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Original Research

Making Every Contact Count: an evaluation

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ABSTRACT

Objectives: To conduct an initial evaluation of a behaviour change programme called 'Making Every Contact Count' (MECC).**Study design:** Retrospective interview study.**Methods:** In depth qualitative interviews with key stakeholders engaged in the delivery of MECC which were digitally recorded, transcribed and analysed thematically using framework analysis.**Results:** The responses of those involved were generally favourable and although the 'intuitive' nature of the idea of Making Every Contact Count clearly resonated with interviewees, the take up was variable across different organisations.**Conclusions:** The approach to MECC described here was based on some of the principles outlined in the NICE Guidance on behaviour change published in 2007. The report shows that MECC has considerable potential for changing staff behaviour in relation promoting health enhancing behaviour among members of the general public coming into contact with services.

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Introduction

This paper reports the initial evaluation of a behaviour change programme called Making Every Contact Count (MECC). Against the background of the well-known association between smoking, over eating, lack of exercise and the misuse of alcohol and the disproportionate contribution of these behaviours to health inequalities, in 2007, The National Institute for Health and Clinical Excellence (NICE) published public health guidance on promoting health related behaviour

change.¹ As a response to the publication of the NICE guidance, in NHS Yorkshire and Humber, a competence framework (Prevention and Lifestyle Behaviour Change: A Competence Framework)² was developed to support the idea of making every contact with patients and the public count to help change behaviour. The framework aimed to skill up the whole workforce to do basic health improvement work, supporting health enhancing behaviour change.³

This idea was not new. The Wanless Report⁴ asserted that building workforce capacity was a key cost-effective action for

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preventing ill health and tackling the wider determinants of health. Wanless argued that a workforce with a broad mix of skills would be required to deliver public health to instigate behaviour change at population level. In 2010 the Marmot Review⁵ suggested that prevention should be shared across the NHS, Local Authorities, communities and individuals. Sim, Lock and McKee (2007)⁶ identified the need to develop the evidence base to.... ‘*permit a shift from theory to an evidence-based identification of the contribution by the wider public health workforce to sustainable health improvement.*’

There is little evidence that these interventions are being scaled up with the associated workforce requirements being considered in the way that both Wanless and Marmot envisaged. The Public Health Skills and Career Framework⁷ therefore aimed to: ‘*Provide a consistent and coherent vision across the whole of the public health sector, as well as a means to value everyone’s contribution.*’ However, the framework, whilst helping to benchmark education programmes has not been evaluated in terms of its impact on enabling the wider workforce to contribute to public health interventions.

Making Every Contact Count (MECC)

MECC is a straightforward approach to public health service delivery based on the framework. It extends the delivery of public health advice to the public by training non-specialist staff from a wide range of service organisations, at minimal cost, in the basic skills of health promotion and disease prevention. MECC engages the paid (and unpaid) workforce so they can contribute to health improvement by creating the potential to embed preventive thinking into the everyday work of a wide range of health and social care employees, local authority staff, private and third sector employees. For a relatively modest investment in training⁸ it provides employees with the information and skills they need to offer brief, appropriate advice, such as ‘signposting’ services, as part of their everyday contact with members of the public. The ultimate aim is to make health related behaviour change interventions commonplace in a wide range of settings within and beyond the NHS.

The unique aspect of MECC in Yorkshire and the Humber is the Prevention and Lifestyle Behaviour Change: Competence Framework – PLBC². It describes the generic competencies required by staff to enable them to promote healthier lifestyle choices in areas such as long-term conditions, obesity management, smoking cessation and alcohol misuse. Making prevention central to every interaction between employees and members of the public, the PLBC framework encourages front line staff to offer brief but appropriate advice, including ‘signposting’ services, as part of their everyday contact with members of the public. The generic competencies within the framework are structured on three levels, reflecting increasing levels of competence. A fourth level signposts the expert or specialist interventions that are condition specific or require additional specialist training: (see Box 1).

The PLBC framework was launched in the Yorkshire and the Humber Region, by all primary care trusts. The initiative rapidly spread to NHS commissioning and provider organisations and beyond to social care, local authorities and other organisations with a public health remit such as fire and rescue services, social housing agencies and a number of third sector and

voluntary organisations. It supported the commissioning of both services and education within the region, as well as the design of new ways of working and learning. Individuals have used the PLBC framework to identify existing skills and those they need to develop further. Additionally, an online assessment tool was developed to support the process.

The initial evaluation of the MECC programme reported in this paper examined the progress of its dissemination and development within a range of contexts through interviews with key contacts within those organisations. The study was funded by HEFCE’s Higher Education Innovation Fund, South Yorkshire CLAHRC and NHS Yorkshire and the Humber and developed by a partnership formed between NICE, NHS Yorkshire and Humber, Sheffield Hallam University and Manchester University Business School.⁹

Box 1 The Framework.

The Generic Competences: Level 1

The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to introduce the idea of lifestyle behaviour change and to motivate the individual to consider/think about making changes to their lifestyle behaviour(s):

- Ensure individuals are able to make informed choices to manage their self care needs;
- Support and enable individuals to access appropriate information to manage their self care needs;
- Communicate with individuals about promoting their health and well-being;
- Provide opportunistic brief advice.

The Generic Competences: Level 2

The worker is able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities:

- Ensure your own actions support the care, protection and well-being of individuals;
- Select and implement appropriate brief lifestyle behaviour change techniques with individuals;
- Enable individuals to change their behaviour to improve their own health and well-being;
- Undertake brief interventions.

The Generic Competences: Level 3

The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviour(s) and facilitate the individual to maintain these changes over the longer term:

- Enable people to address issues related to health and well-being;
- Enable individuals to put their choices for optimising their lifestyle behaviours into action;

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