Make it count!
Change your lifestyle to improve your health

Ask a member of staff for more information or visit www.ardenmecc.nhs.uk
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Additional Documents available on request from www.ardenmecc.nhs.uk

How we will meet our aspirations - Local Implementation Plans
Foreword

‘Making Every Contact Count’ (MECC) means using every [appropriate] contact with the public to improve their health particularly promoting lifestyle change. The Making Every Contact Counts ambition is focused on ensuring that the promotion of health and well-being is embedded in service design and organisational culture.

Part of our core offer to partners is embedded within the Making Every Contact Count ambition:

“This is the public health [Core] Offer: that we can improve the health of our population, increasing life expectancy and reducing inequalities by working together, investing in prevention and making every contact count.”

MECC uses a brief advice approach to raise issues with patients.

Brief Opportunistic advice usually lasts up to 5 minutes. It involves raising a lifestyle issue with an individual [where appropriate] and signposting to further information. This can be used by anyone engaging with members of the public alongside their everyday work. It is an opportunity to dispel myths and give accurate advice

The current expectation is that all NHS organisations will commit to MECC. Across Arden we have extended our vision beyond the NHS to partner organisations and their staff.

Our ambition for Arden is that;

“all agencies/partners will be aware of and adopt the ‘Making Every Contact Counts’ philosophy. This means that, when ever appropriate, opportunity to reinforce advice about healthy lifestyles and or/signpost to the relevant services is exercised”.

This ambition will be achieved by; board level commitment to the ambition; organisational implementation leads who are supported to develop and implement their MECC delivery plans; training for all frontline staff (e-learning, face to face and provision of additional training resources) to a core competency level and providing supporting materials with consistent messages that signpost to appropriate services.

MECC is a priority for all public health staff, agencies and partners across the Coventry and Warwickshire (Arden) Cluster. It is a solid investment that will improve health outcomes and save money in the long term.

We look forward to working with you and your organisation to deliver this ambition across Arden.

Dr John Linnane, Arden MECC Strategic Lead and Clinical Champion
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This report is also available on the website: [www.ardenmecc.nhs.uk](http://www.ardenmecc.nhs.uk)
Executive Summary

Background
The Making Every Contact Counts ambition is focussed on ensuring that the promotion of health and well-being is embedded in service design and organisational culture. The current expectation is that all NHS organisations will commit to training their front-line staff in delivery of brief opportunistic healthy lifestyle advice – so that every contact has the potential to promote health. In Coventry and Warwickshire we have extended our vision beyond the NHS to all Partners and frontline staff.

Historically the adoption of MECC has been limited. Generic MECC training has been undertaken by small numbers of NHS Staff but implementation has been marginal. The approach has been most successfully adopted in areas where specialist training and signposting has been undertaken, most notably in brief interventions around smoking cessation and drugs & alcohol. However, even in these areas coverage is not uniform and measuring outcomes remains difficult. This Strategy and Implementation Plans outline our approach to applying the ambition more consistently across Arden.

As a minimum, the Midlands and East Strategic Health Authority (SHA) Cluster expectation is that NHS boards will confirm a strategic commitment to support delivery of MECC in their organisation’s. They are expected to identify a board lead and an implementation lead. A bespoke training plan is to be agreed with each Trust (and in Arden with each Clinical Commissioning Group or CCG) based on a baseline assessment of staff trained to date, focussing on priority staff groups and/or clinical areas. The SHA had encouraged inclusion of MECC as a CQUIN but this was not achievable within Arden for 2012/13. MECC is however included in the quality schedule for all Trusts.

Approach to Implementation – The Vision
Public health leads have been identified to take forward plans with NHS bodies across Arden. The delivery of the MECC ambition will build upon the work already being undertaken across Coventry and Warwickshire within the NHS and with partner organisations. This Arden-wide strategy for delivery of the MECC ambition is being developed with separate Coventry and Warwickshire implementation plans – to accommodate the different plans being taken forward with non-NHS bodies across the two areas.

The approach to training is to promote use of the E-learning package developed in the West Midlands and to consolidate this with ‘face to face’ training (as this has been shown to be a more effective means of preparing staff to deliver MECC). In addition to this a range of resources have been developed to support staff in delivering MECC.

Current Progress
Across Coventry and Warwickshire the Acute Trusts have taken a paper to their Trust Boards endorsing support for MECC and identifying their respective leads. In all Trusts, priority groups of staff for training have been identifies and training plans are being implemented. Each CCG also committed to identify board and implementation leads in order to systemically embed MECC into service delivery. Meetings are taking place and a stakeholder event is being planned with representatives across Arden to share best practice and to explore coordinated training support.

Through the MECC ambition the links to improving staff health and to promoting a more comprehensive approach to embedding Public Health (for example through adoption of a ‘Health Promoting Hospital’s approach) are also being explored with Trusts. In both Coventry and Warwickshire MECC is will be integrated into delivery of NHS Health checks, National Child Measurement Programme and maternity services pathways. In Warwickshire work is also underway with pharmacies.

Whilst the Public Health Department in Coventry are taking the lead on MECC across NHS organisations, both departments are taking forward implementation plans that include other agencies. Through joint working across Arden best practice and lessons learnt will be shared alongside any further training resources developed.
Definitions and Glossary

The terms Brief Advice and Brief Intervention are sometimes, somewhat unhelpfully, used interchangeably, although there are distinct differences in what each is intended to provide. The following definitions have been given to help clarify the use of these terms.

**Brief Advice (BA)**
*Describes a short intervention (usually around 3-5 minutes) delivered opportunistically which is normally focused on a service user’s reason for seeking help. It can be used to raise awareness of, and assess a person’s willingness to engage in further discussion about, healthy lifestyle issues. Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.*

**Brief intervention (BI)**
*Provides a structured way to deliver advice and constitute a step beyond brief advice as they involve the provision of more formal help, such as arranging follow-up support. Brief interventions aim to equip people with tools to change attitudes and handle underlying problems. As part of a range of methods, brief interventions may contain brief advice and may use a motivational interviewing approach in the delivery.*

As indicated above the delivery of a brief intervention might be enhanced through the use of techniques, such as motivational interviewing. **Motivational Interviewing** is described as a process of exploring a person’s motivation to change through interview in order to assist them towards a state of action. The techniques used are adaptations of counselling skills and particular attention is paid to the listening skills of the interviewer. Motivational interviewing can be understood as an approach which can be adopted for delivering a brief intervention.

It has also been suggested that an even more minimal approach than brief advice could be beneficial – whereby staff merely raise awareness of an unhealthy lifestyle, without offering further advice. This could be termed **Very Brief Advice**.

The staff **competencies** required to deliver each of the above differs and could be acquired sequentially. Training and interventions are often referred to in Levels 1-3; level 0 refers to the provision of key messages through media such as posters, websites and plasma screens.

**Figure 1: Proposed training levels based on competencies**

- **Level 1**: Brief advice (3-5 minutes to raise issue and signpost)
  - Training face to face & e-learning

- **Level 2**: Brief Interventions (5-20 mins)
  - Motivate to change, explore options and formulate plans

- **Level 3**: Brief intervention
  - (50 minutes to support people as they change and to enable maintenance)
1. Introduction

More than 50% of premature deaths in western countries are attributable to lifestyle. It is vitally important that individuals are given the opportunity to consider the possible impact of their health behaviour and be given the opportunity to change. Making Every Contact Count is a long term strategy that aims to help us create a healthier population and reduce costs.

We have a huge opportunity to make a difference across Arden with:

Within Warwickshire:

<table>
<thead>
<tr>
<th>Smoking</th>
<th>19% of our population smoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>22% are drinking at increasing risk or high risk levels</td>
</tr>
<tr>
<td>Obesity</td>
<td>26% of adults are obese</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Only 11% of adults achieve recommended levels of physical activity</td>
</tr>
<tr>
<td>Diet</td>
<td>28% of adults eat healthily</td>
</tr>
<tr>
<td>Mental Health</td>
<td>An estimated 25% of people will have a mental health illness during their lifetime</td>
</tr>
</tbody>
</table>

By district or Borough – Life Expectancy ranges from 77 to 84 years

Source: Health Profiles 2012

Within Coventry:

<table>
<thead>
<tr>
<th>Smoking</th>
<th>25% of our population smoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>21% are drinking at increasing risk or high risk levels</td>
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<td>Mental Health</td>
<td>An estimated 25% of people will have a mental health illness during their lifetime</td>
</tr>
</tbody>
</table>

By Middle Super Output Area – Life expectancy ranges from 71.9 to 83.5 years for men and 76.9 to 97.7 years for women

Source: Health Profiles 2012

“Implementing MECC will increase the numbers of people who are motivated and supported to make positive lifestyle changes, saving lives and reducing costs. A true win win situation”

Making Every Contact Count across Arden

Public Health across Warwickshire and Coventry have come together to develop one Arden Strategy for the Delivery of MECC across the Cluster. This shared vision has underpinned the development of this document. This joint approach also enables the sharing of limited resources and expertise. The delivery of the MECC ambition will build upon the work already being undertaken across Coventry and Warwickshire within the NHS and with partner organisations and is embedded into the Health and Wellbeing Strategies of both areas and the joint Arden System Plan. MECC is also within the Quality Schedules with all of the Arden Trusts. It was highlighted as a priority within the Warwickshire Director of Public Health Annual Report 2011 and 2012. MECC is also embedded in the Public Health Core Offer to CCGs and in the Transition Plans moving Public Health to local authorities.

This document is supported by separate Coventry and Warwickshire delivery plans; to accommodate the different work being taken forward with non-NHS bodies across the two areas. It also references some of the delivery plans produced within local partner organisations.
2. Background – Evidence Base and Rationale

How an individual lives their life can have a significant effect on their health and well-being, what illnesses they will experience and when they will die. An individual’s health is particularly affected by tobacco use, drinking alcohol, unsafe sexual practices, what they eat and how active they are. Populations with good mental well-being have improved overall health. Certain patterns of behaviour are associated with social disadvantage and changing these behaviours was a key theme of Choosing Health, the 2004 white paper. They were also recognised by NICE, the National Institute for Health and Clinical Excellence in 2007. More recently, publications, including the Department of Health’s Healthy Lives, Healthy People White Paper and Marmot’s Fair Society, Healthy Lives review, emphasise the importance of prevention in helping to improve the nation’s health and reduce health inequalities. A more detailed list of relevant national policy is presented in appendix 1.

Benefits of Making Every Contact Count (MECC)

Making Every Contact Count is a practical example of an initiative that follows the principles of the QIPP Framework (2010) whereby MECC has the potential to deliver better quality at lower cost through investing to save. The following summarises the benefits of using the MECC approach:

- **Patient / Service User Benefits** - Better health and longer, healthier lives for the people of Arden. By providing advice and support for behaviour change, we reduce the risk factors that are the causes of cancers and coronary heart disease. These diseases are the biggest killers in this region and are also the cause of years of disability for many people.

- **Quality Benefits** - One of the main principles of the MECC framework is to work with individuals and communities from their perspective. This requires staff to be understanding and responsive, offering advice tailored to an individuals circumstances. Not only is this likely to be more effective, it will make advice and support services more accessible, as well as community and patient focused.

- **Efficiency Benefits** - This approach uses the everyday contacts patients have with a range of NHS services, training and preparing NHS staff to Make Every Contact Count will ‘build in’ the ability of more and more NHS staff to offer brief advice and interventions to help patients change their behaviour and stay healthy. This opportunity will not only be offered to NHS staff but also to key organisations that have frontline staff (Local authorities, Police, Voluntary Sector). This workforce transformation will be a big step in moving towards the ‘fully engaged’ scenario described in the Wanless Report as the best way to deliver productivity as well as better health.

- **Benefits of MECC Training** - Evaluation has demonstrated that training enables staff to deliver MECC, but importantly it has also shown that 65% of those trained have improved their own health behaviours and 50% have practiced their skill with family and friends. Training in MECC thus provides potential benefits to staff health as well as population health.

Evidence

There is good evidence to support the delivery of BIs for specific lifestyle behaviours, largely being delivered by defined clinical staff, in defined clinical circumstances. For example, evidence supports the delivery of BIs in relation to the following lifestyle behaviours:

- Smoking
- Physical activity
- Alcohol use
- Sexual health

There is more limited evidence to support the delivery of BAs, again in the context of defined clinical groups delivering the intervention in specific settings but they have been found to be effective in tackling:

- **Alcohol use** – For example, delivery of brief advice on alcohol has been shown to reduce alcohol consumption by one risk level for one out of eight people. Economic modelling
undertaken by Mott MacDonald on behalf of NHS East of England estimated that alcohol identification and brief advice (IBA) delivered as part of the NHS Health Check programme to 40-74 year olds drinking at increasing risk or high risk levels would result in 12,000 avoided admissions, 270 avoided deaths and £21m in savings over a 5 year period. The cost of delivering IBA was estimated at £6.8m giving a return on investment ratio of 3:1.5

- **Smoking** - Similar studies have demonstrated that brief advice from NHS professionals makes a difference in encouraging smokers to quit3. Increasing the number of referrals to a local stop smoking service (LSSS) through brief advice and signposting is a cost effective way of increasing throughput to LSSS and generating increased numbers of quits.

- Evidence of benefit from SHA paper

The evidence base demonstrates the importance of staff being trained to deliver BA or BIs and of there being clear pathways into services to address the lifestyle issue in question. Unless staff know where they can refer patients who may express a willingness to change their behaviour they are unlikely to be willing to initiate the conversation.

The NICE guidance on behaviour changes recommends ‘providing training and support for those involved in changing people’s health-related behaviour so that they can develop the full range of competencies required’. Providing frontline staff with core competences in relation to behaviour change and health improvement means they can apply the approach to a range of lifestyle risk factors. Taking this approach to the delivery of brief advice will reduce the cost of training staff incurred by organisations and maximise the opportunities for delivering health improvement brief advice as patients will often have multiple lifestyle risk factors.

There is also the potential to have a significant economic gain for organisations that build the capacity for health improvement and consistently promote healthy lifestyles through staff as staff themselves may benefit from the advice they give and extend this to their colleagues or family. Early indications from work underway in the East Midlands has highlighted that employees own health and wellbeing is improved as a consequence of MECC.

A more detailed rational is provided in Appendix 1

**Financial benefits and Economic Gain**

Applying the brief interventions approach advocated in Making Every Contact Count has the potential to make dramatic cost savings across the NHS system. Investment in prevention significantly reduces the costs of acute care.

There is also the potential to have a significant economic gain for organisations that build the capacity for health improvement and consistently promote healthy lifestyles through staff as staff themselves may benefit from the advice they give and extend this to their colleagues or family. Early indications from work underway in the East Midlands has highlighted that employees own health and wellbeing is integral to MECC.

Implementing Making Every Contact Counts will increase the numbers of people who are motivated and supported to make positive lifestyle changes, saving lives and reducing costs to the NHS. A true win: win situation.

**Implementation**

Current research has shown that PCTs nationally are already signed up to implementing Making Every Contact Count and are either developing or have produced and are in the process of implementing and delivering their own plan.6
Brief Intervention Training

Current policy guidance identifies a key role for frontline staff, through everyday contact with service users, in helping people to adopt and sustain healthier lifestyles through the use of behaviour change interventions. At a local level, building capacity and capability amongst public health practitioners and the wider workforce to deliver behaviour change interventions has been identified by the Midlands and East Strategic Health Authority as key to achieving government health targets, particularly in relation to tackling health inequalities.

At a time when the public health system is changing significantly, policy documents are placing importance on innovative behaviour change practice within preventative services for improving health and wellbeing (link to Liberating the NHS white paper; PH white paper, Marmot and Lord Darzi7).

The Coalition Government is drawing on a model called the Nuffield Council of Bioethics Ladder of Interventions, which range from the least intrusive actions: such as providing information to allow people to make their own choices; through guiding choices; to eliminating people’s choice through legislation, for example the introduction of compulsory seat belts.

The House of Lords Science and Technology’s Committee report on Behaviour Change was published July 20118. It concluded that that a whole range of measures – including some regulatory measures – will be needed to change behaviour in a way that will make a real difference to society’s biggest problems. The report concludes that using “Nudge” techniques alone are not likely to be effective.

NHS Local - A more detailed description is provided in Appendix 2

Evaluation

Evaluating behaviour change is very complex, as it is very difficult to prove that a certain type of strategy was the only influence that helped an individual change their behaviour. However, it has been recognised in a number of studies that a supportive conversation from a frontline worker given consistently and respectfully will encourage reflection and change in up to 20% of patients/clients9.

Another study demonstrated that brief intervention training had been effective in improving attendee’s confidence to deliver Brief Lifestyle Interventions with their patients/clients. Furthermore, at six weeks post course, the confidence levels had remained high17.

In addition, there is ongoing evaluation work on the effectiveness of implementing the every contact counts agenda within NHS Yorkshire and the Humber. To date early qualitative pilot evaluation work has been published on staff experiences of implementation across several trusts in the region(REF). According to this work MECC has been successfully implemented, but further evaluation is required to determine if the implementation has led to staff behaviour change that results in behaviour change and health improvements for those they make contact with.
3. Current Baseline across Arden (as at November 2012)

Organisational Readiness
All of the hospital trusts across Coventry and Warwickshire and the Partnership Trust have taken a paper to their Trust Boards endorsing support for MECC and identifying their respective leads. In all Trusts plans are being delivered whereby priority groups of frontline staff are being trained.

CCGs have also committed to identify board and implementation leads in order that they can systemically embed MECC into service delivery. Public Health is co-ordinating work with the CCGs.

Meetings have taken place with representatives of all Trusts/CCGs across Arden so that best practice can be shared and the opportunity for co-ordinated commissioning of training support can be explored. The approach to training is to promote use of the E-learning package developed in the West Midlands and to consolidate this with ‘face to face’ training (as this has been shown to be a more effective means of preparing staff to deliver MECC). Resources to deliver this training has been identified (see below).

Integrating MECC Within Other NHS Initiatives
In both Coventry and Warwickshire MECC is being integrated into delivery of NHS Health checks, National Child Measurement Programme and maternity services pathways. In Warwickshire work is also underway with pharmacies and in Coventry Dentists are being encouraged to train their staff in MECC.

Feedback on Progress
MECC is to be monitored as requested by the Strategic Health Authority in terms of referrals into Smoking Cessation Services (as a marker of referrals into all other lifestyle services) but amendment to current data capture related to referrals is required to facilitate this. Through the MECC ambition the links to improving staff health and to promoting a more comprehensive approach to embedding Public Health (for example through adoption of a ‘Health Promoting Hospital’s approach) are also being explored with Trusts. Recent action by the SHA to clarify communications around the MECC ambition has been appreciated by Trusts. Further clarification has also been provided regarding monitoring arrangements.

Non-NHS MECC Developments
Whilst the Public Health department in Coventry are taking the lead on MECC across NHS organisations, both departments are taking forward delivery plans that include other agencies.

In Coventry plans are moving forward offering training to approximately 300 front line council staff and arrangements are now in place to provide them with access to the E-learning package (via the Council’s intranet). Staff in the training department within the City Council have been trained in MECC so they can deliver the ‘face to face’ element of the training. In addition, the Public Services Board have recently agreed a plan to roll-out E-learning to all stakeholders (organisations and community groups). Plans to secure implementation of this development are being developed so that ‘top-up face to face’ training can also be provided to these groups.

In Warwickshire in addition to developing training resources MECC delivery will be taken forward through other projects including a pilot with Warwick District Housing dept.

Through joint working across Arden best practice and lessons learnt will be shared alongside any further training resources developed.
Staff Readiness and Training

Resources
In Coventry recurrent resource is available to support delivery of MECC training, through an existing service commissioned from CWPT. Warwickshire have also identified some funds to support the work, with bids for additional funding pending decisions in early 2013.

Working with the Arden Communication Team, a package of resources have been produced to support staff who have been trained to deliver MECC and to raise awareness amongst the public. These build on the Top 12 Health Tips developed in Warwickshire. They include the production of Conversation Cards as an ‘aide memoir’ summary and credit card sized referral information, so staff can readily direct recipients of brief advice to the appropriate services.

Training to Date
Currently a number of staff groups across Arden have been trained in Level 1 Brief Advice Training. The majority of staff have received specialist smoking cessation training, a number have received alcohol and smoking cessation training. The majority trained have been NHS staff.

It is difficult to map the overlap in people who have received generic and specialist training, also to estimate current staff who are trained particularly in this transition period with staff moves and cuts. Some examples of numbers of people trained to date are listed below.

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### Generic Training

E Health Training through NHS local:

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<thead>
<tr>
<th>Organisations</th>
<th>Brief Encounters Module 1</th>
<th>Motivating Change-Module 2</th>
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<tr>
<td>SWFT</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>UHCW</td>
<td>14</td>
<td>7</td>
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<tr>
<td>CWPT</td>
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<td>7</td>
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<tr>
<td>GEH</td>
<td>31</td>
<td>5</td>
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<tr>
<td>NHS Warwickshire</td>
<td>40</td>
<td>19</td>
</tr>
<tr>
<td>Coventry PCT</td>
<td>12</td>
<td>7</td>
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<tr>
<td>Coventry CCG</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Coventry LA</td>
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<td>17</td>
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<tr>
<td>Coventry University</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>178</strong></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Organisations</th>
<th>Numbers</th>
<th>Areas/specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWFT</td>
<td>129</td>
<td>Trainers, community nurses, clinical nurse specialists, healthcare assistants, dieticians, midwives and health visitors</td>
</tr>
<tr>
<td>UHCW</td>
<td>74</td>
<td>Trainers, Preceptor Nurses/dieticians, L&amp;D Department, St Cross Hospital,</td>
</tr>
<tr>
<td>CWPT</td>
<td>93</td>
<td>CHLS, IAPT, Wound care nurses, EPP, Family Nurse Partnership, TB Nurses</td>
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<tr>
<td>GEH</td>
<td>8</td>
<td>Trainers</td>
</tr>
<tr>
<td>Coventry NHS/CCG</td>
<td>46</td>
<td>Primary Care nurses, Broad Lane Dental Surgery, Dr Jayaratnam surgery</td>
</tr>
<tr>
<td>Coventry LA</td>
<td>174</td>
<td>Neighbour Hood Action, Employment Support Services, Social Care, Early Years, Little Swanswell Nursery, Tommies Children Centre, HDU, Connections Community, Keresley Grange before &amp; after school club &amp; Keresley pre-school, Children &amp; Family Centre, University nursery, Healthy children in healthy familiies volunteers</td>
</tr>
<tr>
<td>Coventry University</td>
<td>182</td>
<td>Nursing and Health Studies, Trainee Physios, Dieticians students, Midwifery Students, Physiotherapy service</td>
</tr>
<tr>
<td>Other, Partners, Voluntary Organisation</td>
<td>71</td>
<td>Coventry Cyrenians, Community Based Champions Network</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>777</td>
<td></td>
</tr>
</tbody>
</table>

**Specialist**
Additional staff have received specialist smoking cessation brief intervention training and alcohol training.
Case Studies of Best Practice across Arden (add Coventry examples)

Case Study: Healthy Living Pharmacies in Warwickshire

The public recognise the pharmacy as a place that provides general advice on leading a healthier lifestyle and take a holistic approach in improving general health and wellbeing. In Warwickshire, we are currently in the first stages of our Healthy Living Pharmacies (HLP) programme and have embedded MECC training into the HLP development framework. The response from staff and patients so far has been extremely positive.

Staff involved in the Warwickshire Healthy Living Pharmacy scheme are required to complete Module 1 Brief Opportunistic Advice MECC Training (www.education.nhslocal.nhs.uk) in order to reach Level 1 accreditation. Public health issue relevant to Level 1 accreditation are smoking cessation, emergency hormonal contraception and Chlamydia testing.

“Having completed the every contact counts training I have changed my opinion on the role of pharmacists and the part they play in delivering public health messages. I have always felt uncomfortable discussing intimate lifestyle choices such as eating habits, smoking or sexual health. However having completed this short piece of training I feel equipped with the skills to raise these difficult topics with the patient groups where Brief Opportunistic Advice could make a difference. This is particularly useful for pharmacists delivering medicine use reviews and the new medicine service. I believe that every member of the pharmacy team has a part to play in voicing these important messages” – Warwickshire Pharmacist

Pharmacies from across the county have signed up to participate in the Healthy Living Pharmacy scheme which has been rolled out across Warwickshire since May 2012.

Case Study: NHS Health Checks in North Warwickshire

The introduction of NHS Health Checks across Warwickshire North and Rugby has provided the opportunity for practices to invite people for a Health Check and then review other health concerns and identify potential lifestyle interventions.

Additionally, the Nuneaton and Bedworth Healthy Living Network are supporting Health Checks by delivering Lifestyle Checks (no blood testing) in the community and facilitating the re-engagement of people back to the GP Practice.

In rolling out the programme CCGs, GPs and Practice Nurses have been visited and encouraged to use the MECC approach in their appointments. Resources have been provided to support this process which has been welcomed by staff.

Coventry Libraries and Information Service

From December 2012 Coventry Libraries and Information Service will officially start to use a MECC approach across their services. The aim being to use Library and Information Services in local communities to deliver key health and well being messages and therefore to improve the health and well being of the local community by actively engaging in conversations and supporting with books, computers and space. In addition the approach will increase staff knowledge about health and well being issues that will benefit them and their families. The programme will start by prioritise two areas of the city with significant issues of health inequality (Foleshill and Bell Green) and use this to inform future roll out of the scheme.
**Coventry Healthy Early Years Setting Award - CHEYSA**

A key, and mandatory part of the CHEYSA accreditation process is to undertake training in a number of health promotion areas. MECC enables them to deliver these essential health promotion messages to parents in a supportive and non-judgemental way. Within and Early Years Setting each key person will have twice daily contact with parents or other family members where they will already be feeding back on their child’s progress that day, what they have eaten and the activities they have taken part in. This relationship between key worker and parent is one where MECC and the skills it develops in those who have been trained can only help to strengthen the way that information is given especially those pertaining to the key public health messages that CHEYSA promotes.

To embed MECC in practice, staff have attended the train the trainer course and have since worked together to tailor the programme to make it bespoke to the Early Years workforce. Settings are then more able to realise the relevance of the training and are therefore more willing to attend. Being able to deliver to full staff teams enable the setting to fully embed the training and provide a united approach. Also delivering to the other Early Years Team staff so that all the Development Officers have received the training they are expecting the settings to do – to lead by example is vital. The programme is still in the initial stages of the rollout with initial findings being very positive.

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**Case study: Warwick Housing Officers Training Pilot**

As part of the development of Warwickshire Making Every Contact Count (MECC) Implementation Plan we recognised the need to develop a package of training options for all public sector staff that could be tailored to meet individual need. Part of this package included face-to-face training to address a number of key requirements. These included: 1) a focus on non NHS as well as NHS staff; 2) increasing confidence to raise the issue about lifestyle change and iii) developing a sense of ownership. The latter point includes understanding the need for joint working for the purpose of addressing the significant burden of unhealthy lifestyles on the future of healthcare for all.

We trained a total of 16 housing officers in Warwick. Their individual job roles ranged from initial assessment for housing, through to dealing with crisis and eviction. The training lasted for a half day, and included background about MECC, why we are encouraging all public sector staff to work together on this, practicing raising the issue and considering ways to embed MECC in their particular job roles. The training was interactive and consisted of a mixture of tasks, idea generation, information giving and practice.

Feedback was positive and we found statistical improvements pre and post training in all the variables measured which included: knowledge about MECC, confidence at raising the issue, knowing where to signpost and feeling able to integrate MECC into their job role. A number of creative ideas and suggestions were made by the housing officers. These included regular newsletters and updates about achievements and success stories in MECC implementation countywide, and the inclusion of MECC messages in standard assessments and in replacement of standard music when customers telephone the helpline.

The training and findings suggested that including a focus on engagement in MECC and problem solving around how to embed in particular job roles may act as an important addition to the current training available. In light of the findings of the pilot, signposting resources to meet the need will be developed shortly.
4. The Aspiration for Making Every Contact Counts across Arden

The current expectation is that all NHS organisations will commit to MECC. Across Arden we have extended our vision beyond the NHS to partner organisations and their staff.

**Our ambition for Arden is that;**

“all agencies/partners shall be aware of and adopt the ‘Making Every Contact Counts’ philosophy. This means that, when ever appropriate, opportunity to reinforce advice about healthy lifestyles and or/signpost to the relevant services is exercised”.

This ambition will be achieved by; board level commitment to the ambition; organisational implementation leads who are supported to develop and implement their MECC delivery plans; training for all frontline staff (e-learning, face to face and provision of additional training resources) to a core competency level and providing supporting materials with consistent messages that signpost to appropriate services.

MECC is a priority for all public health staff, agencies and partners across the Coventry and Warwickshire (Arden) Cluster. It is a solid investment that will improve health outcomes and save money in the long term.

1. Organisational Readiness
This focuses on organisations commitment to support the delivery of MECC. It incorporates the need to provide a culture and resources to support delivery and the strategic governance arrangements and accountability around MECC from both Public Health and partners. It includes the use of CQUINS and quality schedules to support implementation.

2. Staff Readiness and Training Needs in Relation to MECC
This element of the implementation plan includes giving staff the skills to deliver MECC through generic and specialist training, the development of systems to collect information on which staff have been trained and the identification of local champions within staff teams.

We propose the development of a training pathway and toolkit to support NHS and non-NHS services in Arden to train staff in the skills necessary to ‘Make Every Contact Count’. We propose concentration on Level 0 work and Level 1 training initially.

We propose the use of the NHS Local e-learning tool as an initial training that will provide a starting point with which to develop a generic training for Level 1 interventions in the first instance, based on the Yorkshire & Humber ‘Prevention and Lifestyle Behaviour Change: A Competence Framework’ this will then be supported, where required, by face to face training to ensure the approach is understood.

Additional resources will also be provided for staff. This is likely to take the form of a series of PowerPoint slides and supplementary training guidance, to allow services to conduct a half day training locally. It will advise about how this can be adapted to meet their needs, and also to encourage discussion and consideration about how MECC will be implemented and supported within their specific job roles and across the team.

Public Health will provide support in order for services to identify a MECC champion/lead who will be responsible for delivering the training and ensuring that the approach is embedded and sustained.
In addition to a generic training, specialist top up training in a number of areas such as drugs and alcohol and smoking is currently provided, and would continue to be available and links made for those services as appropriate providing a customising the approach to suit local circumstances. We will also provide credit card sized sign posting aids to all services participating in MECC with up to date information. This will be linked to the Public Health Portals and 111 from March 2013 (Figure 2).

**Issues to be raised:**
The 5 key priorities identified in the Joint Director of Public Health (2011) report;

1. Obesity
2. Alcohol
3. Cancer and Screening (Smoking Cessation)
4. Mental Health and Well-Being
5. Health Protection – Sexual Health

**Figure 2: Proposed training options (add-on modules to be added as necessary):**

**Operational Delivery:**
In order to practically implement the MECC plan across Arden resources have been developed to support the delivery and staff readiness and reduce barriers to implementation. These include the development of resources to use in training e.g. conversation cards and key health messages. They also include the support systems needed to deliver and disseminate this work e.g. 111, signposting, Website, bringing existing work under the MECC umbrella e.g. level 0 messages on plasma screens, on posters, websites etc. Additionally we need to monitor the outcomes from the ambition; this section will include the development of metrics to report evidence of change.
Figure 3 illustrates how the different elements of the ambition sit together.
**Key Messages:**

**Stopping smoking**
The single most important thing you can do to improve your health. You are up to 4 times more likely to quit if you get help from the NHS Stop Smoking Service. To find your local service call 0800 085 2917 or text LITE to 80800.

**Maintain a healthy weight**
Maintain, or aim for, a healthy weight (BMI 20-25). Eating a healthy diet - Eating at least 5 portions of fruit & vegetables each day and cutting down on fat, salt and added sugar is the most effective way to loose weight if you are overweight or obese.

**Being physically active**
Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more, one way to approach this is to do 30 minutes on at least 5 days a week. Exercise is important for everyone in staying healthy and maintaining a healthy weight.

**If you drink, keep within sensible limits**
If you drink alcohol, have no more than 2-3 units a day (women) or 3-4 units a day (men), with at least 2 alcohol free days per week. You can use this website to calculate your units and keep track of your drinking: [http://www.nhs.uk/Livewell/alcohol/Pages/AlcoholTracker.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/AlcoholTracker.aspx)

**Look after your sexual health**
This means enjoying the sexual activity you want, without causing yourself or anyone else any suffering, or physical or mental harm. Sexual health is not just about avoiding unwanted pregnancy or sexually transmitted infections - but using a condom will help with both.

**Mental Health**
Manage your stress levels. Taking things through, relaxation and physical activity can help. Have a good work/life balance. Developing interests outside of work can help reduce stress and improve productivity.

*Token from the 12 key Public Health Messages, for full list see pull out poster*
## 5. Recommendations

To implement the MECC ambition across Coventry and Warwickshire a number of recommendations are made:

- To maintain a consistent approach to delivery that meets the competency framework and to ensure all MECC work is captured; we recommend that all work on MECC is co-ordinated through the Warwickshire MECC Implementation Group and through this group to the Arden Strategic Group. They will in turn report to the Health and Wellbeing Board.

- That all organisations within and outside of the NHS, have a Board Level Commitment to delivery of MECC and this is implemented through a local action plan overseen by the implementation lead.

- The use of CQUINS and other contractual arrangements such as Memorandums of Understanding (MOUs) and the Core Offer are used to assure that organisations sign up and deliver the MECC ambition.

- That this Strategy will focuses only on Level 0 and Level 1 brief advice at this stage.

- All frontline staff trained within 5 years in the NHS and Partner organisations

- As a basic requirement to be considered competent as an individual and organisation to deliver MECC, staff should undergo Level 1 NHS Local training.

- Development and securing additional resources to support the implementation of MECC, through local pilots and match funding commissioning for training where appropriate and necessary.

- That Public Health will lead the MECC agenda across Arden supporting the implementation of MECC across organisations. Specifically though developing a shared ambition and implementation plan promotion/championing the MECC agenda, working with organisations to understand and secure the resources to deliver this ambition and leading the monitoring/evaluation of the programme.

- There are clear pathways into services that provide a holistic range of services (Single Point of Access).

- Making Every Contact Counts is included on the undergraduate training curricular.

- MECC is included in induction and mandatory training in partner organisations.
6. Outcomes and Monitoring

Outcomes
The overall success of this plan will be measured through the achievement a number of high level performance indicators taken from the Public Health Outcomes Framework (and Health Profiles), including:

- Reduction in smoking at time of delivery
- Reducing the smoking prevalence – adults (over 18s)
- Reducing the proportion of adults with excess weight
- Increasing the proportion of physically active adults
- Slowing the increase in the rate of alcohol-related hospital admissions to below the forecast trajectory
- Reduction in attendances at A&E for alcohol related injuries/conditions
- Increase in the take up of the NHS Health Checks Programme
- Improvements in self reported wellbeing as measured on the Warwick-Edinburgh Mental Wellbeing Scale

Monitoring
The actions within this plan will be monitored through a series of multi-agency groups including the Public Health Senior Manager Team, local Strategic Partnerships and Boards, with progress reported on a regular basis to the Health and Wellbeing Boards in both Coventry and Warwickshire.
Appendices

Appendix 1: The Evidence Base

National policy
The following section is a summary of the key national documents that have emphasised the importance of preventive services to improving health and wellbeing both in and out of the workforce.

- **Healthy Lives, Healthy People - Public Health White Paper (2010)** Emphasises the need for personalised preventive services that are focused on delivering the best health outcomes for citizens. Proposes using innovative approaches to behaviour change to support better practice and the creation of the Public Health Responsibility Deal to work in partnership with businesses and the voluntary sector to ensure sustained behaviour change is achieved.

- **Liberating the NHS - White Paper (2010)** Aims to put patients at the heart of the NHS and emphasises the importance of giving patients access to information which enables them to make their own healthy choices. Proposes putting clinicians in the driving seat, setting hospitals and providers free to innovate, and with strong incentives to adopt best practice.

- **QIPP Framework (2010)** Recognises the need for transformational change and emphasises quality, innovation, productivity and prevention within the NHS today. It focuses on sustaining quality, improving services and meeting rising demand within the current economic climate. Underlying QIPP is the fundamental belief that in healthcare quality and productivity can go hand-in-hand. The safety of services and the experience of the patient can be improved, whilst costs are reduced.

- **Fair Society Healthy Lives (2010)** Aims to provide evidence for reducing health inequalities resulting from social inequalities. An approach requiring action across all social determinants of health is favoured. Included are policies to ensure a healthy standard of living for all, strengthen the role and impact of ill health prevention and create ‘good’ work for all.

- **NHS Health and Wellbeing Review (2009)** Highlights the benefits of investing in improving staff health and wellbeing. It sets out steps that can be taken to improve this in response to Dame Carol Black’s *Working For a Healthier Tomorrow (2009)* review of the working age population’s health and wellbeing, focusing on the importance of preventing ill health and the role the workplace can play in promoting health and wellbeing and developing improved early intervention services.

- **Outcomes Framework:** The outcomes framework sets out a vision - ‘to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest’ and two high level outcomes: 1. increase healthy life expectancy, 2. reduce differences in life expectancy and healthy life expectancy between communities

Rationale: Summary of National Policy for the Five Selected Behaviours
The Wanless Report said that to save £30bn of public expenditure by 2022/23, individuals needed to be “fully engaged” in their own health and healthcare. The case for change was set out clearly. If we continue to deal with risk factors in a piecemeal way then the results will be minor. A systematic approach on an ‘industrial’ scale is needed to achieve a major shift. If not, the NHS will face an ever increasing, ever more costly, workload. NICE guidance explained that there are certain common episodes in most people’s lives that provide opportunities for significant behaviour and lifestyle change. Whilst all lifecourses are different, there are numerous opportunities for the NHS to help a person to stay healthy. Additional NICE guidance, particularly for interventions to reduce smoking and alcohol misuse, has confirmed the importance of brief interventions and advice. This has been summarised in “Prioritising Investments in Public Health” Dept of Health Oct 2008. Brief interventions for high risk drinkers in primary care are very effective. Brief advice from NHS professionals can make a difference in encouraging smokers to quit. The provision of drug therapies
for people who smoke are also known to be highly cost effective. Guidance on hypertension focuses on information, advice and motivation for individuals to make changes to their lifestyle. 

http://www.nice.org.uk/nicemedia/pdf/HypertensionGuide.pdf The cost of these brief interventions, across a range of risk factors – as part of ordinary service contacts – is a fraction of dealing with the consequences of smoking, alcohol misuse and being overweight/obese.

This evidence is taken from the Health Inequalities National Support Team’s, How to Develop a Health Gain Programme (HGP) for Frontline Staff to Address Lifestyle Issues. The guide is designed to make every contact with a health and social care professional a health promoting contact with clear advice, support and sign-posting to appropriate service to prevent illness or recurrence of illness”

**Background**

- The development of one-to-one interventions by frontline services that is supported by local leaders, links to engagement with local communities and maximises the impact of local partnerships, provides a systematic and scaled approach to the NICE public health guidance recommendation, ‘making every contact count’. Personal health interventions need to be developed alongside community health intervention to ensure optimal population health gain.

- NHS and health and social care providers are not systematically offering lifestyle support to all those who could benefit from it, and as a result the potential population health benefits are not being achieved. Only with system, scale and sustainable approaches will such activity contribute to measurable change and reduced mortality at population level.

- The potential for change is significant. The acute sector, for example, sees patients and relatives who are suffering the effects of ill health, which provides an excellent opportunity for seeking health information and advice to support their relatives while in a heightened state of health awareness. This puts the majority of these patients at their most receptive to health messages, and support for lifestyle change. Community health and social care services work with people in communities who have the poorest health and are some of the most vulnerable people in our society.

- Action in this area of work will support existing frontline workforce to help contribute to the Quality and Productivity Challenge (QIPP) by: transforming pathways, supporting commissioning for equality and efficiency, and improving provider efficiency and innovation (especially through secondary prevention and, over the longer term, through primary prevention).

- Engaging the population employed by the public sector in health gain will have a positive impact on population health. This will be achieved by not only raising awareness and positively influencing health behaviours of staff and their families but also by the provision of consistent frontline advice delivered by competent and confident staff to support health-seeking behaviour. This will only be achieved through empowerment of staff and implementation of change management approaches to workforce and organisational development.

- Addressing health gain with system and scale responds to the direction set out in the NHS White Paper, *Equity and Excellence: Liberating the NHS*. This outlines the importance of shared decision-making - ‘no decision about me without me’ - the partnership approach required between the public and the NHS. The Government’s objectives highlight reducing morbidity and mortality and improving outcomes for all. Health-seeking behaviour has an undisputed impact on health outcomes. This relationship between health-seeking behaviour, wellbeing and physiological risk is illustrated in figure 2.

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What should be included in local health gain work?

- smoking
- harmful alcohol use
- physical activity
- healthy eating
- falls prevention in older people

These behaviours have potential impact on mortality in the short term and influence on population level health outcomes.

The first four risk behaviours are common to cardiovascular disease, respiratory diseases and diseases of the endocrine system; they contribute significantly to excess and premature deaths, increased hospital episodes and length of hospital stay. Evidence of the impact of these behavioural/lifestyle issues on ill health, mortality and the NHS is outlined in Appendix 1.

As the programme of health gain develops, local areas may consider adding further public health issues, based on local priorities and service capacity:

- housing and debt
- mental health
- tuberculosis
- employment
- substance misuse
- sexual health
- flu/pneumococcal vaccination
- paediatric opportunistic vaccine uptake
- cancer screening uptake

These could be tailored to specific patient groups as part of a comprehensive programme of work within that clinical area. Providing frontline staff with core competencies in relation to behaviour change means they can apply the approach to a range of behaviours and issues.

There is overwhelming evidence that changing people’s health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. The Wanless report (Wanless 2004) outlined a position in the future in which levels of public engagement with health are high, and the use of preventive and primary care services are optimised, helping people to stay healthy... At present, there is no strategic approach to behaviour change across government, the NHS or other sectors, and many different models, methods and theories are being used in an uncoordinated way.

Identifying effective approaches and strategies that benefit the population as a whole will enable public health practitioners, volunteers and researchers to operate more effectively, and achieve more health benefits with the available resources.

- The Department of Health is setting up national workstreams aimed at making changes to the national policy framework to transform pathways, help commissioners to commission for quality and efficiency, improve provider efficiency, and innovation (especially widespread adoption of best practice) and prevention (in the medium term, especially through secondary prevention and, over the longer term, through primary prevention). These will be key enablers for achieving making every contact count.

- Analysis of All Age All Cause Mortality (AAACM) across England and Wales demonstrates ischemic heart disease as the leading cause of mortality in males (22% AAACM) and females (16% AAACM), followed by cerebrovascular disease (stroke) 8.7% for males and 12.6% for females, followed by lung cancer and respiratory disease respectively for males and females. These lifestyle factors are estimated to cost the NHS £10bn annually, society £37bn and cause 140,000 preventable deaths each year. Together smoking and alcohol cause 25% of the Disability Adjusted

3 ONS 2005
Life Years (a measure combining the years of life lost and years lived with disability) lost in the UK.

- **QIPP (Quality, Innovation, Productivity and Prevention):** The health system is responding to the challenge for the NHS to make around £20bn of efficiency savings by 2014-15, with the focus firmly on improving quality and efficiency simultaneously. It will be useful to present the costs and benefits of addressing prevention at a local level, to understand what contribution it can make to this challenge. Text Box 1 presents a resource pack to support local analysis of cost effectiveness of interventions for lifestyle issues.

**Smoking**

Around 8.5 million people in England smoke and half of are likely to die prematurely because of their habit. Smoking remains the single biggest cause of preventable death in the UK, killing over 80,000 people per in England alone. In addition, there are many hundreds of thousands of avoidable hospital admissions each year, costing the NHS billions of pounds. Smoking also significantly contribute to health inequalities between different socioeconomic and ethnic groups, and many more than any other identifiable factor, smoking contributes to the gap in healthy life expectancy between those most in need and those most advantaged.

Many health problems are linked directly to smoking, including cancers, cardiovascular disease and lung diseases, the exacerbation of which often results in hospitalisation. Furthermore, smoking increases the risk of postoperative complications and increased recovery time. Some benefits of the hospital inpatient quitting include:

- decreasing risk post surgical cardiac and respiratory complications
- less likely to need to be admitted to intensive care
- quick wound / fracture healing.
- quicker recovery and shorter period of time in hospital

The NICE guide recommends that all smokers should be advised to quit (unless there are exceptional circumstances), and that hospital clinicians should refer people who smoke to intensive support services such as NHS Stop Smoking Services.

_In Warwickshire although around 90% of the older population do not smoke this varies considerably across the County, with almost half of the Counties older smokers estimated to be in Nuneaton and Bedworth._

**Falls**

Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK and as such, the identification of those older people at high risk of falling and the provision of appropriate preventative services can have a significant population level impact on quality of life in the over 75 age group. Falls not only cause significant morbidity and mortality in this age group, but also result in a significant number of avoidable hospital admissions, and in many cases significant continuing care needs.

The NICE guide for the assessment and prevention of falls in older people recommends:

_Older people in contact with health care professional should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s._

_There are around 500 admissions each year for fractured neck of femur in Warwickshire. Rugby residents have the highest rates._

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4 Information Centre (2008)  
5 Based on Department of Health guidance (2009) Stop Smoking Interventions in Secondary Care  
6 Department of Health (2001) National Service Framework for Older People  
7 NICE (2004): http://www.nice.org.uk/CG21
Alcohol misuse

Around 10 million adults in England drink in excess of the Government’s recommended low risk guidance. This misuse is related to 48 medical conditions, including, for example, haemorrhage, stroke, diabetes, and hypertensive diseases. Table 1 within the NWPHO guide illustrates the increased risk to ill health. This increased risk has clear implications for premature mortality.

The estimated cost of alcohol misuse on the NHS, primary and secondary and emergency departments is currently around £2.7 billion a year, currently responsible for around 6% of all hospital admissions per year and increasing. For every £1 spent on intervention, £5 is saved by public sector. The most deprived people have four to fifteen times greater alcohol-specific mortality and up to ten times great alcohol-specific admissions to hospital.

The review of the effectiveness of screening and brief interventions carried out for the forthcoming NICE guidance on ‘Alcohol-use Disorders (prevention)’ identified evidence for “the positive impact of brief interventions for alcohol misuse on alcohol consumption, mortality, morbidity, alcohol related social consequences, and healthcare resource use”. It highlights that “Brief interventions were shown to be effective in both men and women”. Whilst the evidence presented in the effectiveness review was predominantly from primary care, concurring evidence from other healthcare settings was also found, suggesting that similar and similar effectiveness will be seen in acute and mental health trust settings.

In line with national trends, we have seen an increase in the number of older people in Warwickshire drinking. However the proportion of households with older people likely to be drinking more than 3 times a week is highest in the South, particularly in Stratford district.

Physical activity

The NICE Public Health Programme Development Group Report ‘Modelling to Assess the Effectiveness and Cost-effectiveness of Public Health Related Strategies and Interventions to Reduce Alcohol Attributable Harm in England’ (using the Sheffield Alcohol Policy Model version 2.0), highlights that all of the interventions, including brief interventions, are cost effective. The cost per QALY was between £20 and £440 before healthcare costs avoided are considered. Once these savings are factored into the economic model, ‘they result in quality of life participants and net costs savings to the health service: net costs saved per QALY gained vary from and net costs savings to the health service: net costs saved QALY gained from £750 to £3150’.

Less than a third of the older population (27%) undertake at least 30 minutes of moderate physical activity five times a week. The rate in the north is half of that in the South of the County.

Weight management

With almost 2/3 of adults and 1/3 of children in the UK, being overweight or obese, weight management has become a major health priority. The Government’s strategy document ‘Healthy Weight, Healthy Lives’ sets out the ambition to be “the first major nation to reverse the rising tide of obesity and overweight in the population”.

In 2010 an estimated 25,500 people in Warwickshire over 65 were thought to be obese, the number is expected to increase to more than 38,000 by 2030.

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9 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_102813
10 UKATT Research Team (2005)
12 “NICE Final draft of Report 2 Screen and Brief Interventions: Effectiveness Review p8 http://guidance.nice.org.uk/PHG/Wave15/1
NHS Local  
Every Contact Counts Web-based Learning - NHS Local

In addition to the healthy lifestyle brief intervention training, the Health Development Team is also investigating the possibility of linking into the national Every Contact Counts Web-based Learning Tool - NHS local for those individuals that would prefer to be trained this way. If is possible to utilise this tool those trainees will be followed up with local signposting information and evaluation.

Every Contact Counts is a web tool that will help people who work with the public get the knowledge, skills and confidence to have that "chat for change" - that short conversation that may just put someone on the first step to better health and wellbeing.

**Who is it for?**

Anyone who has contact with members of the general public – nurses, doctors, firemen and women, porters, receptionists, policemen and women etc.

Whoever you are and whatever your role, you have an opportunity to improve other people’s lives and help them to be healthier.

It’s not about being a specialist but about knowing what the basic health messages are and knowing where to signpost people onto for further support.

**How long will it take?**

This e-learning tool is fairly quick and easy....it will take about an hour and a half to complete

**How will it benefit me?**

You will know what the basic health messages are and you will know how to incorporate them in conversations...you can also apply them to yourself and your family and friends if needs be.

**Where can I find the web tool?**

Click on Every Contact Counts to find the tool on NHS local's e-learning platform.

http://nhslocal.nhs.uk/story/every-contact-counts
References

1 Yorkshire and Humber, (2012). http://www.yorksandhumber.nhs.uk/what_we_do/improving_the_health_of_the_population/making_every_contact_count/


5 East of England: NHS Prevention, Mott McDonald June 2010

6 (Delivering Healthy Ambitions Better for Less Making Every Contact Count, 2011)

7 Midlands and East Strategic Health Authority. Board Papers 24th November 2011 For Discussion, 2011

8 House of Lords Science and Technology’s Committee (2011) Report on Behaviour Change. TSO


