MAKING EVERY CONTACT COUNT in Camden and Islington

Baljinder Heer-Matiana and Mubasshir Ajaz

Camden and Islington Public Health
Camden and Islington’s MECC programme

- Making the most of each and every opportunity – 1000s of contacts every week with residents
- Focus on prevention through recognising need and supporting people to access early interventions
- Short opportunistic conversations to encourage people to stop smoking, eat healthily or be more physically active.
- Our approach includes wider determinants – eg energy efficiency/fuel poverty, falls and accident prevention, debt/income/employment by identifying need and signposting
- People using the training in different ways – proactive to tackle difficult issues to reactive signposting when client raising issue
- MECC is NOT about staff becoming experts in services such as smoking cessation; staff becoming counsellors or staff telling anyone how to live their life.
- More than training – building an active MECC community to change the way we work
C&I MECC Programme

Tier 1
MECC Introduction

- Awareness and recognition, brief advice and intervention and signposting
- 3-hour open or bespoke face-to-face sessions (RSPH accredited training)
- All frontline staff in statutory and VCS

Tier 2
Intermediate Level

- MECC Champions network
- Advanced topic specific training, such as MHFA, smoking cessation, energy advice, etc.

Tier 3
Expert Level

- Awareness and recognition, brief advice and intervention and signposting
- 3-hour open or bespoke face-to-face sessions (RSPH accredited training)
- All frontline staff in statutory and VCS

Training content focuses on issues related to:
- Housing (including Falls)
- Employment (including Debt)
- Health (smoking, alcohol, healthy eating and physical activity, mental health and sexual health)

Keeping it simple
- SHINE/ Wish+
- iWorks/ Employment support site
- OneYou Islington/ Camden
## Implementing MECC

**National Guidance for Successful Implementation of MECC**

has three components:

<table>
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<tr>
<th>Staff readiness</th>
<th>Organisational readiness</th>
<th>Enabling and empowering the public</th>
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<tr>
<td>Staff need to be engaged with implementation and embed it within existing practice. Staff should be confident and competent to support behaviour change as well as recognise residents’ needs in relation to mental health, housing, employment, benefits and signpost them to the support they require.</td>
<td>Organisations need to provide the leadership, environment, infrastructure and processes to support lifestyle improvement amongst staff, service users and the general public.</td>
<td>The public should be supported to engage with or ask about lifestyle, health and wellbeing improvement opportunities.</td>
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Why do we need MECC?

1. Higher level of needs and inequalities
   – High levels of deprivation and poverty
   – Large inequalities – 12 years in life expectancy between rich and poor in Camden
     (undiagnosed LTCs, lifestyles and behaviours, housing, employment and income)
   – People most in need of support and/or services least likely to access it.

2. Community research work with 1000 residents found;
   – Residents understand key health messages but don’t translate that into action
   – Residents don’t know how to access services
   – Residents want more joined up services

3. Front line staff tell us they want it
   – See needs regularly but don’t have skills or knowledge to raise the issue
Frontline teams engaged with

- Housing Needs
- Housing Operations
- Estate Care Takers
- Circle 33/ Family Mosaic
- Front Door Offer
- WISH+/ SHINE
- Energy Advice teams
- Camden Apprenticeship Team
- Employment and Skills Network
- Working capital
- Corporate Learning & Workforce Development
- Environmental Health Officers
- Community Centres/VCS
- Camden Safeguarding Managers
- Contact Camden/Islington
- Islington Employment support
- Trusted Assessors
- Housing Repairs
- Occupational Therapists
- Social Care
- Recovery and Rehabilitation Division, C&IFT
- Family Support and Outreach
- Environmental Health Officers
- CCGs
- Whittington Health/UCLH/Royal Free
What did they tell us?

Senior Policy Officer, Needs and Access, Housing and Adult Social Care, Camden

We are very interested in this, so thanks for coming along to present MECC to the group. The issue of “difficult conversations” is something that has been bubbling under here in Housing for some time.

Head of Housing Needs, Islington

A resident wanted to be re-housed to a ground floor property due to mobility issues. Medical assessment showed mobility issues were due to excess weight and therefore did not score highly enough to be re-housed. This was never fed back to the resident as we don’t know how to approach the subject! This training will be invaluable!

SHINE manager, Islington

We see so many residents with damp and asthma who continue to smoke. Our staff don’t have the tools or confidence to have that conversation. There are so many missed opportunities! If we can help people to access support for smoking cessation then I think we could make a big difference.

Community Centre manager, Camden

We see the same health problems again and again…it is so frustrating for us and them. We don’t know what to do about it. If this can help us talk about it and support them to get help then where do we sign up?
Evidence of effectiveness

• Training a small number of people can result in a large number receiving health advice. Eg Telford PCT trained 16 staff members using the e-learning: 480 people received opportunistic advice and 170 were referred to other services.

• One hospital had a 70% increased uptake for their stop-smoking service following the introduction of MECC.

• Benefits to staff health as well as population health: in Hertfordshire 65% of staff trained improved their own health behaviours and 50% have practiced their skill with family and friends.

• Local evaluation of SLBC – 90% of respondents maintained confidence to deliver health promotion messages 3 months after training

• Other local authorities across England have already implemented MECC, some promoting health improvement messages only, others include wider determinants of health with debt and/or housing advice.
The NHS 5 year Forward View

- To ensure the future health of the nation we need to take prevention and public health seriously
- We need to address unhealthy lifestyles and prevent future demand on services
- People need to be given the knowledge and information to provide the best care

Social Care Act:
Under the Care Act, local authorities will take on new functions. This is to make sure that people who live in their areas ‘can get the information and advice they need to make good decisions about care and support’

NICE PH guidance on behaviour change
Ensure organisation policies, strategies, resources and training all support behaviour change.
Commission high quality, effective behaviour change interventions
Commission training for all staff involved in helping to change people’s behaviour

NHS Constitution
Updated in 2013 to include a new responsibility for healthcare professionals to take every appropriate opportunity to talk to patients and carers about how to improve their health – making ‘every contact count’.
Strategic Fit in Camden

Camden Plan
• MECC as an approach to tackling inequality, supporting resilience and helping individuals and families access the services and support available to them, focus on prevention, earlier intervention

Camden Equality Task Force
• As part of implementation of its recommendations, £35K has been allocated (match-funding Public Health funds) towards Making Every Contact Count

No Wrong Door
• Integration and simplification of access into services
• Ensures residents receive the right support they need at the right time in order to reduce inequality
• Endorsed as principle of Health and Wellbeing Board
• Identification of and supporting staff through appropriate training are specific aims of NWD

Camden Way
• Find better way, taking pride in getting it right, working as one team, take a lead

Adult Health Improvement programme
• Holistic healthy lifestyle offer across Camden and Islington with a single point of access/assessment

Health and Care Integration Pioneer Site
• Work stream around prevention and early intervention
• Recommendations for workforce development: MECC® will help deliver this
Benefits of MECC

Staff

- Workforce Development
- Able to deliver high quality service that meets the needs of residents/ patients
- Better understanding of individual’s needs
- Improved health through behaviour change

Public

- Improved health and wellbeing
- Better access to services
- Earlier intervention and prevention of ill health
- Improved care pathways
- Better experience
- Empowered

Organisations

- *Joined up working across organisations and services
- * Better use of resources to deliver high quality services
- Better systems, processes and service delivery mechanisms
- Less inappropriate and inefficient use of services
- Improved health of staff
- Increased productivity
Engaging senior managers/leaders

• Set up cross-borough multi-stakeholder steering group and worked in true partnership to achieve ownership (developing training content, shaping it, procuring providers)

• Ensuring HR and L&D engagement was key – knowledge invaluable

• Presented at Transformation Board, CMB, relevant DMTs, CCG Governing Body (Need, Evidence of effectiveness and Strategic alignment)

• Chief Exec and Corporate Directors send out comms to staff encouraging MECC training. Mandatory for some teams. Included in appraisal process and PDPs

• Campaigned to include in corporate induction programmes

• Working with procurement team to include in council contracts

• MECC Champions to support and encourage colleagues to attend training and use the skills they have learned
Evaluation of our MECC programme
Evaluating MECC

- MECC has been described as being difficult to evaluate
  - Difficult to attribute success to MECC intervention

- MECC is about prevention and early intervention
  - Widely agreed that prevention leads to savings and improved outcomes
  - Long-term data on outcomes is not readily available

- Measuring success of MECC:
  - Define scope of success
  - Collect data from multiple associated sources
  - Be pragmatic with attribution

- Logic Model approach by Public Health England (PHE)
Evaluation – PHE Logic Model

**Situation and priorities**
- What is the MECC issue?
- Where does MECC fit locally?
- What do we want?

**Assumptions**
E.g. the beliefs you have about MECC – the reason you believe MECC will bring about healthy lifestyle etc., your understanding of MEEC (evidence base), the MECC programme content and the way your think the program will work.

**Process**

**Inputs**
- What resources are needed?

**Outputs**
- What are we doing / do we need to do?
- Who are we reaching or targeting?

**Impact**

**Outcomes**
- Short-term, medium and long term

- What change do we expect as a result of MECC?
- Why is this important?
- What is the short-term goal of MECC?
- What is the medium-term change?
- What is the long-term impact of MECC?

**External Factors**
E.g. where MECC will take place and external factors that may influence MECC locally; culture of the organisation, workforce capacity and timescale of MECC project.
# Evaluation – Measuring Success

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<th>Aims</th>
<th>Measures of Success</th>
<th>Key Performance Indicators</th>
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| 1. Provide all staff and local partners in statutory, emergency, and VCS with the knowledge and skills to identify needs and signpost/refer to services as appropriate | Development and implementation of eLearning                                           | - Numbers of people trained  
- User experience of training (post-training survey)  
- Skills and knowledge level improvement (post-training survey) |
| 2. Increase the skills and confidence of staff and local partners in statutory, emergency, VCS resident facing services to deliver simple evidence-based interventions to promote the health, wellbeing and quality of life of residents within C&I | Development and implementation of Face-to-Face training  
Have 1,000 people signed up to training (eLearning and Face to Face combined) across both boroughs | - Numbers of people trained  
- User experience of training (pre, post and 3 month post training surveys)  
- Trainer feedback  
- RSPH Accreditation  
- Skills and knowledge level improvement  
- Case studies of implementation |
| 3. Help develop an organisational culture that encourages and promotes prevention and health improvement | Formation of multi-stakeholder steering group  
MECC Champions Network  
Embedding into corporate induction, performance measurement and contracts | - Feedback from steering group  
- Number of Champions Recruited  
- Developmental sessions for Champions  
- Case Studies of implementation  
- Evidence from corporate stakeholders |
| 4. Improved customer journeys for residents accessing services leading to improved health and wellbeing outcomes | Increased referrals into relevant services;  
Improved customer satisfaction with associated health and care services | - Referral numbers from SHINE, Wish+, Customer Contact Centres, Stop Smoking Service and One You website analytics.  
- Customer satisfaction levels from above services  
- Long-term impact customer case studies |
First Year Results

- Stand alone, public facing MECC website with programme information, registration and resources launched.
- Staggered launch of eLearning and face to face training across the 2 boroughs.
- Target of 1,000 people trained in MECC across both boroughs was exceeded in the first year.
- The main focus for the first year was council staff, although NHS, VCS and Fire service also targeted. More than a quarter of those trained from Housing departments – key staff due to regular interactions with residents, many of whom are vulnerable residents.
- Of the 1271 that signed up, 798 were for the eLearning while 473 were for the face to face training.
- These numbers compare well to similar trainings, like the Supporting Lifestyle Behaviour Change training (160 people in 2015). Other MECC programmes in Haringey and Barnet have trained around 150 people each in their first year of MECC.

Table 1 – Number of people signed up for MECC eLearning and/or Face to Face training by organisation/sector, April 2016 – March 2017

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Signed up for MECC</th>
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<tr>
<td>LB Camden</td>
<td>266</td>
</tr>
<tr>
<td>LB Islington</td>
<td>800</td>
</tr>
<tr>
<td>NHS</td>
<td>24</td>
</tr>
<tr>
<td>VCS and other</td>
<td>181</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1271</strong></td>
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First Year Results

- Short survey for participants immediately after completing the eLearning.
- Responses in Figure 1 show that not only did participants understand the key messages for MECC, but are also confident of applying what they have learned in their roles with residents.
- They have improved knowledge about local services and feel confident to signpost people for the right help.
- 99% of face to face training participants claimed to have a reasonably to good knowledge about MECC post-training, while 95% of participants would recommend the training to others.

Figure 1 – eLearning User Experience: Confidence on Content

- Q5. Do you feel that what you have learned will contribute to improving your current work?
- Q6. Do you feel you are now better able to recognise health, housing and employment needs of residents?
- Q7. Do you feel you are now better able to signpost people to local health, housing and employment support services?
First Year Results – Programme Outcomes

• 23 MECC Champions recruited to date, including senior managers, customer service agents and voluntary sector staff

• Included in corporate inductions at both councils, as well as team specific inductions for housing and adult social services staff

• Included in commissioned services’ contracts, including stop smoking and weight management service contracts

• Excellent feedback from:
  • participants which we use to continually improve the training
  • staff and colleagues nationally, some have applied a similar model to ours, while others have purchased some of our content, making this into an income generating service as well
First Year Results – Programme Outcomes

- There has been evidence of potentially vulnerable residents accessing services who would otherwise not have until it became a bigger issue.
  - There have been **105** referrals into WISH+ as result of MECC training (Nov ’16-Mar-17)
  - Contact Centre team in Islington have made **672** “MECC” referrals into relevant services like iWork (employment advice) and iMax (benefits advice) (Apr’16-Mar’17)

- The One You websites in Islington and Camden were heavily promoted through MECC as the key signposting source for all health related issues. Since they were launched in September there have been **4487** and **9548** visits to the Camden and Islington websites respectively.
MECC in Action

- An example of the impact MECC can make is shown through feedback from one of our participants who explains how MECC helped her signpost a client she was supporting for housing needs:

“I had gone to visit a young mum who I’d recently placed in temporary accommodation. She told me how she felt powerless to get a job because of having young children and no qualifications. I told her about Camden’s Employment team and gave her their contact details. The next time I visited she had received information about a local college and the crèche facilities available which led to her enrolling on a course.”
Questions?

For more information please contact:

mecc@islington.gov.uk