





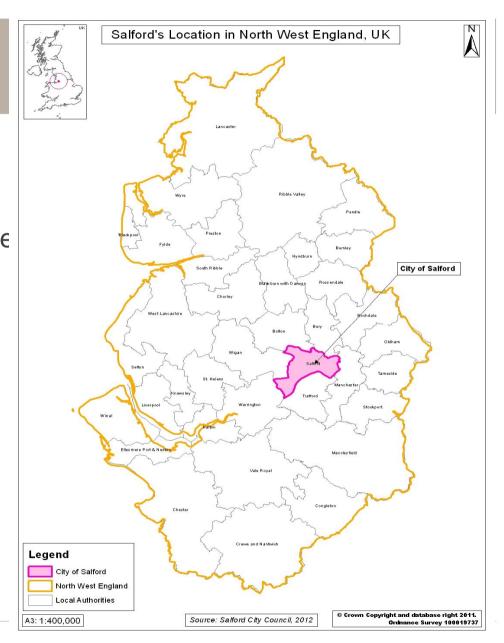




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### Salford?

deprivation - high life expectancy - for males 4yrs less than England average females 2.7 yrs with 10yrs variation across the city. 29.4% of children in poverty c/p to 20.9 England average unemployment 5.1% c/p 3.9% England average (2011) alcohol specific hospital admissions: males 2<sup>nd</sup> highest females 4th highest in England



# Why create this programme?

- Recommendations from Health
   Inequalities NST & Future Forum Report
- Evidence base that population level behaviour change interventions make a difference
- More of the same won't work for Salford –
   a step change is required
- Efficencies with more being done earlier



## The Aspiration:

The aim is to make and sustain a population shift in health and social wellbeing, through early engagement and support for people to change their own and their families' behaviour through engagement, low level early intervention, self care and brief interventions

# Key features

- City & system wide workforce development
- Large scale change
- Senior endorsement
- Consistent, sustainable, systematic
- Resourced
- Evidence based
- Adults, families & young people
- Behaviour change interventions that are generic, including lifestyles and influencing factors – housing, money, work etc.



#### wider determinants

housing

employment

welfare benefits & tax credits

money & debts



well-being

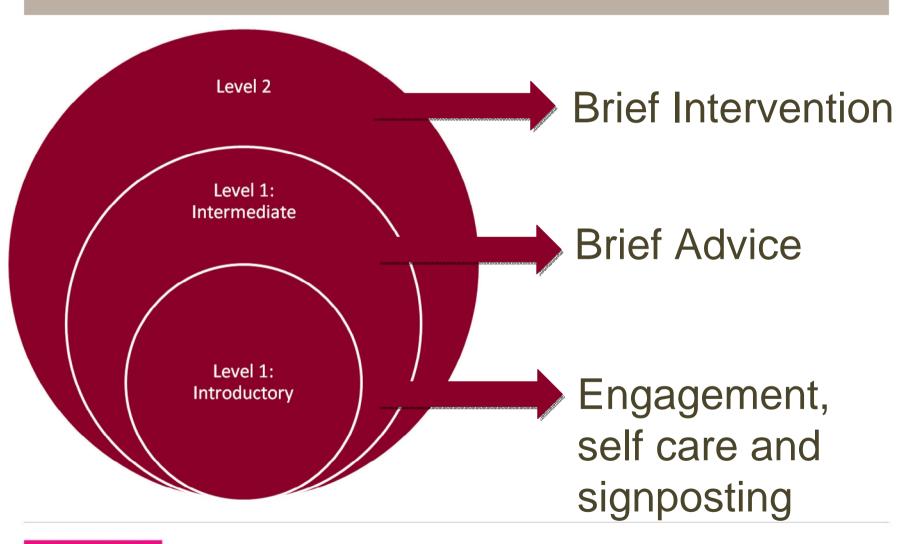
individuals, families & communities

### Development phase

- Alignment with local strategic plans
- Senior management engagement
- Stakeholder reference group
- Development of competencies and self assessment tool
- Commissioning of training provider, communications team, evaluation team
- Project management



#### 3 levels



# Elements of the programme

**Evaluation &** Workforce Communications Sustainability **Training Monitoring Progress** Marketing Self Assessment **Trained Trainers** reporting **Process & Training Pathway** Commissioning Website & Tools outcomes











Engagement

#### The who and how of engagement

- NHS Salford Exec Team / Hundreds Health; Salford City Council Cabinet; Salford's Strategic Partnership Board & Health & Wellbeing Board
- Salford Services [public and voluntary sector]: engagement events, site visits, support lead, service offer
- Stakeholders: involved in development and shaping of the programme – critical friend
- Frontline staff: communications toolkit, organisations communication plan, newsletters, video.











The Training Pathway

#### Key players

Service Lead Support: members of delivery team assigned to each organisation

**Service Lead**: implement the delivery of MECC within their organisation

**Line managers**: support staff to complete the training programme and help them to make every contact count core practice

**Front line staff**: to build on existing skills, promote self care and identified support

Workforce/ OD lead: to make MECC sustainable within own organisation

#### Key Steps

Step 1

Get ready – service offer / service lead

Step 2

Communicate

Step 3

Self assessment and training

Step 5

Delivery & support

Step 6

Embed into practice











Sustainability

#### Sustainability

- Agree principles of what will make MECC sustainable
- Legacy team of trained MECC trainers
- Include in contracts
- Cluster organisations with common features i.e vol sector, social enterprises, NHS providers, GM providers
- Provide a toolbox of support: modules for training, sample job descriptions, cues for appraisals,

#### Learning so far

- Development & delivery involved stakeholders in shaping programme, e.g. competencies, testing tools etc
- Winning hearts & minds vv commissioning (CQUIN)
- Phased role out
- Flexible to meet organisations need whilst keeping consistency
- Key messages on message?
- Right pace?
- On going revisions
- Delivery team & project management















Partners IN Salford

Making Every Contact Count in Salford

#### Engagement & Communication ?

- The MECC message is being heard city wide BUT
- Is there engagement within organisations
- Is there communication within organisations –
   i.e. uptake of tools
- Is there sufficient lead in time for organisations?
- Is the structure too complex?
- Are key people on message?



#### Measuring impact?

#### Outcomes for evaluation:

- for the city
- for organisations
- for end users

Efficiencies & savings



#### Sustainability

 What are the principles which might apply to making MECC sustainable within organisations?

What questions do we need to ask of services?

What tools might be needed?