Making Every Contact Count in the Northwest: Healthgain

SUMMARY NEWS

The direction of travel for Making Every Contact Count has been clarified by the Future Forum and is enshrined in the NHS Operating Framework.

Making Every Contact Count work in the regions is being considered as part of Public Health England design with regional lead consultation led by RDPH Rami Shukla from the Midlands and East of England.

A Summary of MECC Principles, Evidence, Levers & Opportunities was presented by Professor Paul Johnstone, Director of Public Health North of England at the Building Bridges Conference in Manchester.

There is deliberation underway regarding the adoption of a NHS North of England Heathgain Ambition going forward.

The Healthgain planning group meets in May to secure the legacy of Healthgain Northwest and its Future Focus from June 2012 going forward (1)

To obtain more details on the above or a copy of the Healthgain Action Planning Framework, contact Barbara.Barningham@dh.gsi.gov.uk

Building Bridges and Improving Health in Hospitals

National Conference, 19 March 2012, Manchester

Keynote speakers included Dr Gary Cooke, Consultant in Public Health, Professor Paul Johnstone, DPH North of England and Dr Ruth Hussey PHE who led a stocktake, examining:

- the role acute providers can play in health improvement

- every hospital contact a health improvement opportunity: current situation and possibilities for the future.

- findings of the second round of the National Health Promotion in Hospitals Audit
- making use of NHS patient contacts to provide advice, interventions and referrals to improve public health, as highlighted in ‘Healthy Lives, Healthy People’, the public health white paper;

- the ability to reach people who may not be accessing other parts of the health system, especially those from deprived backgrounds;

- the possibility of improving short-term outcomes, such as by reducing recovery times after surgery.

- Evaluation of interventions

For copies of the presentations contact Deborah.Kenyon@stockport.nhs.uk

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**Healthgain Showcase 2012**

Regional Event. Manchester, 21 March 2012

280 North West practitioners and leaders took part in this innovative event to showcase and stocktake:

- **Best and emerging practice across the North for Health in all Contacts**

- **Workshops providing in depth attention to models and learning resources**

- **Becoming part of a Northern Healthgain Learning Community. Experience practical demonstrations and taster sessions including Mindfulness Meditation, Physical activity, massage, coaching.**

- **Good practice in the North West of co-investing in Skills via the Unionlearn initiative.**

- **Making Every Contact Count in the North West Local Exemplars** collated by North West DSPHs and MECC leads. Electronic copy from Barbara.Barningham@dh.gsi.gov.uk and copies of the event presentations
Making Every Contact Count in the Northwest: Building the Vision

Building the Vision and coordinating and promoting MECC local programme activity across the regional footprint has been a workstream priority to facilitate the development of the shared vision for Healthgain Northwest and the dissemination and sharing of practice and exemplars. A range of communication tools have been developed by local programmes and shared across the North West. Case studies and programme update information can be deposited on the Transition Alliance website via the Strategic Communications lead

Alexia.Mitton@transitionalliancenw.nhs.uk.

The Healthgain steering group held a planning consultation in late February to look at securing the legacy of Healthgain NW going forward into the new public health system and informed a ‘Think Piece’ document for NHS North of England going forward. For more information, email Ruth.Passman@dh.gsi.gov.uk

Making Every Contact Count: Measuring Impact

In today's tough financial climate, it's no longer enough to measure how many people we have trained and assume that benefits will come from that. The Acute Trust Network have developed a performance management framework for hospital settings and the Healthgain steering group will continue to support endeavours to improve measuring the impact of Making Every Contact Count in settings across the North West.

For further information, see MECCAT Assessment Tool
http://www.yorkshireandhumber.nhs.uk

Also consider the research from NICE on return on investment to the commissioning of Public Health services

Also see:

The cost effectiveness of PH Interventions.
Owen, L., Morgan, A., Fischer, A., Ellis, A., Hoy, A., Kelly, M,

www.jpubhealth.oxfordjournals.org
Making Every Contact Count in the Northwest: Moving Forward

A ‘Moving Forward in 2011-12’ programme of ‘Health in all Contacts’ extension workshops are underway across MECC thematic priority areas. For presentations, see stockportrdi.wordpress.com/workshops/

Six workshops have been delivered, culminating in a workshop to highlight innovative practice in tackling Health Inequalities and promoting Sustainability on 20 April 2012 held at the University Hospital South Manchester Hospital. Professor Paul Johnstone, Director of Public Health North of England chaired the afternoon session and health practitioners and organisations from across the North were invited to attend and share their innovative and effective approaches to Making Every Contact Count and promoting sustainable approaches to engaging patients, the public and the workforce in promoting the co-benefits of health improvement and sustainable low carbon living. The NHS Sustainable Development Unit held their Northern Consultation Event on involving Patients and the Public in creating a sustainable healthcare system, tackling carbon dependency and improving health. For further information about this event and related initiatives contact Rosy.Hunt@sdu.nhs.uk

Making Every Contact Count in the Northwest: In the Workplace

‘Making Every Contact Count in the North West’ e-learning package has been developed with key partners in order to realise the Healthgain Vision of ensuring that all front line workers have the skills and opportunities to offer brief Healthgain interventions in their daily work. It is based upon the Yorkshire & Humber MECC brief intervention competence framework and offers a simple, effective way of giving every NHS employee the knowledge and skills they need to support people in making healthier choices. The launch of the e-learning tool took place in March 2012

The aim of the e-learning package is to provide an opportunity for participants to understand the key health messages and the process required to support individuals in making lifestyle changes around healthy eating, smoking, alcohol, wellbeing, weight management and physical activity.

‘Making Every Contact Count’ e-learning in the North West’ will provide frontline staff with the opportunity to

- Understand the model of Behaviour Change and the need for a behavioural approach to encourage lifestyle changes.
- Feel confident about raising the issue and supporting people to change their health behaviours.
- Understand models of intervention, key messages and where to refer people to.

Further details from Alison.farrar@champs.nhs.uk

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**Looking After me, Looking After You in the NHS Workplace**

Dr Bhutani, mental health trust psychology lead is developing a programme to address the issue of how to make psychology part of everyone’s care, building capacity for all health and social care contacts to be informed by psychological thinking, value-based training in collaborative, personalised and dignified care in all staff to staff / staff to patient contact. The programme is informed by A LAMLAY 'emotional resilience' Healthgain programme has been piloted at NHS North West, supported by the NHS Equality and Diversity Council EMS system, which draws upon the illustrative principle of psychological care; ‘Looking after me, Looking after You’ and is informed by Boorman’s ‘Invisible NHS Patient’ thesis. Outcomes have been very positive and the pilot has been included in a recent audit of good practice in NHS workplace wellbeing interventions by the Department of Health Workforce Health team. Contact Gita.Bhutani@lancashirecare.nhs.uk

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**Healthgain: Champions in the Workplace**

Instead of relying solely on medically trained staff or public health professionals to promote healthier lifestyles, we need to recognise the huge potential of the NHS and wider workforce.

From hospital porter to GP receptionist, every day frontline staff have millions of interactions with people that could make a positive difference to their health and wellbeing. Yet all too often, through lack of awareness or confidence in addressing what are often sensitive issues, they miss these opportunities.

If we are going to make a difference to our nation's health, and address the enormous challenges laid out in the Marmot Review, we have to take action now - and we have to prove that what we are doing works.

All sectors have a contribution to make to health improvement. Healthgain Northwest aims to support the development of a health promoting culture and embed effective health improvement practice within the NHS and beyond.
For more information about developing Health Championing roles and of local exemplars of workplace and community wellbeing champions contact Ruth.Passman@dh.gsi.gov.uk

Gaining Health, Wellbeing and Resilience in Difficult Times

Building organisational and individual resilience with effective staff engagement is central to the Health in all Contacts programme. A Healthgain initiative to promote awareness of the evidenced link between staff engagement and a range of results including wellbeing, lower levels of absenteeism / presenteeism, increased productivity, quality of service and patient outcomes is being spearheaded by the North West Mindful Employers Network and the North West TUC Mindful Union initiative. Its particular focus is upon promoting mental wellbeing in the workplace. Specific workforce skills are required at times of organisational and service change in order to support and sustain ‘Wellbeing in all Contacts’; workplace support for mental and emotional wellbeing and online mindfulness training to reduce anxiety for staff facing employment uncertainty and redundancy is being up scaled. Contact Gita.Bhutani@lancashirecare.nhs.uk for further information.

For informational upon research and development of a ‘Wellbeing Brief Intervention’ to integrate the social determinants of health and a broader wellbeing focus into Making Every Contact Count, contact jude.stansfield@champs.nhs.uk

Building workforce capacity for Health in all Contacts

Building capacity and developing leadership support for Health in all Contacts work programmes is a Transition priority. Work is underway to embed Health in all Contacts into the emergent leadership and development programmes of the Transition Alliance. Plans to further develop competences in prevention and lifestyle behaviour-change skills in the Northwest workforce are under development. Contact Workforce Development Programme Manager at NW NHS for more information. Gillian.McClaughlan@northwest.nhs.uk

Building Leadership Capacity for Health in all Contacts

Healthgain leadership is required at all levels in health, social care, voluntary and business stakeholder organisations. A programme of work, led by Regional Health, Work and Wellbeing Coordinator Kirstie Haines, has been promoting Workplace Wellbeing programmes and the Good Work Good Health Charter to build a sustainable approach to engaging employers in workforce wellbeing and in extending Healthgain work into local communities. Further information can be found at: www.neweconomymanchester.com/stories.1448
Health in all Contacts Large Scale Change coaching has been delivered via Public Health Networks and to other public sector leaders developing ‘added value’ LSC projects. Alison.Wheeler@champs.nhs.uk

Making Every Contact Count: NHS North of England

A Summary of MECC Principles, Evidence, Levers & Opportunities.

Professor Paul Johnstone, Director of Public Health North of England.
(summaries from a presentation made at the Building Bridges Conference on 19th March 2012 in Manchester).

MECC is...

- NICE guidance based
- An approach endorsed by the Future Forum Report
- Government Response to Future Forum
- An Evidence based evaluated approach with 3 wide spread years of sustained adoption and experience.
- A simple and novel approach to Public Health delivery
- An Education & Training approach - eg ‘Healthy Chat’ Stockport Community Trust
  - CQUIN with MECC in Ashton Wigan and Leigh

A programme that systematically puts the prevention, protection and promotion of Health & Wellbeing at the Heart of Every Patient Contact in the NHS

MECC ensures that the NHS-funded Workforce is competent and confident to provide appropriate lifestyle advice and referral to support services at each consultation

MECC PRINCIPLES

- Evidence-based on NICE guidelines
- People have multiple and complex lifestyle issues
- Comes from where the Individual is
- Non-hierarchical
- Provide Minimum Specifications
- Primary and Secondary Prevention
- Keep it Simple
- Generic and Expert
- Outcome Focussed
- Measurable (eg with MECCAT Assessment tool) to evaluate and measure system change
MECC Levers and Opportunities

- Workforce and Service Redesign
- CQUINN AND QUIPP
- Commissioning for Behavioural Change
- Large Scale Change across Boundaries
- Programmes and Services across whole communities
- Quality and Performance management
- Staff Wellbeing

Delivering MECC through QUIP Prevention:

Top Five MECC Interventions that show a ROI (Return on Investment)

- Identification and Brief Advice in Primary Care
- Alcohol Harm Worker (dependent and non-dependent drinkers)
- Smoking Cessation in Secondary Care for all hip and knee in-patients OR
- Smoking Brief Intervention in Secondary Care for all hip and knee in-patients

(The national team want to pilot this in the North)

For the full presentation from 19 March National conference, contact Deborah.Kenyon@Stockport.nhs.uk

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Healthgain: City Region

Making Every Contact Count in Liverpool commissioned a City Wide Brief intervention and advice training programme for front line staff, so that they can encourage people with whom they come into contact to adopt and maintain a healthier lifestyle. The Programme develops and trains front line NHS and other staff across the City to deliver brief interventions to patients and clients at all patient contacts. It provides train the trainer programmes to staff within Organisations to deliver brief intervention training through a cascade process to other front line staff. Targeted training for 650 frontline staff in the delivery of opportunistic alcohol IBA (with follow up support and evaluation) has been commissioned for 2011/12along with IBA training for GPs.

Public Health in Liverpool is currently looking to support the availability of this training in 2012/13. sandra.davies@liverpoolpct.nhs.uk
Healthgain: Across Public Services

Making Every Contact Count in Salford is a joint programme being developed and delivered by Salford City Council and NHS Salford. It is resourced by NHS Salford, with investment identified within the Strategic Commissioning Plan for 2011-12 -13. The programme is built around 3 work streams: workforce training, communications and sustainability.

The programme is a whole systems approach to ensure a frontline workforce that is skilled and confident to deliver early level interventions with the public. The aim to have a consistent approach, positively engaging with people, with key messages, promote self help/care and signposting into services where an identified need. The programme includes non NHS services, factors impacting on lifestyles and young people as well as adults and families.

A training pathway has been developed for 3 levels: a brief chat (L1 Introductory), brief advice (L1 intermediate), brief intervention (L2). Levels 1 are generic and aimed at all front line staff, level 2 includes generic and topic competencies (lifestyle and contributory factors) and is only applicable to some staff groups. An online self assessment tool has been developed for staff to assess themselves against the competencies and if a training need is identified, to book on training. Following training, a post assessment will be completed before moving to next level if appropriate.

The training provider is also providing a range of back up support, developing and delivering a train the trainer package, and modules for workforce training to use in the future. Sessions are also being provided for line managers, to ensure they are aware of the programme and their role in supporting staff to deliver interventions. A phased approach is being taken with 15 organisations in wave 1 including SRFT, social enterprises, CAB, housing provider, Contact Centre, Gateway Centres and Salford Community Leisure. Wave 2 is just starting which includes the voluntary sector, police, fire and rescue service. Discussions are also taking place with the LMC regarding roll out with GP practices.

Making Every Contact Count in the Northwest: Resource Material 2011-12

Healthgain in the North West is a radical approach to ill health prevention to release the untapped potential of the health and social care workforce - and the wider workforce- in order to improve people's health. It is a systematic and large scale change approach to ill health prevention supported by a programme of
Masterclasses, workshops and practice sharing events which have enabled individuals and organisations to explore the opportunities of utilising a large scale change approach to building capacity and capability in behaviour change interventions across the North West. Knowledge and practice is growing across the region and large scale change approaches have been used to upscale behaviour change interventions taking place on a pan-North West footprint in 2011-12

Sir Michael Marmot’s strategic review of Health Inequalities in England (2010) concluded that the scale of health inequalities is such that role and impact of ill health prevention must be strengthened and scaled up in order to stem the tide of preventable lifestyle -related illness which account for more than 50% of premature deaths in western countries. There is a great need therefore for individuals to have the opportunity to consider the possible impact of their behaviour and change their health related habits.

### Making Every Contact Count in the Northwest: Shared Priorities

Subject to continual review, a Making Every Contact Count Large Scale Change North West Summit (2) brought together local leads who determined shared priorities for MECC NW activity as follows;

- Assisting & Driving Workforce Planning
- Informing Strategy,
- Underpinning commissioning
- Supporting service provision and
- Transforming culture

### Making Every Contact Count in the Northwest: Common Themes

**Sharing Practice:** in events, workshops, e-bulletins and web presences

**Future Focus:** Focus to lie on future opportunities in the new healthcare system

**Policy focus:** Importance of influencing upward and developing guidance on the future contribution of the NHS in public health terms and the role of the NHS in healthgain activity and similar brief interventions.
**Formulation of approach:** Attaining clarity of vision and shared approach. Scope issues out and determine how and who the work is trying to influence. Elaborate a range of prompts for the healthgain debate

**Work on a system scale:** How we can industrialise the implementation work that is underway. How can we embed the approach – eg with H&WB Boards.

**Roles and Responsibilities:** Clarify in accordance with principles of subsidiarity -what sub-regional led support work and regional input can offer and how region/ sub regions can support the development of connectivity across the sub regions.

**Pan-sectoral applications:** Illustrate the application of Healthgain to other sectors eg explore what local government in Salford is doing to improve its contribution to Healthgain and public health.

**Social Value:** Further exploring the social value dimension of Healthgain through Pledges and other initiatives.

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**Making Every Contact Count in the Northwest: Building the Vision**

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**The Healthgain Vision**

A vision was cultivated for large scale health behaviour change in the North West 2010-2020. The strapline adopted for the vision is:

‘Making every Contact Count- all frontline workers to have the skills and opportunity to offer brief interventions in their daily work’.

The vision is positive – it’s about improving or increasing ‘Healthgain’

The vision is ambitious- it is about reducing early death attributable to lifestyle causes from 40% to 35% by 2020 for the North West population.

The vision is comprehensive- it’s about ensuring that improving health is core business to all organisations across the North West.

The vision is deliverable- it’s about ensuring that all frontline staff have the competence and confidence to deliver behaviour interventions.
The Healthgain Goal

The ultimate goal which the programme is working toward is fostering a healthy, thriving and resilient population who are supported by wellbeing practitioners in a range of settings to co-produce community health and wellbeing from the asset base of local people and places. The central tenet of the Healthgain initiative is that every contact with the health and social care workforce must promote the health, wellbeing and quality of life of the North West population.

The Healthgain Policy Environment

MECC endorsement via The Future Forum

MECC Enshrined within the NHS Operating Framework

MECC Principles

The underlying principles of Healthgain Northwest are equity, participation, empowerment and sustainability; closely aligned and linked with the NHS Equality and Diversity Council EMS system.

The principles fit well with current policy for health improvement and inequalities and it highlights a drive towards a ‘Mutual NHS’, health improvement, a reduction in health inequalities and improved access to health services.

Making Every Contact Count in the Northwest: Building the Model

The Health Promoting Hospitals business model has been produced with the North West early adopter hospitals. The model includes proposed referral routes, lifestyle activities, wellness pathways and dissemination routes and supports wider health gain activities to effectively influence population health in tackling the wider determinants of health. The model is designed to be adapted to suit the specific needs of other hospitals and wider settings, using a variety of methods and delivery channels. It is profiled and disseminated by the Greater Manchester Health Inequalities Acute Network leads.

See http://stockportrdi.wordpress.com/workshops/

Healthgain: Leadership for Health and Social Value in all Contacts

The Social Value Foundation (SVF) has a growing membership of senior leaders committed to supporting the NHS in enhancing its ‘social and public value’ offering in local communities. Contact Julie.Cheetham@northwest.nhs.uk if you are a Foundation Trust leader wishing to make a social value Healthgain pledge. For further information see http://www.nwsocialvaluefoundation.org/
If you wish to discuss how Healthgain messages may be disseminated, embedded and mainstreamed via your networks and other allied work programmes to include the Year of Health and Wellbeing – Five Ways to Wellbeing; Inspire 2012; the Give and Gain Big Society initiative; the NW Recovery and Healthgain Champion movement; and the NW Mental Health Foundation pilot, contact Ruth.Passman@dh.gsi.gov.uk

Healthgain: Sharing Resources

Capacity and Capability Programme for Large Scale Change Partnerships and Programmes in the North West

On 9 December 2011, the Programme Director of the North West Transition Alliance hosted a Large Scale Masterclass, bringing together influential individuals to discuss and develop large scale change ideas and interact with potential partners from across sectors. The Masterclass provided opportunities for supported innovation in ‘Making every Contact count’ initiatives, profiling effective large scale change approaches, to Making every Contact Count in the North West. For more information, Alison.Wheeler@champs.nhs.uk

Leading Large Scale Change: A Practical guide provides a comprehensive overview of the theory, tools, and approaches to delivering change at scale, pace and across organisational boundaries. The guide also describes the experiences from the NHS Institutes’ Academy for Large Scale Change and showcases how many of the delegates practically applied their learning.

Leading Large Scale Change: Part 2 complements the practical guide. Its purpose is to reflect on the learning and messages about large scale change explored in Part 1 and apply them to the current situation experienced by the NHS and its partner organisations to support health and healthcare improvement. http://www.institute.nhs.uk/leading_large_scale_change/information/leading_large_scale_change_homepage.html

LSC Local Development Plans Sharing local insight and intervention plans can provide further insight into how localities are using it to build ill health prevention into areas such as Health and Wellbeing Board training, Public Health commissioning, tackling alcohol, smoking and other lifestyle related health issues in local communities, as well as engaging those individuals who the health workforce often find ‘hard to reach’ in order to support them to realise and take ownership of their own healthgain. Share your local resources via Alexia.Mitton@transitionalliancenw.nhs.uk.

NHS Community Health Stockport is a North West health organisation that is putting the Health in all Contacts programme into action. Health in all Contacts frameworks have been used by NHS North of England to promote healthier
lifestyles in areas such as long term conditions, alcohol abuse, smoking cessation and obesity management

**Healthgain: History**

Following the foundation stone laid in 2010 at the Conference of the International Health Promoting Hospital Network hosted by Stockport NHS Foundation Trust, Dr Ruth Hussey, the RDPH and Dr Gary Cooke, consultant lead for the North West Health Inequalities Acute Trust Network, identified the need to promote a strategic framework for acute settings in order to better influence population health and to simultaneously broaden the focus of the healthy hospital initiative to incorporate a plurality of health gain drivers and approaches across a wider range of wellbeing settings. Health in all Contacts work is now in evidence across a range of settings and priority work areas in the region and Locality practice can be shared via the Transition Alliance website by emailing Alexia.Mitton@transitionalliancenw.nhs.uk.

**References**

(1) The Healthgain programme is led by Dr Gary Cook, Consultant in Public Health at Stockport NHS FT and Ruth Passman, Senior Health Policy Adviser, DHNW/NW NHS. The MECC workstream is called Healthgain Northwest and is supported by a core planning group Membership of the core planning group includes Dr Gary Cooke (consultant lead on HI Acute Network); Ruth Passman (DH NW); Gita Bhutani (Lancashire Care NHS Trust); David Eva (NW TUC); John Halligan (NW Mindful Employers); Elaine Darbyshire (NW NHS Communications and Social Value lead); Alison Farrar, as Public Health Workforce Development Lead and attendance as required from Wendy Meredith (DRDPH); Alison Wheeler (LSC Coach); and other initiative leads. A representative from DSPH is invited to join the group. The Healthgain NW Transition workstream steering group has played an important role in coordinating and promoting MECC local programme activity across the Regional Footprint.

(2) LSC Summit

In the summer of 2010, making every Contact Count leads from across the region convened a large scale change summit in Manchester to galvanise energies and share excellence in practice across the North West and beyond. NHS Northwest Large Scale Change (LSC) facilitators offered additional support to attendees of the summit, going forward, with regard to local development plans to utilise LSC approaches. Exemplars were recorded using the Yorkshire and Humber MECC programme petal template and best practice-sharing encouraged.

(3) Every Contact Counts Consultation
Common themes emerging from consultation with sub regional Network Directors and other key stakeholders in December 2011 are illustrated in the e-update.