

Health Education England's south London local team

Strategic Investment Programme 2016/17

Application Form

Investment Amount Proposed:	£ 244,000
Project Name:	
Date:	
Details of Lead Requester:	<i>Name/Title/Contact Details</i>
Please provide a summary of the proposed project/programme in no more than 20 words:	<i>To build a 'making every contact count' and social prescribing programme for across South West London.</i>

Please email your completed form to by 17:00 on Friday 11 November 2016 to investments@southlondon.hee.nhs.uk

HEE's south London team is running a strategic investment programme for 2016/17. It will support south London's Sustainability and Transformation Plans to deliver the Five Year Forward View, and is aligned with the priorities set out in [HEE's Mandate for 2016/17](#).

We will be looking for projects that contribute to delivery of HEE's mandate to *"support the development of a more flexible workforce with greater skills in general healthcare that are transferrable across all care settings [which will] help provide the preconditions for integrating health and social care."*

This could include projects with a focus on:

- role development and training for roles that support delivery of an integrated health and social care system;
- training and education in general skills, including mental health skills, that are transferrable across all care settings
- multi-professional or multi-speciality training, and training & education that promotes collaboration; or
- promoting early intervention and prevention to support improvements in children and young people's mental and physical health.

Any proposal that can provide a high level of impact across the south London footprint will be given a higher priority for funding, as will any proposal has a strong evidence-base.

Please complete the application template below and return it to the address above by the deadline. If you have any queries please contact Sian Kitchen, Senior Programme Manager via investments@southlondon.hee.nhs.uk.

Purpose and overview

'Making Every Contact Count' (MECC) is a method of providing opportunistic brief advice/intervention to encourage individuals to make healthier choices to achieve positive long-term behaviour change for better health and wellbeing.

Social prescribing offers patients and carers a referral to an alternative to traditional health and social care interventions to improve their health and well-being, e.g., activity, education, volunteering, community support groups.

MECC and social prescribing strategies include training and supporting staff so that they have the skills, knowledge and confidence to encourage people (particularly vulnerable people) to access services, resources and assets to support wellbeing and enable the adoption of a healthy lifestyle. It is also a very useful tool in promoting integration between health and social care services and wider support by encouraging the workforce to learn about and network with other services.

Social prescribing is bespoke to its area and developed in community settings building on existing capacity and assets.

MECC and Social Prescribing have been identified as a key priority the Sustainability and Transformation Plan (STP) for South West London to address a range of health behaviour topics. The topic areas are bespoke to the needs of each borough and include:

- Childhood Obesity
- Cancer Screening
- Health behaviours (e.g. alcohol, smoking, poor diet and physical inactivity)
- Winter warmth
- Loneliness and social isolation

Southwest London will achieve this by making best use of and building upon existing resources to establish a MECC and Social Prescribing infrastructure and upskill its workforce.

There are 3 Training Tiers that South West London will be delivering to achieve this:

Tier 1: Universal MECC training courses

These will be delivered to a wider workforce in short 15 minute online training sessions on topics listed above. The online training solutions will enable us to engage staff at scale and pace, be relatively low cost and will focus on raising awareness of topic area, why it is important and referral options. These MECC programmes can be bolstered by existing local and national campaigns and furthermore the tier one training will also encourage staff to move to the next tier. This training will be offered to all health and social care workforce in Southwest London.

Tier 2: ½ day MECC training

Behaviour change topics such as child obesity, smoking and alcohol require a focus on skills development so that frontline staff are able to recognise an opportunity to discuss a topic and to provide advice in a sensitive and effective way. These skills promote collaboration with clients and therefore staff are able to apply them to other areas of

their work. This ½ day training will be bespoke to the needs identified by local JSNAs. Workforce who have identified capacity, enthusiasm and infrastructure to deliver MECC will be eligible for this training.

Teir 3: Health Champions for Social Prescribing

This is advanced behaviour change and MECC skills training delivered to Health Champions so that they are equipped to embed and sustain social prescribing within organisations and community groups. Organisations who have capacity and infrastructure to offer a social prescribing programme will be eligible for this training.

KEY BENEFITS TABLE

Please provide a summary of the **main** benefits associated with the investment, distinguishing between qualitative and quantitative; tangible or non-tangible benefits; direct and indirect, as appropriate.

Benefit Description	Type	Measure	When Realised
Workforce to have increased skills, knowledge and confidence in brief interventions and behaviour change		Questionnaire (quantitative): <ul style="list-style-type: none"> • The number of frontline staff attending training • How staff rate their skills, knowledge and confidence following training 	<i>Begins March 2018</i>
Workforce have increased collaboration skills and have better knowledge of services outside of their teams and organisations		Qualitative investigation (interviews or focus groups). <ul style="list-style-type: none"> • Staff reporting of referral pathways • Staff experiences on collaborative working with other organisations and with clients. 	
There is an increase in referrals to community based health and wellbeing support services		Change in referral activity to be monitored (quantitative).	
Reduced reliance on NHS and Social Care resources		Quantitative metrics: <ul style="list-style-type: none"> - Contact with services - hospital admittances, hospital lengths of stay, GP appointments 	

1. Affordability and Achievability

Please explain how the project represents value for money e.g. proposals have been tested through engagement with stakeholders (200 words max)

Research has found that service users expect to be asked about their health and want advice to be structured and focused. The radical upgrade in prevention set out in the five year forward view requires systematic workforce development to achieve the shift in self care and self management required to make services sustainable.

NICE recommends that we encourage frontline staff to provide people who could be at risk with a brief intervention (Public Health Guidance 49).

Brief interventions (BIs) designed for improve referrals have been demonstrated to have a positive effect on health behaviour changes in individuals, for example:

- They reduce the quantity of alcohol consumed by 1.5SD (Platt et al, 2016).
- They significantly increase quit rate of smokers by 66% (British Thoracic Society, 2012).
- Moderately increase physical activity in adults and older adults (Public Health Guidance 44).

Evidence on Return on Invest (ROI) to healthcare has been established for brief interventions for Alcohol (£24 per person p.a.), smoking (£68 per person p.a), and physical activity (£8 p.a. per professional trained).

Additionally, the Tri-Borough Public Health calculated ROI of £5.05 of every £1 spent for their social prescribing model.

Please indicate the costs of the proposed investment. Be aware that HEE is unable to provide funding from its strategic investment fund for service delivery, statutory or mandatory training or major capital items. Funding for release costs will only be considered in exceptional circumstances.

Please provide a breakdown of proposed expenditure, and the total anticipated cost of project at completion. Please include the amount set aside for evaluation	
1x Behaviour Change Programme Manager Band 8a 1FTE	65,000
E- Training Programme development	10,000
Face-to-face training development	10,000
Development of training materials and bespoke referral resources	15,000
Training delivery	60,000
Advanced Behaviour Change training for community champions	24,000
Evaluation	60,000
Total	£244,000

Please advise how the project will become sustainable. Please indicate how any recurrent funding requirements will be met following the end of HEE funding (200 words max)

In order to ensure the MECC and social prescribing programmes are sustainable, south west London will:

- Identify Local MECC programme leads, Health Champions and workforce from existing resources from the local authorities, community and voluntary sector and the NHS at no additional cost.
- Ensure universal MECC training is quick and easily accessible online, produced at a one-off cost and updated and maintained using established resources in SWL
- Ensure that MECC and social prescribing staff will have access to Face to face training so that they can increase their confidence and competence by learning from colleagues, discussing opportunities for MECC and practicing.
- Establish a small team of Health Champions who will have specialised training to support staff delivering MECC via coaching sessions and supervision and will run the social prescribing initiatives so that there is a community presence for these programmes.
- Provide regular communication updates via email newsletters so that the programmes are embedded within organisations and communities and further opportunities are accessed and developed.
- MECC and social prescribing will also be featured as a requirement within new contracts for commissioned services and job descriptions for new posts. Training will be included in induction programmes and within continuing professional development and staff appraisals.

Procurement of goods and services: Please confirm that if any services or goods are to be procured as part of the proposal, that the procurement process will be in line with organisational and NHS procurement policy, including rules on engagement of consultants and off payroll staff.

Confirmation of compliance with NHS and organisational procurement rules, including NHS policy on engagement of consultants

Training and evaluation providers will be procured in line with the health and social care procurement guidelines.

2. Management Arrangements (750 words max)

Please indicate how the investment will be delivered successfully with particular reference to:

Project management arrangements and key deliverables

Objectives	Deliverables	Responsible person	Timeframe
Recruitment of Programme Manager	- Programme manager in post	South West London Collaborative Commissioning	Q1 2017/18
Steering group convened	- MECC lead identified in all SWL organisations - Terms of reference drafted	Sub-regional Programme Manager	Q4 2016/17
Create logic model to define programme and evaluation objectives	- Logic model	Sub-regional Programme Manager	Q4 2016/17
Undertake a training needs analysis to ascertain training needs and target audience	- Training needs analysis report and recommendations	Sub-regional Programme Manager	Q4 2016/17
Universal and face-to-face training programme objectives agreed	- Training objectives	Sub-regional Programme Manager	Q4 2016/17
MECC leads to investigate process to get high level buy-in from local organisations	- Corporate commitment plan	Sub-regional Programme Manager	Q4 2016/17 to Q2 2017/18
Social prescribing host organisations and Health champions identified	- contracts agreed with hosting organisations	Sub-regional Programme Manager	Q4 2016/17 to Q2 2017/18
Training providers commissioned	- Training contracts - Training packages	Sub-regional Programme Manager	Q2 2017/18
Audit and Evaluation plan established	- Audit and evaluation plan - Agreement reached whether to commission evaluation - Evaluation partner in place (if appropriate)	Sub-regional Programme Manager	Q2 2017/18

Evaluators recruited and evaluation plan rolled out.	<ul style="list-style-type: none"> - Evaluation contracts - Data collection 	Sub-regional Programme Manager	Q2 2017/18
Programme roll out	<ul style="list-style-type: none"> - MECC leads to identify motivated service managers with capacity within service to deliver MECC - Workforce begin training 	Sub-regional Programme Manager	Q2 2017/18
Exploration of HR opportunities to embed MECC and social prescribing departments to explore including MECC in new staff JDs, appraisals and corporate induction	<ul style="list-style-type: none"> - Corporate contracts/SLAs - Job descriptions/corporate inductions 	Local programme leads	Q3 2017/18
Ongoing support	<ul style="list-style-type: none"> - Development and roll out of package of ongoing support for trainees including networking events newsletters, refresher trainings 	Sub-regional Programme Manager	Q4 2016/17 to Q2 2017/18
Sustainability planning	<ul style="list-style-type: none"> - MECC leads to develop a sustainability plan for the programme - MECC leads to identify further sources of funding 	Sub-regional Programme Manager	Q2 2017/18
Annual audit and evaluation report completed with recommendations for future delivery	<ul style="list-style-type: none"> - Evaluation report 		Q2 2017/18

Risks: What risks, issues and challenges have you identified and what mitigations are in place? Any issues to raise to HEE?

Detail any risks and challenges to delivery you have encountered. Are there any areas where HEE might be able to assist?

Risk 1: No buy-in from managers/teams to host and implement social prescribing.

Mitigation: The STP set out these initiatives and plans are been taken forward at sub-regional level. This bid will enable MECC and social prescribing initiatives to move forward at scale and pace. We will focus efforts on teams who have pilot initiatives in place and can provide staff time and willing to showcase success.

Risk 2: Concerns about workforce time and capacity, access to health improvement service and staff's feelings regarding their own health and wellbeing should be considered and addressed.

Mitigation: A set of training options have been developed in response to these concerns and a training needs analysis will be developed to ensure the appropriate workforces are approached. Those with low time and capacity can follow the universal on line MECC programme, those with concerns about their own health and wellbeing will have an opportunity to attend face-to-face MECC training. Those organisations who have time and capacity to delivery a more advanced programme have the opportunity to host the social prescribing programme and train their staff as health champions. All of this will be supported by local programme leads. Training will be embedded in contracts and the commissioning and procurement processes of sub regions.

Risk 3: Unable to establish and evaluation framework that shows population health outcomes.

Mitigation: Qualitative evaluation will indicate positive outcome with people who agree to be interviewed. We would like support from HEE on developing an evaluation framework that looks at the programmes impact on the 'whole-systems' approach to prevention.

Risk 4: MECC not implemented following training.

Mitigation: Commitment will be secured from with managers before training, ideally through contracts where possible. Supervision/coaching sessions will be offered to discuss issues around implementing MECC. Additionally universal MECC will be aligned with local and national campaigns so that the topics are more prominent with those implementing and those receiving MECC.

Key stakeholders who are the key stakeholders and how will they be engaged. include patient/public and / or their representatives as necessary

Stakeholder group	Engagement
Voluntary sector workforce	Engagement has already begun through the STP, whereby partners have already approved and are engaged in shaping these prevention programmes.
Acute Trust and community trusts	
Primary	Local programme leads will make links with the wider voluntary sector workforce, council, careworker and primary care workforce and the sub-regional programme managers will make links with the acute and community trusts.
Council front line staff	
Careworkers in people home and care home	Training and networking incentives will bolster engagement and SLAs, contracts and ongoing networking will ensure continued commitment.

3. Evaluation

Evaluation explores how and how successfully a programme meets its aims. Considering the specific features and objectives of your project, what would your evaluation methodology be and why? (150 words)

The evaluation will be conducted via mixed-methods. The Universal Training programme will be rolled out at a sub-regional level so this will be analysed at a sub-regional level. Local MECC and social prescribing programmes that are bespoke to address local JSNA's will be analysed at a local level. All findings will be combined to share learning and best practice.

The evaluation will follow a logic model and will investigate the following:

- Inputs such as resources, people trained and stakeholders involved
- Outputs such as structures, monitoring and the people trained
- Outcomes such as impact on patients/clients, impact on services and community assets.

An audit will also be conducted so that the programmes can be evaluated against the following 4 criteria:

1. Support and commitment from workforces
2. Planning and meeting of goals/objectives
3. Implementation of networking and sustainability plans within SW London.
4. Quality of training

This audit will inform future planning and development of programmes.

What data collection methods do you propose to use and why? (150 words)

A mixed-methods approach to the data collection will be used. This will allow us to look at the numbers of staff trained, referrals made and their demographics.

A more indepth exploration of findings will provide insights as to the views of the workforce and organisations on the training, the viability of the programmes and what is working well and what improvements can be made. The evaluation will be shaped by the evaluator and programme steering group, however expected data collection methods are listed below.

Data type	Collection method
Number of people trained	E-training data, face-to-face training enrolmnets
Number of people referred	Referral statistics, website analytics
Quality of training	Surveys completed following training
Skills, confidence and intentions of workforce to deliver training	Surveys completed following training, qualitative interviews/focus groups
Commitment from organisations	Qualitative interviews
Views from workforce on programmes	Qualitative interviews/surveys

What existing capacity do you have for evaluation of this project and what extra capacity would you require? (time/academic support/capability/experience/skills) (100 words)

An evaluation provider will be recruited to undertake the data collection, analysis and write up throughout SWL. This will be guided and supported by the steering group and existing data analytics support within the sub-regional local authorities.

HEE has commissioned Kings College London to develop an evaluation toolkit to assist with evaluation of HEE South London funded projects. These tools will be made available to as part of our work with our support to successful SIP projects.

Approvals

PLEASE NOTE: Proposals require approval from a member of the executive team of the organisation in order for them to be considered by HEE

Approver Signature (Director)	Name (Printed)	Title/Role	Date of Approval

Any additional comments (300 words max)