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Healthcare Public Health

Dear valued reader,

Hello and welcome to the October edition of the Healthcare Public Health newsletter. This newsletter has been prepared by Mandy Harling and Simon How on behalf of the national Making Every Contact Count (MECC) advisory group. Following the publication of a suite of resources supporting the implementation of MECC and the consensus statement heralded in the previous addition of this newsletter, we are pleased to present some case studies demonstrating how the MECC approach is being used in a variety of health and care settings.

We would like to thank all of the contributors to this newsletter and invite you to submit your own case study. The case studies presented here and many others will form part of a growing collection that will be available shortly via the MECC website which is currently being refreshed http://www.makingeverycontactcount.co.uk/

We hope you find this newsletter useful and that the case studies provide some inspiration on what you and your organisation can do to build on the groundswell of support and initiatives using the MECC approach to support positive lifestyle behaviour change.

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Making every contact count in East Sussex

East Sussex Better Together (ESBT) is a programme to develop a fully integrated health and social care system in East Sussex by 2018. Started in August 2014, it will deliver against the aspirations set out in the Five Year Forward View as part of a system wide prevention programme, with the MECC approach as a key component. A pilot funded by NHS Hastings and Rother CCG and developed in conjunction with East Sussex County Council Public Health team began in 2015-16 at the Conquest Hospital site to develop and test ways of rolling out the approach.

MECC encourages all those who have contact with the public including through health and care services to use these opportunities to talk about health and wellbeing. It encourages health, social care and wider public health workforce staff and volunteers to use opportunities arising during routine interactions with people to have brief conversations on how they might make positive changes to their health or wellbeing, such as stopping smoking, eating more healthily or exercising more.

The MECC programme in East Sussex brings together health care providers, commissioners, public health experts, clinicians, the voluntary sector, and other statutory organisations to design and implement a programme that embeds prevention in the role of every member of staff. To roll out MECC in ESHT a project team was established; bespoke MECC training was commissioned; and a roll out programme with key specialities commenced. Through feedback and evaluation the programme adapts and changes to meet the needs of each cohort

Challenges included:

- Engaging some clinical specialities
- Staff unable to attend due to service pressures
- Developing referral pathways and referral data transfer systems
- Developing a whole systems approach at scale and pace

Results and key learning

- To date over 315 staff completed MECC training across 9 specialities
- Over 20 voluntary organisations have participated in bespoke MECC training
- Feedback from participants has been overwhelmingly positive with 98% reporting they felt better equipped to have healthy lifestyle conversations.

Key elements for success:

- Senior level buy in across organisations
- Dedicated staff time to co-ordinate the programme
- Utilising the evidence base to create persuasive arguments for change
- Capturing positive feedback from clinicians helps build the case in healthcare settings

Next Steps

MECC will be incorporated as a component of East Sussex Healthcare NHS Trust's 'health promoting hospitals' model, which will change the environment that shapes staff and patient decisions; and will also be incorporated into Connecting4You - a programme in the west of the county. In addition to training for the wider workforce MECC training e.g. for East Sussex Fire and Rescue service will commence

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peter.aston@eastsussex.gov.uk at Public Health, East Sussex County Council

Health improvement in Radiotherapy: a strategy to improve UK practice

This project involved visiting clinical and academic centres of excellence in Canada, for a comparative analysis of how health promotion is delivered to support patients undergoing radiotherapy; and to compare practice with the UK model to make recommendations for education, training and changes in clinical practice. Informal discussions and observations in practice were used to assess health promotion strategies.

Themes identified from this project included: patient education, lifestyle change strategies, academia and the wider public health agenda and challenges. This article focuses on lifestyle change strategies.

Four key lifestyle topics focused on within the project were smoking, alcohol, physical activity and diet. All departments visited offered a range of routes to support positive lifestyle changes. In most cases exercise was offered through holistic and supportive care services and although a significant amount of literature was available in departments, these strategies were not integrated as well into radiotherapy practice. Smoking cessation and dietary support were topics found to be widely implemented into radiotherapy practice. In all radiotherapy centres reviewed there was an absence of information for alcohol advice, and where this did feature the information was very minimal, usually in written format and in many cases not discussed as routine practice during patient education sessions.

Therapy radiographers are well positioned to deliver health promotion interventions whilst maintaining the therapeutic relationship with patients and carers. This project has revealed strategies to support delivery of brief health promotion interventions without a significant impact on staffing levels or time restraints. A series of key recommendations and case studies to support UK practice were identified as a result of this project.

Recommendations for UK practice:

- Network with patient education and information specialist practitioners in the UK radiotherapy workforce to assess the national approach to patient education in the UK, to include health literacy.
- Review the need for specific lifestyle interventions for the oncology patient population through a systematic review of evidence. To include a review of impact of disease prevention (secondary malignancy and recurrent disease) and the impact on quality of life following a diagnosis.
- Review strategies for lifestyle interventions already utilised in oncology practice (not just radiotherapy) to enable sharing and development of any current UK practice. Following this a working group could be established to assess and develop the embedding of health improvement within UK radiotherapy practice and appropriate materials for training and support of staff and resources to provide to service users.
- Draw together information surrounding regional cancer support services to inform practitioners and service users of the available support. Discuss with patient education and information specialists the methods of dissemination and review.
- Continue to develop the undergraduate radiotherapy curriculum to embed PH within the programmes. Sharing of practice with other AHP undergraduate courses may support this.
- Design a method of improving knowledge and confidence of the post graduate workforce on health improvement.

Laura Pattinson: Sheffield Hallam University
This case study was presented as a conference poster at the PHE Conference 2016

South Gloucestershire Diabetes Prevention Project – A Pilot Study

In 2015, South Gloucestershire's Public Health and Wellbeing Division secured funding from Health Education South West to develop and offer a one year Diabetes Prevention Project to 'at risk' patients in the area. Key partners involved in this project included: University of the West of England, South Gloucestershire CCG, Sirona Care and Health, Diabetes Specialists and Leap Valley Surgery.

The aim of the pilot was to develop and test a coordinated, tailored and effective programme for pre-diabetics. Patients were identified via primary and community care and were offered non-pharmacological input such as self-management education including generic self-management education sessions co-led by peers, telephone support, self-monitoring; and client-centered physical activity and healthy eating advice.

A cohort of 500 patients were identified as 'at risk' using pre-agreed selection criteria. In January 2016 the cohort of patients received an invitation from the GP practice to attend the Diabetes Prevention course. The X-PERT X-POD course formed the basis of the course and runs over six weeks, each session lasting 2 hours.

Sixty two patients were registered on the course, with thirty eight on a waiting list for future courses. Content focused on education and behaviour change, understanding that behaviour and lifestyle choice has a direct impact on our chances of developing Type 2 diabetes. The groups explored the physiology of diabetes, dietary approaches, physical activity, fat and carbohydrate awareness and the challenges of food labels. The course retention rate was encouraging, with 4 patients dropping out after week one and 58 patients completing the course.

The University of the West of England has evaluated the programme and a report is expected in late 2016. The evaluation included a comprehensive patient questionnaire conducted at the start of the course and at six months following completion. This included questions on lifestyle, diet, physical activity levels and mental wellbeing. Additionally, each patient had their weight, BP, height, waist circumference and HbA1c recorded pre- and post-course attendance.

Preliminary results show:

- 55 patients have completed six month follow up visit
- 53 patients had their HbA1c recorded at baseline and six months, of this 45 (85%) patients recorded a drop in HbA1c, 5 (9%) remain unchanged and 3 (6%) have seen a rise of 1mmol.

These results, coupled with the positivity and dynamism of the groups involved are hugely encouraging. Lessons learned from this pilot will provide valuable insights and help inform future applications for diabetes prevention; which is highlighted as one of the priorities in the local Prevention and Self-Care Plan and also the Bristol, North Somerset and South Gloucestershire STP.

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Public Health Programme Lead Obesity, Nutrition, Physical Activity and NHS Health Checks

Supporting people living with cancer to move more

It is estimated that 2.5 million people are living with a cancer diagnosis and that this is set to rise to 4 million people by 2030. Leading a physically active lifestyle both during and after cancer is linked to an improvement in many of the adverse effects of cancer and its treatments. It helps to overcome fatigue, anxiety and depression, whilst protecting the heart, lungs and bones. In some cases, being physically active has been shown to slow disease progression, improve survival and reduce the chance of a recurrence.
The benefits of physical activity span several common cancer types and across a range of treatments including surgery, radiotherapy, chemotherapy, and hormonal and biological therapies. Despite these benefits currently only 23% of people living with cancer are physically active to recommended levels.

Where possible, people living with cancer should gradually work up to the standard age appropriate guidelines for physical activity. And it is recognised that a cancer diagnosis offers a teachable moment in which patients might be more receptive to lifestyle changes. People living with cancer will benefit from the knowledge that it is safe to both become and stay active at a level that is right for them. Listening to their body is crucial, for example to start slowly and build activity levels gradually, and plan any activity around treatment cycles and physical limitations.

It is important that these messages come from trusted healthcare professionals (HCPs) and should be delivered at every opportunity, making every contact count. HCPs can have a strong influence on physical activity behaviour and messages should be delivered sensitively, with signposting onwards to resources and further support. A Macmillan survey asked people living with cancer who they considered to be experts in physical activity for their condition with hospital consultants (76%) and physiotherapists (75%) scoring highest, followed by nurses (64%) and GPs (63%).

Research by Macmillan has also highlighted that the terminology used when discussing becoming or staying active is likely to be important, and could affect how people then engage. Language should focus on 'moving more', 'increasing everyday activities', and 'reducing sedentary time'. Use of the phrase 'increase physical activity' could be off-putting for some, particularly those who were not engaged in formal exercise or sports before their diagnosis.

Macmillan's ambition is to ensure that everyone living with and beyond cancer is aware of the benefits of physical activity. Macmillan offers free online training for HCPs, on how to provide very brief advice on physical activity, and for signposting onwards for further support. The training is built around evidence-based behaviour change techniques and has been shown to increase practitioners' knowledge, develop their skills and lead to improved practice. The training is available as a live monthly webinar session or as an online e-resource.

For more information visit www.macmillan.org.uk/wonderdrug

Supporting older adults to live independently in Hertfordshire: An innovative application of Making Every Contact Count (MECC)

Living independently can be vital to an older person's quality of life. People with a long-term condition spend an average of six hours a year with a healthcare professional and 8,754 hours a year in self-care. However, many non-healthcare workers come into regular contact with older people in their own homes. Training in Making Every Contact Count (MECC) can equip staff and volunteers with information and skills to offer brief, preventative advice and signpost to relevant services.

A pilot online training resource was developed by Hertfordshire County Council using the MECC approach to prompt action on everyday preventable issues relevant to older adults. The resource covered seven areas including preventing falls, safe homes, warm homes, preventing loneliness, encouraging physical activity, good nutrition and hydration. The package used the Ask (raise awareness), Advise (offer tips), and Assist (signpost) approach and included signposting to HertsHelp an information service providing a single route to access a wide range of support and other locally relevant services. It was also supplemented by face to face group training.

Locally commissioned not-for-profit services and the Hertfordshire Fire and Rescue Service assisted in developing the training material. And the resource was also tested in a workshop with 12 voluntary sector organisations to stimulate interest and gather ideas on how this approach could be embedded in their services. The training resource was launched as a pilot in January 2016 on the Health in Herts website.

By July 2016:

- 36 participants had completed the assessment and received a certificate
- 48 Fire and Rescue staff received tailored face-to-face training as part of their CPD
- The training resource will be included in relevant provider contracts to help embed use and uptake
- Training has been used in all "Safe and Well" home visits by the Fire & Rescue Service.

Implementation of MECC for older adults will continue to be an on-going workstream to help raise the profile of the training package and engage a broader range of professionals in both healthcare and non-healthcare. Use will be monitored as part of the work of Hertfordshire Self-Management Steering Group.

Lessons learnt:

- MECC provides a simple framework suitable for use by a range of professionals and volunteers to work towards shared objectives
- Tackling issues relevant to older adults aligns with the objectives of a range of organisations and MECC provides an appropriate method to approach these issues
- Accessible online training resources can be integrated into staff training and subsequent practice with management support
- Senior level commitment is important, both to release staff for training and to ensure staff are supported to deliver MECC
- On-going promotion is required to ensure success at scale. Additional face-to-face training may also be needed to develop skills and confidence for carrying out this work.

Hertfordshire's MECC for older adults online information package is being further evaluated for effectiveness in practice, which will inform future modification and development.

Currie C, Scarborough C, Wallace K, Simey P, Matthews S; Public Health, Hertfordshire County Council.
The authors thank all partners involved in this work including Hertfordshire County Council Community Wellbeing team and the Hertfordshire Fire and Rescue Service.

This case study was presented as a conference poster at the PHE Conference 2016

Update on national MECC activity

Since the well-received MECC conference in January 2016, the national MECC advisory group has been busy working on a number of activities to support use of the Making Every Contact Count approach by local authority, NHS and third sector organisations; with the aim to help staff maximise contact with individuals to help people in making positive changes for their health and wellbeing. Work in 2016 from the MECC advisory group has included:

Suite of practical tools; to support the local implementation and evaluation of MECC activity and the development of training resources

NHS Standard Contract; a new MECC requirement SC8 within the NHS Standard Contract which requires providers to develop and maintain an organisational plan for making every contact count, in accordance with MECC principles and guidance

MECC Consensus statement; includes a clear agreed definition of what is meant by MECC, and brings together the evidence base, and the population and workforce benefits of this behaviour change approach

Childhood obesity plan; learning from the MECC advisory group's work to date is being shared with national leads to support the roll out of activity to support the new Childhood Obesity Plan

www.makingeverycontactcount.co.uk website is being revised by HEE. Launch due shortly

Members also provided input during development to the new national Preventing ill health: Alcohol and tobacco CQUIN

September also saw the MECC advisory group come together with key organisations including the NHS Healthy Workforce Programme team, and the Richmond Group for a MECC Workforce Workshop; to identify opportunities to maximise benefits for the health and care workforce from the MECC approach. And with 1 in 6 of the population working in the public sector, it was highlighted that this also provides a great opportunity to engage both the wider workforce and the communities they serve in healthy conversations. Resources shared during the event included a PHE and BITC: Employers Mental Health toolkit; a suite of new Health & Work infographics from PHE; and Health and Wellbeing resources from NHS Employers. An action plan is currently being developed.

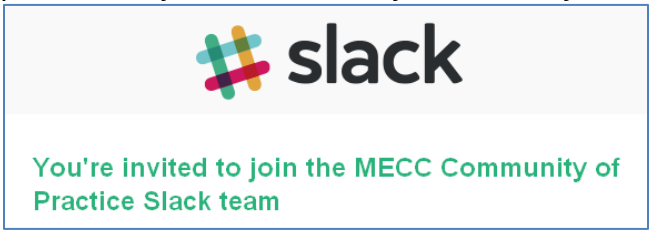
The national MECC advisory group was established by in May 2015 and is led by PHE, Health Education England and NHS England. The group has membership from key organisations including the Royal Society of Public Health, NHS Employers, the Royal College of Nursing, and the Association of Directors of Public Health, alongside local leads from PHE and HEE, local services and relevant academic leads.

For any queries on the work of the MECC advisory group contact hee.mecc@nhs.net

MECC online forum now available

Health Education England has set up a national MECC online platform to discuss, share and network ideas on all things related to MECC and behaviour change.

The forum is hosted via a slack site, which offers a platform to share resources and ideas with real-time messaging and search functions. There are now over 100 members of the MECC community of practice. To join the community e-mail with your name and organisation to: hee.mecc@nhs.net



Applying the MECC approach in Orthoptic services

Orthoptists diagnose and treat defects of vision and abnormalities of eye movement and are usually part of a hospital team. As a profession, orthoptists look after people with eye problems often related to binocular vision, amblyopia (lazy eye) and strabismus (squint). A number of orthoptic services have begun to apply the MECC approach in their work, to help improve outcomes for their patients. Case studies from orthoptic services in Bedfordshire, Manchester, East Sussex and Wales demonstrate how MECC can be applied in acute care settings, for clients undergoing eye health assessments and treatments.

Activities to apply the MECC approach included:

- MECC related questions when incorporated into consultations were worded in a way to make them relevant to an eye appointment
- Consideration was given to how MECC was integrated into appointments; to ensure maximum benefit for an eye appointment
- In Manchester the team increased the provision of weight loss information for patients; and are aiming in the future to involve a dietician or weight loss nurse in Idiopathic Intracranial Hypertension (IIH) clinics
- In Wales the orthoptic team received training from Stop Smoking Wales; and have included a section on the orthoptic assessment to ask about and then record smoking status. Advice is then offered and a referral to the local smoking cessation service is made
- In East Sussex the team have also introduced healthy lifestyles boards in orthoptic rooms to help initiate healthy conversations with patients. The boards include helpful leaflets on topics such as stop smoking, healthy eating advice, drug addiction advice and alcohol advice.

There has been positive feedback from Bedfordshire following the incorporation of MECC into orthoptic appointments, with six patients being referred to smoking cessation services within the first year. And the Orthoptic team in Wales has reflected that some people have been receptive to receiving advice, whilst some have refused it – but that it only takes a moment to ask.

For further information contact Anita McCallum bios@orthoptics.org.uk or view www.orthoptics.org.uk

Delivering Making Every Contact Count in a Local Authority Setting

Every Contact a Health Improvement Contact (ECHIC) is central to South Tyneside Council's vision to make South Tyneside 'an outstanding place to live, invest, and bring up families'. In line with NICE guidance the training programme uses a brief intervention tool as a framework to promote healthy conversations to support behaviour change.
Given that 70% of the Council workforce lives in South Tyneside, this is also an opportunity to cascade health messages to families, friends and wider community. This Local Government Council award (2014) winning programme has been delivered to around 1500 Council staff ranging from social workers, refuse collectors, Children's Centre staff and local Councillors.

On completing training in 2013, South Tyneside's Catering Service embraced this approach and committed to roll out the training to all staff. Putting this into context, the Council Catering Team has a core business of school catering providing over 2 million meals per year and has a 360 strong team.

It is well documented that the catering industry has some of the worst statistics for risk-taking behaviour amongst its employees including: smoking; excessive drinking; lack of exercise/self-neglect; poor diet; increasing levels of stress and anxiety/depression.

The Catering Service experienced some challenges whilst implementing MECC in a busy "heads down" environment. Some kitchen staff were difficult to engage to talk about their own health and wellbeing and there were also taboos particularly regarding mental health and obesity, with staff reluctant to speak about these subjects. It was acknowledged that some staff may experience a range of issues [illustrated here]

Impact following the MECC roll out for the Catering Team includes:
• Improved awareness and understanding of the complexity of mental health amongst colleagues
• Active promotion of evidenced based counselling and support groups e.g. talking therapy
• Increased efforts to meet with employees who are on sickness absence
• Asking more questions
• Increased referrals for counselling via Occupational Health
• Teams more alert to suicide risks (colleague attended Mental Health First Aid course)
• Staff now better at reading body language and are more active listeners
• Better acquainted with local support agencies
• Teams now praise, celebrate, share and congratulate each other's successes
• Increased awareness that supporting an employee with their health and wellbeing can often shorten periods of absence or avoid an absence, thus saving on salary costs
• Staff have collectively shed 7 stones (and maintained the weight loss) in the last 2 years
• One cook gave up cigarettes and saved £600 towards a Mediterranean cruise
• One employee aged 60 lost 3 stone, joined a gym, swims every day, power-walks in a group and as a result has not used her asthma inhaler for the last 2 years.

Amanda Healy, Director of Public Health South Tyneside Council
Project evaluation report available here

Cardiovascular disease: getting serious about prevention

Cardiovascular disease (CVD) still remains the second highest cause of death in England, many of which are preventable. PHE has published Action on cardiovascular disease: getting serious about prevention which aims to:

- highlight the ongoing impact of cardiovascular disease
- provide an overview of PHE's wide-ranging work in relation to CVD
- underline PHE's role in providing leadership and support to the NHS and wider partners

It is intended for those involved in the commissioning and provision of services for CVD and its prevention - including clinicians, local authorities, service commissioners, public health specialists and the third sector, as well as PHE staff.

The document pulls together information on risk factors, key interventions and on the work being done locally and nationally to prevent CVD at primary, secondary and tertiary level.

Prevent AF stroke: tackling challenges and accelerating improvements

PHEs national *AF-related stroke prevention programme* working with north regional AHSNs, NHS England, Arrhythmia Alliance, BHF, AF Association and Stroke Association would like to invite you to participate in this highly interactive event which aims to accelerate the delivery of high value and seamless care across the AF pathway, to optimise health outcomes and improve efficiencies.

Join us in our national call to action to reduce the incidence of avoidable AF-related strokes by 5000 over the next 5 years, by:

- Increasing the proportion of AF patients who are offered and started on appropriate treatment from 74% to 89% over the next 5 years
- Improving optimal management of therapy
- Reducing aspirin monotherapy to 0% over 5 years
- Increasing detection rates in line with expected prevalence

This bespoke event will provide you with the opportunity to:

- Learn and experience a range of innovative tools and technological solutions to overcome key challenges across the care pathway.
- Network with peers across agencies to facilitate the spread and adoption of good practice and foster the development of local communities of practice.
- Identify opportunities to implement some of the tools and technologies across parts of the pathway within your local area.

Who should attend?
CCGs, STPs, medicine optimisation, primary and secondary care colleagues wanting to further their work on AF.

To find out more and how to register visit here

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