovative approaches to enable MECC and new models of care

3. Workforce:
An informed and empowered workforce who have the confidence and competence to identify opportunities to promote H&W messages and encourage people to change their behaviour through self-management or direct them to local services to support them. This also means a workforce where H&W forms part of the cultural norm

4. Individual / Population:
An informed and empowered local population who are motivated to- and understand how to- seek support and take action to improve their health and wellbeing. This includes ensuring the places where people live, work, study and play are in an environment which supports H&W

Example Deliverables/Outputs

- Central hub of information & practical tools and resources
- Sign up/commitment from the system
- Communications plan to streamline messaging and raise profile
- Network of champions / communities of practice
- Innovation Pilots to enable MECC
- **Challenger event!**
- Link to workplace health programme

What are we trying to achieve today?

- **Aim**

- To shape, through challenge and collaboration, a London framework for maximising the potential of MECC over the next 5 years to help inform, motivate and empower Londoners to maintain and improve their health and wellbeing

- **Objectives**

- Present a vision and definition of MECC for London and explore benefits and opportunities of working in partnership to implement and embed MECC across London
- Explore the emerging evidence, understand and build on what's happening locally to maximise health in all London contacts
- Agree how collectively we can support local and STP priorities and where we can focus our efforts to add value, overcome the challenges of implementing MECC and ensure it achieves the maximum impact across London
- Agree priority actions over the next 12-18 months

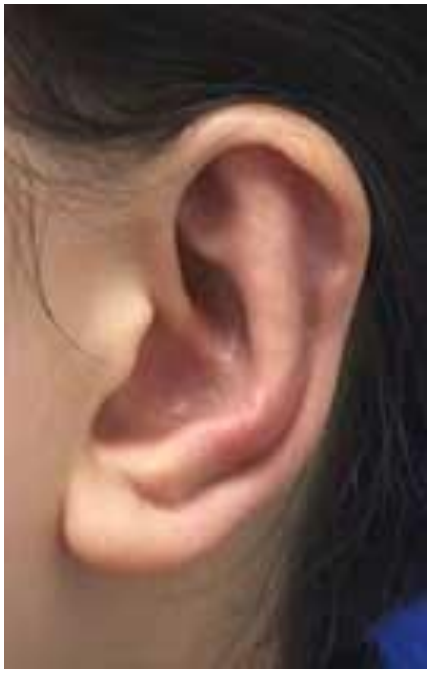
Plan for today

- Introductions – stories
- Evidence and impact
- Break
- Challenges and opportunities
- Long-list of priorities
- Lunch
- Short-list of priorities
- Action planning
- Review of the day

Approach

- Series of structured discussions with flexibility when the group needs it
- Your role – input, self-manage, identify a note-taker on each table to record and agree key messages
- Our job – to manage time, consensus and feedback
- Findings to go to MECC steering group
- Report from today will be sent to all

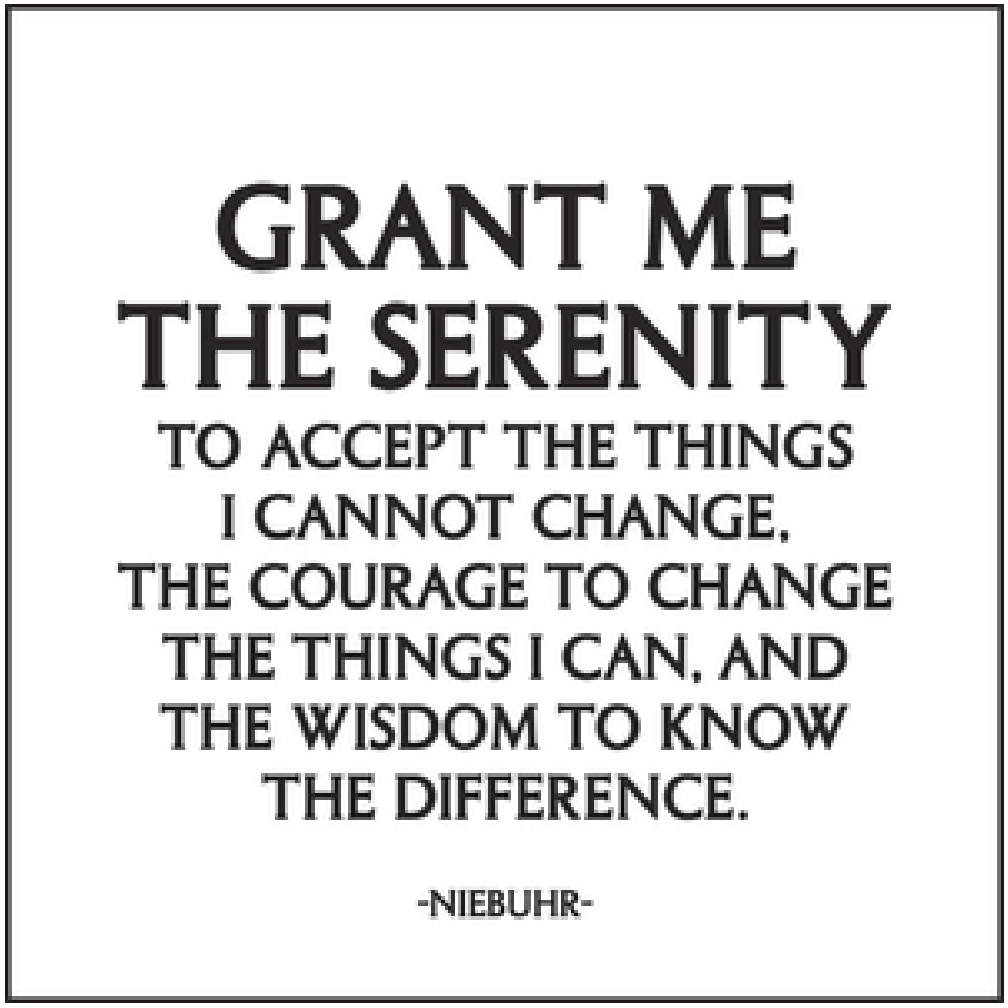
Making the most of your discussions



Listen well

Spirit of curiosity

Stay present


GRANT ME
THE SERENITY
TO ACCEPT THE THINGS
I CANNOT CHANGE,
THE COURAGE TO CHANGE
THE THINGS I CAN, AND
THE WISDOM TO KNOW
THE DIFFERENCE.
-NIEBUHR-

Introduce yourselves…

Share a positive story of influencing behaviour

(…MECC or other…)

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Story…

Character + intervention
= change

…Share stories, note theme and story teller on postcards

25 minutes

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Exploring Emerging Evidence and Impact of Making Every Contact Count

April 2017

Sarah Jewell
Public Health Workforce Development Manager
Kent, Surrey and Sussex

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MECC Evaluation

- Evaluation is about “judging the worth of an activity” (Sidell and Douglas, 2012)
- Achievement of objectives
- Assessing how different processes have contributed to or influenced the outcome
- Different from monitoring - routine and systematic collection of information about MECC activities i.e. the number of MECC interventions or profile of staff trained to deliver MECC.

MECC Evaluation cont..

- Making Every Contact Count is complex – it is more than just training
- Evidence base to date is small
- Emphasis on process evaluations i.e. questions about what was done rather than **so what**
- Impact of MECC is hard to establish to date

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MECC Levels

Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
https://www.nice.org.uk/Guidance/PH49

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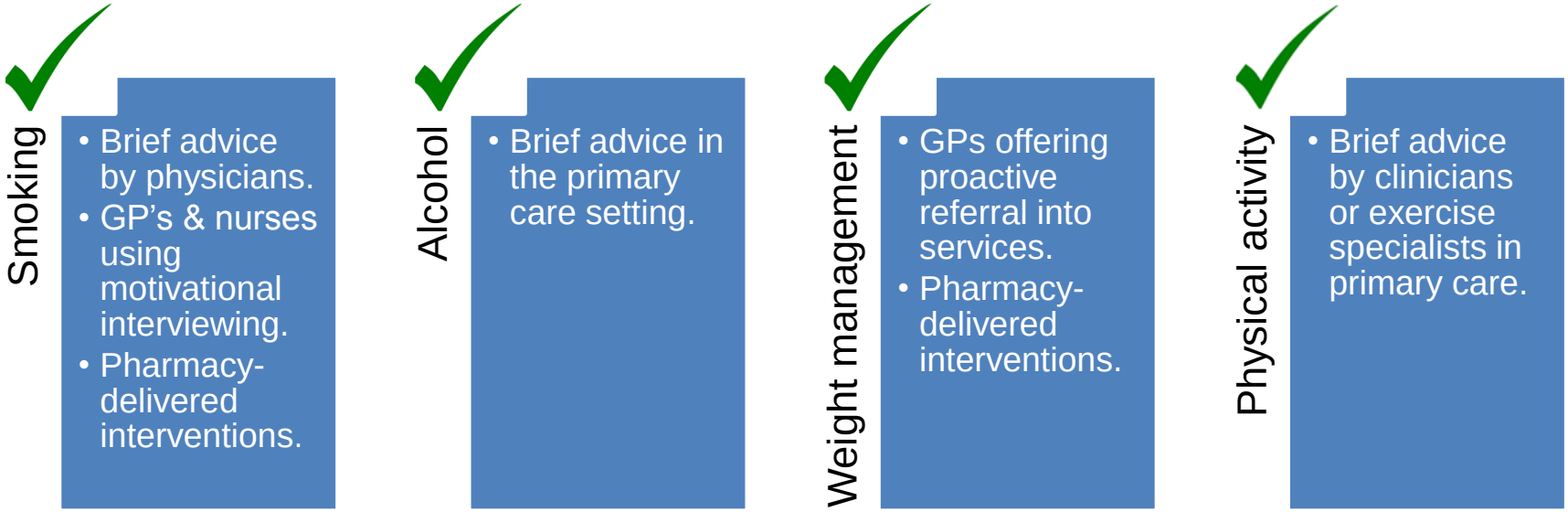
What Do We Know?

- MECC involves very brief (Level 1) and brief interventions (Level 2). Trials not always clear which level they mean.



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Learning From Implementation

Impact of training:

- Lawrence et al (2016) demonstrated trained practitioners showed significantly greater use of Healthy Conversation skills compared to their untrained colleagues up to one year post-training
- Reviews shows increase in confidence and knowledge post training:
  - Gosport Borough Council: trained staff reported undertaking healthy conversations post training*
  - Milton Keynes: found an increase in referrals to lifestyle services**

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Learning From Implementation

Delivery of MECC:

- A study in Wales found:
- 55% of respondents who had seen a health professional in the past year have had a health behaviour change conversation
- Smokers, women, those above a healthy weight and those aged 18 – 64 mostly likely to have a conversation
- Health professionals with highest reach are not necessarily those most likely to be delivering behaviour change conversations
- Just over half of behaviour change conversations were related to the individual's reason for having the appointment, consultation or conversation with the health professional
- Negative reactions to a conversations were low
- 36% of conversations resulted in individual making a change

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Why is Evaluating MECC Hard?

MECC involves:

- **Organisational Readiness**
- **Staff Readiness**
- **Training** – different levels of competency
- **Delivery -** opportunistic vs routine and single intervention vs multiple interventions
- **Only the start of behaviour change**

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Why is Evaluating MECC Hard?

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MECC Complexity

- **Process evaluation** – how MECC outcome or impact was achieved. This involves measuring the activities of the programme, programme quality and who it is reaching
- **Outcome evaluation** to assess the effectiveness of a MECC programme in producing change. This means measuring the immediate effect of a MECC programme and is aligned with the programmes objectives
- **Impact evaluation** to assess long term change and improvement due to a MECC intervention or programme

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Can We Evaluate MECC?

- Without RCTs it is difficult to attribute a single brief contact to subsequent a change in individual health outcomes, due to multiple confounders
- The Gosport review and the Milton Keynes report both indicate that capturing real life valuable data is challenging
- Case histories offers an option – Is this seen as too soft?
- One possible approach is to use a logic model – this forms the basis of the PHE/HEE Evaluation Framework

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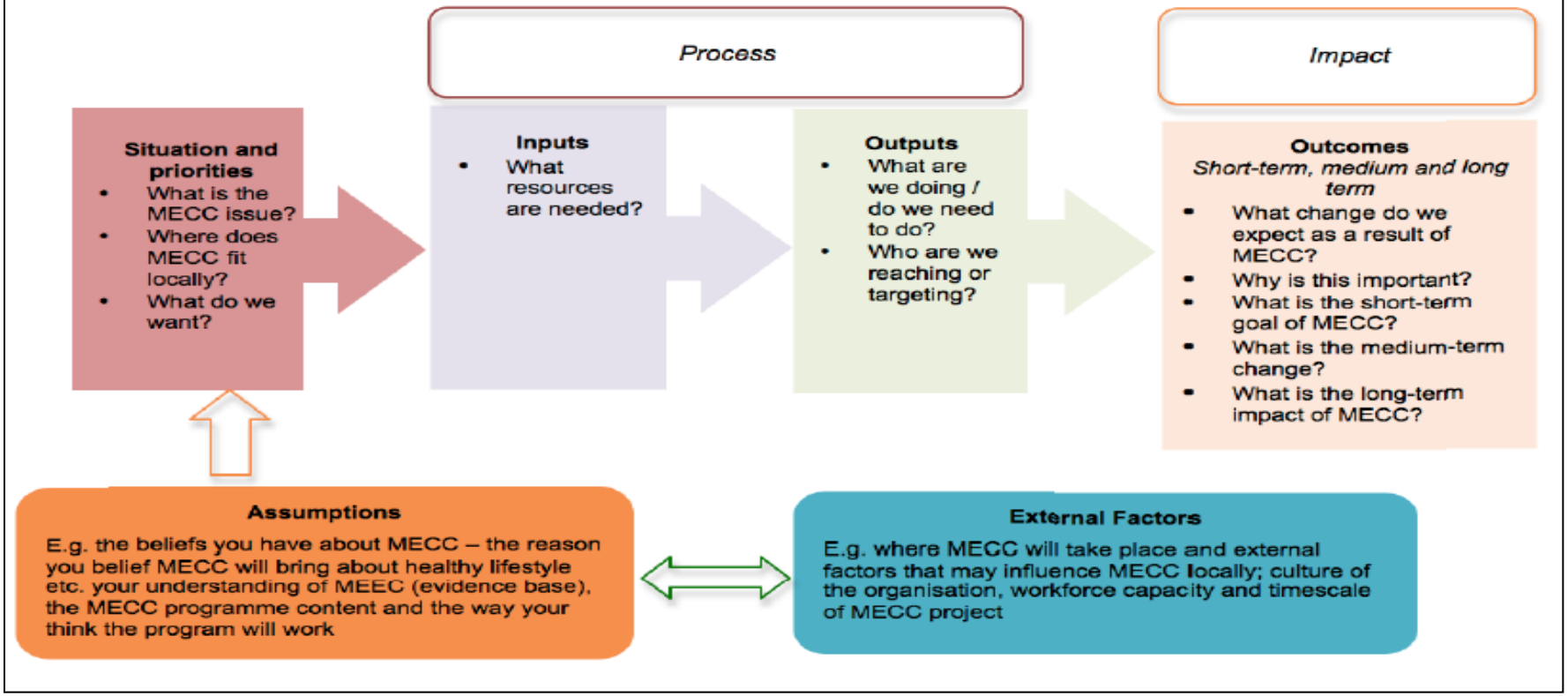
Logic Model

Figure 2: Components of logic model and evaluation



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Examples of Measures

What are the results of the programme?		
Short term outcomes	Medium term outcomes	Long term impact
Trainee satisfaction with training programme	Increasing number of people receiving of a very brief or brief intervention over 3, 6 and 9 months	MECC principles embedded in organizational training and development
Increased knowledge, skills and confidence in provision of a very brief or brief intervention	Positive changes in trained staffs own health and well being	Local lifestyle services report increase in activity and greater referral between services
Increase knowledge of local lifestyle services	Increase in signposts to local lifestyle services	Change in prevalence of key lifestyle behaviours

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Thinking About Your Model

1. **Why are we doing it?**
2. **Where should MECC be prioritised?**

- Who do people **trust** to talk about health and wellbeing – are people prepared for a conversation with some workforces?
- What are the **high volume contacts** where impact could be maximised and amplified?
- Which **groups have the health highest needs** / are most disadvantaged in terms of health inequalities in London?

Evidence and impact

- Where are the gaps in evidence?
- What's happening on evidence that you know of?
- What impact do we want to see?
- How will we measure the impact?

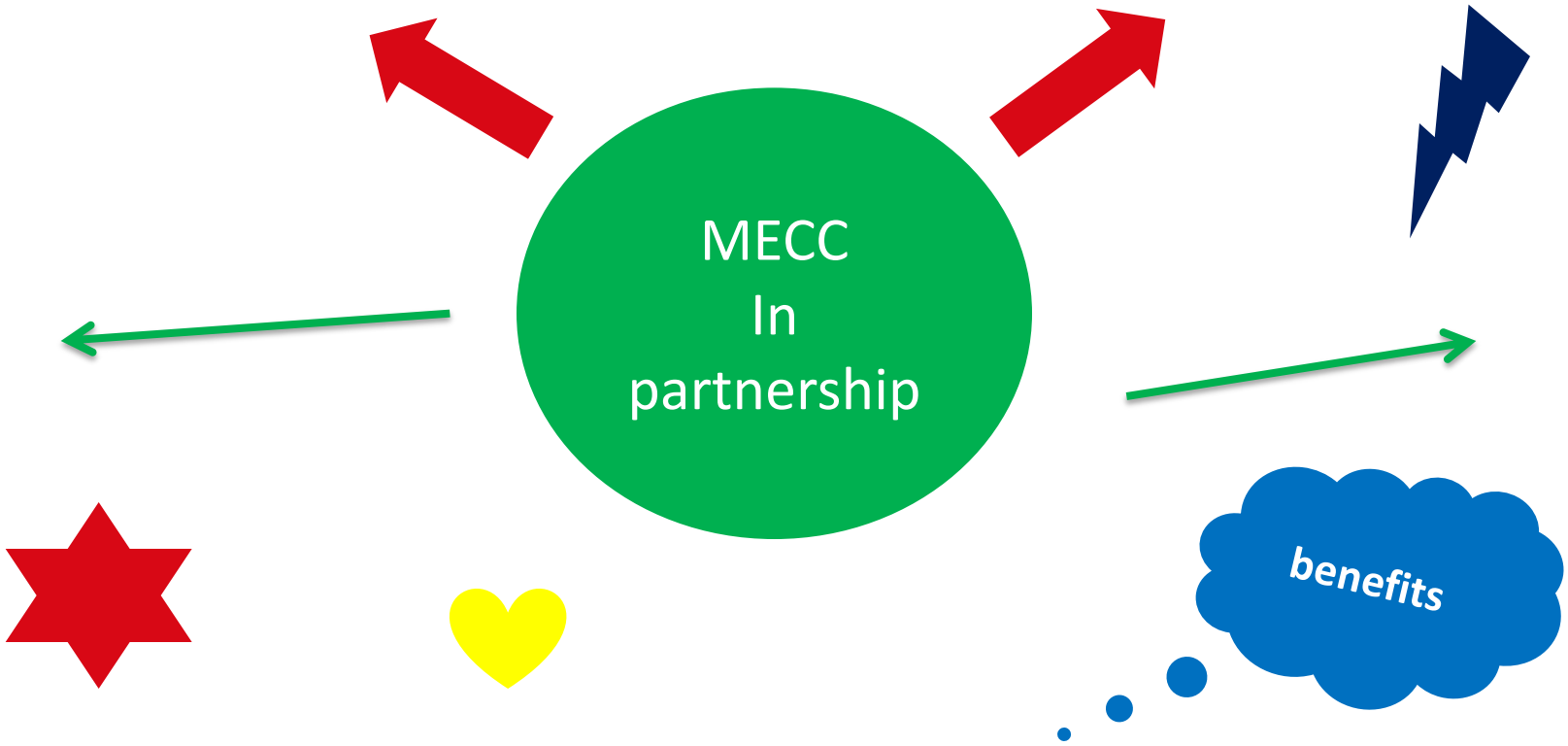
Record ideas on A3 worksheets – 30 minutes

15 minute break

MECC in partnership – world cafe

Challenges

Opportunities



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World café – how it works…

- Write the theme in the centre – play, doodle draw, make connections
- 20 minutes, then swap tables
- One person volunteer to host the next conversation/stay still
- Same topic, host to share insights and new team to add on
- 20 minutes and swap again, different host
- Final conversation to agree 3 key challenges and 3 opportunities
- Record on large post-its – remember to introduce yourselves again

Ambition is to work in an integrated way…

Don’t think about MECC as an isolated training intervention

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Quick reflection in pairs using a different local lens…

How does our thinking so far fit with other drivers… e.g. STPs/other agendas?

No feedback needed

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As a table see if you can agree

… a long-list of priorities for our joint pan-London approach

6-8 priorities max on flipchart (can include what's and how's?)

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45 minute lunch break

Accessing group wisdom…

Write a question on a card…

The only rule is you have to be interested in the answer…

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Get and give as many answers as possible

Like speed-dating without a bell, as soon as you've got an answer find someone else to ask
…10 mins

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Long-list to short-list

1. As a table, check priorities against basic criteria:
   - Is it pan-London?
   - Does it add value?
   - Will this help us overcome challenges (that we identified this morning)
   - Does it fit with emerging strategy (as highlighted by Julie)

2. Agree a short-list – top 3 issues on flipchart strips

5 Finger consensus check

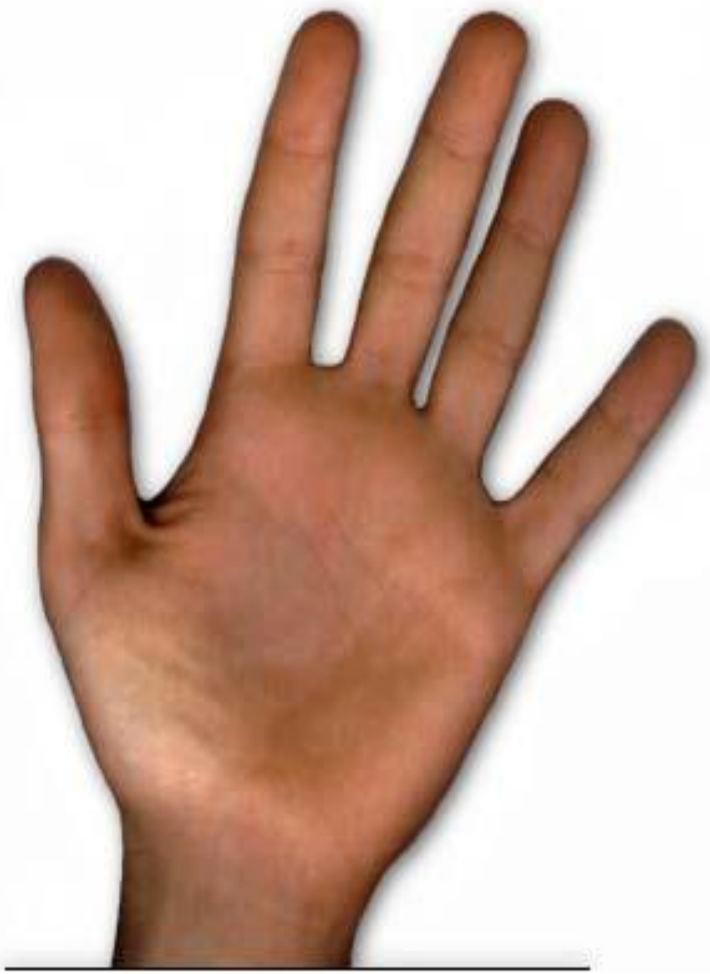
5 = great

4 = ok, I'll go with it

3 = yes, but have concerns

2 = no, shouldn’t go ahead

1 = if you do that I’ll never speak to you again



15 minute break

The top 5 things are…

- To be inserted here over the break

Choose which priority you want to work on…

action planning…

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Key actions – for each heading

List the key actions that need to happen:

- What?
- Why?
- Who? (volunteers?)
- When?
- Needs/comments/queries?

Complete the A3 worksheet on your tables

Final thoughts…

If we achieve what we've described today it would….

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Thank you
Any questions?

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