To: West Kent Health and Wellbeing Board, 20 December 2016

Report: Workforce and Making Every Contact Count (MECC)

# Summary

This report aims to do two things:

- 1 Provide an overview of how Health Education England, working across Kent, Surrey and Sussex (HEE KSS) is supporting the delivery of the Kent and Medway Sustainability and Transformation Plan (STP); and
- 2 Provide an overview of the Making Every Contact Count programme in the context of the prevention agenda.

### Part A - HEE Overview

## 1. Background

- a) In December 2015, the NHS planning guidance set out how every health and care system in England was to produce a multi-year Sustainability and Transformation Plan (STP) to show how local services will evolve and become sustainable, ultimately delivering the Five Year Forward View vision of better health, better care and improved NHS efficiency.
- b) In the guidance around the STPs, it was announced that Health Education England would establish 'Local Workforce Action Boards' (LWABs) with the aim of coordinating and supporting the workforce requirements of each STP 'Footprint'.
- c) In the area covered by Health Education England Kent, Surrey and Sussex (HEE KSS) there are three STP footprints:
  - i. Kent and Medway
  - ii. Sussex and East Surrey
  - iii. Surrey Heartlands
- d) Each STP footprint has a corresponding LWAB that is currently being established. Workforce is a key enabler for each STP and within the STP governance arrangements for Kent and Medway it has been identified as one of the work streams to take forward. The LWAB will support this work. Each LWAB is to be co-chaired by the Local Director of HEE KSS together with a senior lead from the footprint. In Kent and Medway, this is Philippa Spicer and Hazel Carpenter respectively. Its role will be to facilitate the development of workforce solutions to support the challenges in the footprint and to manage any investment from HEE which will enable the delivery of agreed priorities/implementation of the LWAB action plan.

# 2. Funding and Support

- a) An allocation of £1.3 million has been identified by HEE KSS to support the implementation of the LWAB action plan.
- b) HEE KSS has additionally allocated funding through Medway Council, to support public health work across the whole of KSS, primarily to deliver Making Every Contact Count (MECC). This is being reviewed alongside the needs of the STPs with Public Health and therefore should be targeted where STPs require. This year's funding was £480k.
- c) Funds have also been allocated to the Community Education Provider Networks (CEPNs). These funds are to provide a primary care focus, although the additional STP funding can be spent in a service area including additional funding into primary care.

CEPN Group	Funding
East Kent	£175,000
West Kent	£120,000
North Kent - DGS/Swale	£90,000
North Kent - Medway	£75,000
Total	£460,000

- d) Kent and Medway has already benefitted from £200,000 allocated to support the implementation of the recommendations of the Kent Health and Wellbeing Board Task and Finish Group.
- e) The funding above is in addition to this year's workforce development monies distributed to the system by HEE KSS. These are primarily delivered through the following Skills Development Strategy (SDS) programmes and Workforce Enabling Programmes:
  - Skills Development Strategy programmes:
    - i. Dementia
    - ii. Primary Care
    - iii. Emergency Care
    - iv. Children and Young People
    - v. Patient Safety (Human Factors)
    - vi. Intellectual Disabilities
    - vii. Mental Health
  - Workforce Enabling programmes:
    - viii. Technology Enhanced Learning
    - ix. Career Progression Bands 1-4
    - x. Integrated Education
    - xi. Public Health

#### Part B - STP: Workforce and Prevention

a) A whole system STP workforce group has been set up – in addition to the other STP work groups, e.g. prevention and mental health etc. The Workforce group consists of representatives from KCHFT, KMPT, KCC, universities, Health Education England and key medical and social care workforce leads including public health. The workgroup will tackle building resilience in the Kent and Medway workforce, including retention and recruitment. Other important issues that will be tackled will be current and future training needs, embedding prevention into core competencies and understanding new ways of working. The workgroup is currently focusing on a baseline mapping of workforce gaps and will report to the Programme Office of the STP.

### Part C - Making Every Contact Count

- a) MECC is an approach that aims to support public facing workers to "make every contact count" by using opportunities during routine contacts to support, encourage and enable people to consider healthy lifestyle behavioral change in order to help maintain or improve their mental / physical health and wellbeing.
- b) The MECC programme has four key elements and these are:
  - i. Organizational preparation;
  - ii. Skills development;
  - iii. Implementing MECC delivery;
  - iv. Evaluation.
- c) Within KSS, HEE provided funding to pilot MECC with six Spearhead sites that were initially recruited in early 2016 from a range of organizations including health, social care and housing in order to support delivery of key MECC activities. Early work across the region focused primarily on skills development and on designing a blended learning programme that could adequately meet the training needs of a diverse range of public facing workforces.
- d) A key part of developing the MECC blended learning programme was to map it to existing best practice frameworks such as NICE guidance<sup>12</sup>, NHS Yorkshire and Humber Prevention and Lifestyle Behaviour Change Framework<sup>3</sup> and National Occupational Standards.
- e) In June this year, the blended learning programme for MECC in KSS was finalized and consists of a three staged model:
  - Core competency an eLearning package for the acquisition of underpinning knowledge around MECC, healthy messages and an introduction to skills;

<sup>&</sup>lt;sup>1</sup> National Institute for Health and Care Excellence (NICE).Behaviour change at population, community and individual levels. London: NICE, <a href="http://guidance.nice.org.uk/PH006">http://guidance.nice.org.uk/PH006</a> (2007)

<sup>&</sup>lt;sup>2</sup> NICE Behaviour Change: Individual Approaches <a href="https://www.nice.org.uk/Guidance/PH49">https://www.nice.org.uk/Guidance/PH49</a> (2014)

<sup>&</sup>lt;sup>3</sup> NHS Yorkshire and the Humber. Prevention and lifestyle behaviour change competence framework. NHS Yorkshire and the Humber, <a href="http://www.makingeverycontactcount.co.uk">http://www.makingeverycontactcount.co.uk</a> (2010)

- ii. **Skilled competency** an ½ day face to face package for the acquisition of skills and confidence to undertake healthy conversations around health and wellbeing;
- iii. **Train the Trainer** A bespoke face to face training day that aims to develop future MECC Trainers in order to embed & sustain MECC within organizational structures.
- f) The core competency component of the blended learning programme has been developed as a 2-hour online learning package and is now available on the 'e-learning for health' portal.
- g) The skilled competency and train the trainer element of the above programme have already been commissioned and these are currently being delivered by an external training provider, Social Marketing Group (SMG). The ½ day skilled competency training is expected to reach 300 frontline staff by the end of January 2017 and a further 42 people will be trained as MECC Trainers by March 2017.
- h) Whilst the initial six MECC Spearheads have been progressing well in KSS the emergence of STPs and the need to re-focus efforts on prevention now requires additional longer term planning to ensure that MECC is aligned with local STP aims and objectives.
- i) For example, there are at least three key issues in delivering MECC across Kent and Medway and these are:
  - i. Harnessing targeted workforces e.g. 'housing sector';
  - ii. Industrializing preventative working across all sectors and scoping the training needed for this approach;
  - iii. Working with new ICO/MCPs in embedding a new culture of pro-active health and social care.
- j) Thus, as a way of addressing these issues in Kent and Medway future MECC roll out will incorporate the following:
  - Integration of MECC into the work of the Kent and Medway LWAB and other key STP groups looking at workforce in order to establish local workforce requirements;
  - Alignment of MECC with the work of Community Education Provider Networks (CEPNs) to support roll out within Primary Care;
  - Further Integration of MECC into training and educational programmes for NHS clinical and non-clinical staff;
  - Greater expansion of MECC into NHS settings such as acute care trusts, community health trusts (including mental health) and Primary Care;

- Greater alignment of MECC with existing initiatives and approaches within health and social care e.g. the Macmillan Care and Compassion Programme for Health Care Assistants.
- k) Across Kent and Medway, the above work will be led and supported by the Workforce group in the STP and involve HEE and public health as key coordinators. Additionally, all training providers and educational leads will be engaged with this work in time. The establishing of a public health Academy currently being set up across the London & KSS Deanery will also help with MECC implementation and training.

### Part D - Recommendations

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

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### **Appendices**

None

### **Background papers**

None.