

Southend-on-Sea Borough Council

Agenda
Item No.

10

Report of the Director of Public Health
to

The Health and Wellbeing Board

On

20th November 2013

Report prepared by:
Lee Watson, Health Improvement Practitioner Specialist

Making Every Contact Count

1. Purpose

To inform the Health and Wellbeing Board about the 'Making Every Contact Count' (MECC) initiative in Southend-on-Sea.

2. Recommendation

The Health and Wellbeing Board is asked to note the report.

3. Background

3.1 Lifestyle-related disease represents the most pressing public health threat of modern times. The World Health Organisation attributes nearly 50% of the burden of illness in developed countries to the four key unhealthy lifestyle behaviours: smoking, physical inactivity, a poor diet which includes a high fat and sugar intake with low consumption of fruit and vegetables, and excessive alcohol consumption.

3.2 Making Every Contact Count is an evidence based cost effective public health programme. Its aim is to help individuals to change their behaviour and adopt healthier lifestyles.

3.3 The primary focus of MECC is to provide non-specialist staff from a range of agencies and organisations, with the skills to support people to address unhealthy lifestyles impacting on their health namely:

- Tobacco use
- Obesity/overweight
- Poor diet
- Physical inactivity
- Alcohol misuse
- Risk taking sexual behaviour

3.4 There is a national competency framework that details the knowledge, skills and competencies required to effect behaviour change.

There are 3 defined workforce functions the evidence suggests can help to deliver population behaviour change.

Level 1: brief advice and signposting, e.g. to stop smoking services

Level 2: behaviour change intervention, e.g. brief intervention that will increase physical activity in target groups

Level 3: behaviour change intervention programme, e.g. weight management intervention

- 3.5 MECC training gives staff the confidence to have timely 'healthy chats' and undertake level 1 to 3 interventions (depending on staff competency). The vast majority of staff engaged in MECC within Southend-on-Sea are delivering level 1 brief interventions. However a significant number are able to deliver level 3. Staff (and volunteers) signpost individuals they come into contact with to relevant specialist services or programmes, according to the issues people present with. This process supports the development of an extended public health 'work force' in Southend.
- 3.6 MECC requires minimal investment, building on the basic communication skills most staff already possess. The approach is endorsed by the National Institute for Health and Care Excellence (NICE). NICE believe MECC can play a significant part in addressing unhealthy lifestyle behaviours that increase the likelihood of early (preventable) death and morbidity.
- 3.7 MECC also helps to tackle health inequalities. This is because lifestyle related mortality and morbidity has a disproportionate impact on the more disadvantaged sections of society. Helping individuals and communities to develop more control (or enhancing their perception of control) over their lives by facilitating positive behaviour change, can act as a buffer against the effects of disadvantage.
- 3.8 To be effective, MECC interventions must be of an 'industrial scale'. That is, there must be a significant number of 'healthy chats'(brief interventions) and signposting events taking place with individuals who have identified risk factors. The local system must have the capacity or pathways in place to support those who receive a brief intervention.

4.0 Progress on Local Implementation of MECC

- 4.1 Southend-on-Sea Borough Council has been developing its MECC programme for some time, building on the work of NHS South Essex that was previously responsible for this behaviour change programme. To achieve the 'industrial scale' level of brief interventions and signposting required to make a difference at the population level, the Council's Public Health Department has commissioned a range of training options for staff. This training (including bespoke onsite training) is open to staff employed or working with any organisation delivering services to the local population.
- 4.2 The Public Health Department is monitoring and evaluating the impact of MECC locally. From the 1 April to 30 September 2013, over 300 people from a range of agencies and organisations, have received MECC training.

These staff have delivered over 4500 brief interventions in this period.

Organisations include:

- Southend-on-Sea Borough Council (All Departments)
- The voluntary sector
- The NHS (Acute, Primary and Community care providers)
- HMRC
- Southend Adult Community College
- Essex Fire and Rescue Service

- 4.3 Not all staff are able to attend face to face training. E-learning options are available and a local package is currently being developed. This package will be offered to Southend-on-Sea Borough Council staff through the Council's online training portal (SPARK). A MECC "Train the Trainer" package will shortly be provided. This package will enable organisations to be more self-reliant and build internal capacity to deliver MECC in line with their organisation's development needs.
- 4.4 The third sector is playing a more significant role in the delivery of frontline services. Volunteers are also key to the long term delivery of MECC. Within Southend local volunteer community 'Health Champions' (trained to deliver the MECC programme) are working with the Council commissioned Health Trainer service to support population behaviour change. Health Champions signpost members of the public to appropriate services for specialist or generic support.
- 4.5 The Council is currently developing and implementing a local Public Health Responsibility Deal (PHRD). This initiative is focussed on improving the health of the working age population by supporting workers to address unhealthy lifestyle behaviours within the workplace setting. The local PHRD offers an excellent opportunity to embed MECC and roll out the Health Champion model in the business sector. It reinforces the industrial scale approach to behaviour change necessary to improve the health of the local population.
- 4.6 Community health and social care services work with people in communities who have the poorest health and are some of the most vulnerable in our society. Equipping the frontline workforce with the tools to offer support to these people, will help address unhealthy lifestyle behaviours explored previously and tackle disadvantage. This approach will reduce the demand on secondary care services as more people adopt self-care approaches.

References

1. National Institute for Health and Clinical Excellence (2007). *Behaviour change at population, community and individual levels*. NICE, London.
2. Gate L, Williams J (2011) Health Inequalities National Support Team How to Develop a Health Gain Programme (HGP) for Frontline Staff to Address Lifestyle Issues
3. Making Every Contact Count Concise Guide for Local Authorities
www.makeeverycontactcount.com