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Gosport Borough Council

Evaluation: Making Every Contact Count Pilot



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EXECUTIVE SUMMARY

Making Every Contact Count is a large scale behaviour change intervention supported by the NHS and local government. It aims to develop workforces so they are able to contribute towards improving population health and reduce health inequalities. In 2014 the Health Education England - Wessex School of Public Health Team developed an implementation model for Making Every Contact Count for front line staff and, following a pilot involving front line staff from three different organisations, Gosport Borough Council approached Health Education England – Wessex Team regarding implementing Making Every Contact Count for their organisation.

In 2015 an independent evaluation of the pilot was commissioned to specifically assess the effectiveness of the following areas:

- The processes involved in piloting the Making Every Contact Count including; organisational readiness, staff resources and training
- Workforce development; the direct impact on staff skills, confidence, knowledge attitudes and behaviours
- The impact on staff and customers in relation to self-enablement and actions to achieve positive health outcomes

Key findings from the evaluation include

- The tools used by the Wessex pilots, some of which were adapted where appropriate for the Gosport pilot, were extremely helpful in capturing and measuring qualitative outcomes. However the results of the quantitative data were less significant, due to the small scale of the pilot.
- In particular, the Readiness to Implement tool helped to identify both barriers and actions to enabling a much wider roll out of Making Every Contact Count
- The pilot was successful in changing a culture and way of working for staff who would not normally associate their roles with improving health and wellbeing outcomes for customers

- The training in particular was an essential tool in up-skilling staff in the construction and use of Open Discovery Questions, which enabled them to initiate conversations relating to health and wellbeing with customers
- The skills, knowledge, confidence and attitude of the majority of staff who took part increased over the course of the pilot
- The pilot had a positive impact on the health and wellbeing of staff, their families and friends
- The pilot had a positive impact on some customers, although capturing this information was more challenging and indeed was not a key goal of the pilot

This report sets out how Gosport Borough Council's pilot evolved over its seven month lifespan, the effectiveness of the methods and resources used to upskill staff and the success of the tools used to capture their views and measure successful outcomes. It also highlights a number of additional positive outcomes for Gosport Borough Council and Health Education England - Wessex Team that were not specific to the original brief. For example

- Tools developed for Gosport helped to inform the Wessex Making Every Contact Count Guidance and Implementation Toolkit; the Readiness to Implement Tool formed the basis of the Wessex implementation guide that became the national resource.
- It influenced operational systems and practice; embedding a more empowering and enabling way of supporting customers with the development by the Older People's Support Services team of a new support plan template using Open Discovery Questions.
- It complemented other training and ways of working; Environmental Health Officers found a synergy between healthy conversations skills and their new person-focused model of service delivery.
- It highlighted new areas of staff development; identifying that mental health awareness training would enhance participants' knowledge and confidence, Mental Health First Aid (MHFA) Lite training was rolled out to the staff teams.

The results of this evaluation have been used to inform a set of recommendations for organisations who seek to roll out and embed Making Every Contact Count.

INTRODUCTION

In 2014 the Health Education England - Wessex Team developed an implementation model for Making Every Contact Count for front line staff. Following a pilot evaluation of the model within three different public organisations¹, Health Education England - Wessex Team together with Hampshire County Council sought to roll out a more widespread implementation across its workforce and support other organisations to adopt the approach. As part of this, Gosport Borough Council was approached to pilot the Making Every Contact Count, including 'Healthy Conversation Skills' training, to explore the feasibility of implementing Making Every Contact Count at a local authority district and borough level. Twenty two frontline service staff agreed to participate including Housing Officers, Older Persons' Support Officers and staff from Environmental Health Services. These teams were chosen because, with the nature of their roles, they have the potential to provide opportunities for conversations about health or 'healthy conversations', as part of their normal duties.

Making Every Contact Count Healthy Conversation Skills training was delivered by the Health Education England - Wessex Team in March 2015 and staff were provided with resources to enable them to signpost customers to other support services. These were developed by the lead officer at Gosport Borough Council acting as the Council's Making Every Contact Count champion (MECC champion). Participating staff completed monthly monitoring returns which were collected by the Council's MECC champion to see whether healthy conversations were taking place as a result of the training, and to monitor their effectiveness.

In April 2015, an independent evaluation of the pilot was commissioned. The purpose of the evaluation was to consider the feasibility of implementing Making Every Contact Count for Gosport Borough Council. The evaluation took place over a seven month period from end April 2015 to November 2015, with progress reviewed monthly by the pilot steering group.

¹ Wessex Making Every Contact Count Pilot: Evaluation Report, University Of Southampton June 2015

The evaluation focused on the following three objectives:

Process: An evaluation of the processes used to implement Making Every Contact Count, to understand how the project was implemented and to identify and understand the facilitators and barriers to upscaling the process across Gosport Borough Council.

Workforce Development: To evaluate the impact of Making Every Contact Count implementation on staff; on their skills, knowledge and confidence to discuss health related issues such as raising awareness and signposting.

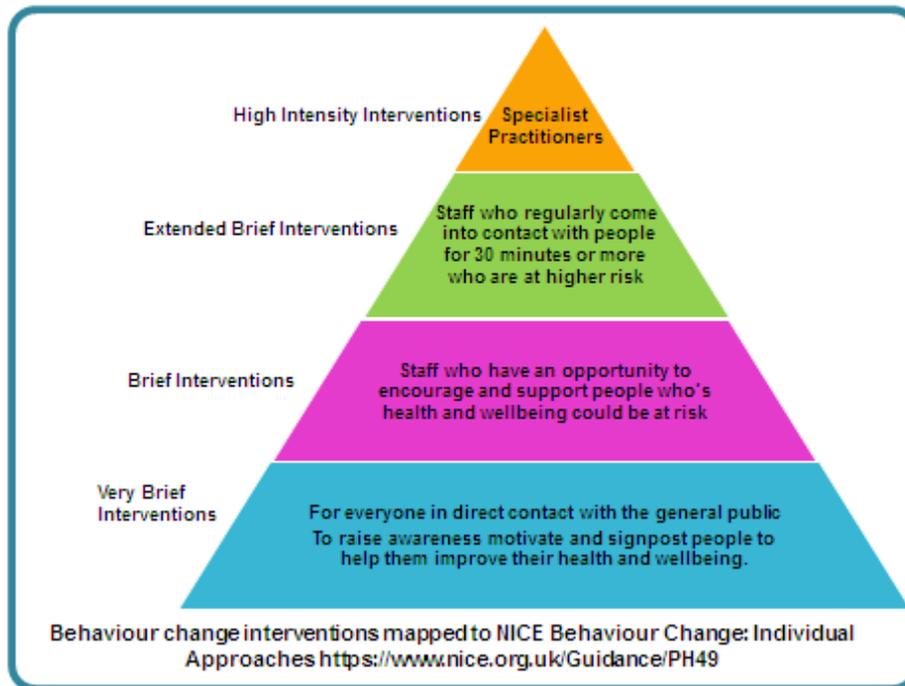
Impact Evaluation: Evaluate the impact of Making Every Contact Count on Gosport Borough Council customers and on staff in a *personal* capacity and the actions or steps they have taken to support their own health and wellbeing and that of people close to them.

This report explores the impact of the project on staff and on the people with whom they came into contact and the development of an organisational 'Readiness to Implement' tool. It includes key learning points and specific recommendations for an effective wider roll out of Making Every Contact Count in the future.

Making Every Contact Count

Based on the principle that every public facing organisation has the ability to improve the health and wellbeing of the people it works with, Making Every Contact Count is a large scale behaviour change intervention, supported by the NHS and local government, to develop the workforce so they are able to contribute towards improving population health and reduce health inequalities.

The extent to which an individual can make a difference however, will very much depend on their level of engagement with the public. This engagement can be very brief, or can fall within a range of brief to extended brief and from a range of intermediate to very high intensity as illustrated in the diagram below:



Making Every Contact Count seeks to up-skill front facing staff with the relevant and appropriate skills, knowledge and confidence to deliver a brief or a very brief intervention (NICE²) and, where relevant, signposting people they come into contact with. The ultimate aim is to help staff both to identify the right opportunity and then to maximise this opportunity to help people make healthier life style choices to achieve positive long-term behaviour change that can improve health and well-being.

The Local and National Drivers for implementing Making Every Contact Count

England has persistent inequalities in life expectancy and healthy life expectancy between communities and groups. It is estimated that the cost to the NHS of illness resulting from health inequality is well in excess of £5.5 billion per year, alongside between £20 and £32 million in lost taxes and higher welfare payments³.

² NICE Behaviour Change: Individual Approaches www.nice.org.uk/GuidancePH49

³ NHS England Website 2016

David Walker, Director of Public Health, NHS Midlands and East in his introduction to the NHS East Midlands Making Every Contact Count implementation toolkit⁴ stated that there is ‘increased pressure on organisations to reduce costs and increase quality and productivity.....services can no longer be focused on symptoms or single issues in isolation. There is a need for systemic change towards proactive prevention and a greater emphasis on addressing the wider determinants of health, such as education, housing or social environment. Treating people without identifying and changing what makes them unwell is costly to all involved’.

Health prevention and references to Making Every Contact Count have been made in a range of national policy documents including:

- The NHS Five Year Forward View: identifying the need to get serious about prevention for better health and a sustainable future for the national health service
- Public Health England, ‘From evidence into action: identifying opportunities to protect and improve the nation's health’
- NHS Health Education England’s Mandate 2014/15 which challenges local authorities to focus on ‘...preventing illness, with staff using every contact they have as an opportunity to help people stay in good health’
- The Local Government Association report ‘Making Every Contact Count: Taking every opportunity to improve health and wellbeing’ September 2014

Wessex Making Every Contact Count Pilot

Health Education England - Wessex Team undertook a pilot study across three sites, based on the Midlands & East Making Every Contact Count model⁴ with staff groups within the following three public sector organisations:

- Hampshire Hospitals NHS Trust
- Southern Health Foundation Trust
- Portsmouth City Council, Paulsgrove Area Housing Office

⁴ An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing NHS Midlands and East

The University of Southampton independently evaluated and reported on implementation across the three settings¹

The delivery of the pilot aimed to take an organisational development approach to the implementation focusing on:

- **Organisational Readiness:** Securing senior buy-in and board level sign-up to Making Every Contact Count in order to ensure strong leadership, to ensure systems are in place to support staff to deliver Making Every Contact Count and to report on the implementation and outcomes.
- **Staff Readiness:** Support to managers and service leads to champion and implement Making Every Contact Count, providing front line staff with a development programme that enables them to understand the principles and importance of Making Every Count and their role in its implementation.
- **Training:** The delivery of Making Every Contact Count Healthy Conversation Skills⁵ training to frontline staff, equipping them to deliver a brief intervention, explore issues, identify solutions and plan for change, and signpost to other services where necessary.

The pilot was not designed to assess the effects of Making Every Contact Count interventions on people's behaviour or health outcomes; rather they were to assess the feasibility of implementing Making Every Contact Count in different settings.

The tools that were developed for the original Wessex pilot were used as a basis for the Gosport pilot, but with some adaptations to ensure appropriateness for the Gosport setting and taking into account learning from the Wessex pilot (see methodology). For example one of the key learning points from the Wessex pilot was the need to provide information about local services. For Gosport, the Council's MECC champion developed a resource guide to support staff with signposting or providing information.

⁵Public Health England and Royal Society for Public Health: Healthy Conversations and the Allied Health Professions (Reference documents introducing Healthy conversations within the public sector)

What is a “Healthy Conversation”?

A “healthy” conversation suggests that the content of the discussion would be about fitness, well-being and all things that are good for your health; however the term “healthy” is also about the adoption of a beneficial or psychologically sound style of conversation: supporting someone in an empowering and positive way. A “healthy conversation” should support an individual to explore their own world/context, find the solutions from within and plan to make change⁶.

Healthy Conversations Skills - training to deliver Making Every Contact Count

Healthy Conversation Skills training aims to skill up staff to deliver ‘very brief’ or ‘brief’ intervention (NICE) (depending on the person’s role) for lifestyle behavioural change to empower people, particularly those from disadvantaged backgrounds, to reflect on and identify ways to improve their lifestyle behaviours such as their diet and levels of physical activity.

The original training was designed to address the barriers to changing health related behaviours among women with young children in Southampton. It has since been adapted to suit a wide range of people working in health and social care roles and has been evaluated and evidenced as an effective mechanism to equip people with the skills to implement Making Every Contact Count⁶.

The Healthy Conversation Skills training helps staff to develop the following skills⁶:

- **Use of Open Discovery Questions** – questions that usually start with “what” and “how”, rather than making suggestions or telling people what they should do. By doing this, trainees are able to explore the issues in a person’s own world in order to support them to find their own solutions and identify barriers to change; thus emphasising the power of listening.
- **Reflect on practice and conversations:** the training encourages discussion and reflection of current practice and follows a non-judgmental problem-solving approach which is designed to enhance trainees’ confidence in supporting

⁶ Wessex Making Every Contact Count Health Conversation Skills Training Manual

behaviour change.

- **Spend more time listening than giving information**
- **Use Open Discovery Questions to support someone to make a ‘SMARTER’ plan:** Specific, Measurable, Action-oriented, Realistic, Timed, Evaluated and Reviewed goal.

For more information see the Wessex implementation toolkit

<http://www.wessexphnetwork.org.uk/mecc.aspx>

Drivers for Gosport Borough Council

The health of people in Gosport is broadly similar to the England average, but there are significant health inequalities when compared to Hampshire-wide statistics. In particular, obesity and the proportion of people who are overweight is higher than the England average, with the effects of early childhood obesity particularly concerning. Smoking and harmful drinking levels in Gosport are higher than in other parts of the County and healthy eating levels are lower than the national average⁷. There is a rising ageing population and the burden of ill health in adults, and the “clustering” of unhealthy behaviours over time will impact on future demand for health and social care services, and for wider public and community services. The pilot was therefore seen as a way of embedding Making Every Contact Count practices and thus potentially helping to improve the health and wellbeing of Gosport residents, the Council staff and their families and friends.

⁷ Gosport Health & Wellbeing Partnership Action Plan – available on request from Gosport Borough Council

THE GOSPORT BOROUGH COUNCIL PILOT

A nominated lead officer at the Council was identified to act as the Making Every Contact Count champion (MECC champion) and implement Making Every Contact Count. The role included co-ordination of activity between external partners and different service teams within the Council.

Preparatory work prior to the implementation of the pilot included;

- Informal and formal briefings and discussions with relevant senior and middle level managers at Gosport Borough Council, with the dual aim of obtaining 'buy-in' and identifying which staff teams would be suitable
- Formal meetings with the Managers from both Housing and Environmental Health Units to agree details of the pilot
- Developing the evaluation specification and commissioning the evaluation in partnership with Health Education England - Wessex Team
- Discussions and negotiations with line managers on the detail and roll out of the training and the support their staff would require from them to apply the skills from the training
- Attendance at staff team meetings to brief staff on the pilot and respond to queries
- Establishment of a pilot steering group, membership of which included the lead officer, a representative from Health Education England - Wessex Team and the independent evaluator.

Further work undertaken by the Council's MECC champion during the course of the pilot included;

- Developing resources to support staff with providing information and signposting including; information on the Staff Intranet (Infonet) and links to relevant directories, a Visiting Officer sheet (resource directory) and printed bookmarks to hand out to customers
- Recording and reporting: Developing a monthly data record sheet and collating information from staff
- Sending monthly emails as a reminder for the information and speaking with

line managers on an ongoing basis as needed, reinforcing the requirement for record keeping

- Completing a Readiness to Implement Tool (Appendix 1) in liaison with relevant managers at Gosport Borough Council.

The Staff Teams:

Gosport decided to select whole staff teams to participate in order to increase evaluation opportunities whilst also helping to maximise:

- Training impact over time
- Knowledge sharing between colleagues (e.g. local resources)
- Confidence and motivation to apply Healthy Conversation Skills with customers.

Staff from these services have mixed frequency levels and types of contact with Council customers, from 'one-off' to more regular and planned contacts, up to and including established day-to-day contacts and relationships. The intention was to compare the benefits within the different front line staff teams and the appropriateness of these roles for Making Every Contact Count for the future.

Others who undertook the training included the Health and Wellbeing Partnerships Officer plus two Health Trainers. The Health Trainers were contracted by Hampshire County Council for the early stages of the pilot (March – August 2015), because of their role in prevention as well as the specialist knowledge and ability to refer people, which would support healthy conversations initiated by others in the pilot workforce.

These three staff teams totalled 22 staff members. Over the timescale of the pilot the numbers of staff taking part reduced from a total of 22 to 18 members of staff.

Making Every Contact Count Healthy Conversation Skills Training in Gosport

The training delivery plan in the Gosport Borough Council pilot was based on the Wessex pilot which included two half day training sessions usually one week apart. For Gosport, the second training session was delivered two months after session one. This was in order to reflect the demands and resource requirements

necessary for the frontline staff in the pilot cohort so that they could be freed-up from their normal customer facing commitments. The second session built on the skills learned during the first session, by focusing on the range of ways staff could apply it in the workplace.

Guides for all sessions and related activities were provided as handouts.

In order to assess how well the training had up-skilled and then improved attendees understanding of Open Discovery Questions over time, attendees were asked to complete training evaluation sheets before session one and again after session two. These incorporated four statements typically made by clients regarding diet, exercise, alcohol and smoking and attendees were asked to write down what they would say to clients in response to these statements:

- I need to lose weight, but I don't like vegetables
- I should cut down on my alcohol intake, but my partner likes to open a bottle
- I've lost count of the number of times I've tried to stop smoking - its hopeless
- I just don't seem to have time to do any exercise

GOSPORT PILOT EVALUATION METHODOLOGY

The evaluators used a range of methods to evaluate the pilot. The methods used, the rationale for each method and dates undertaken are set out in the section below.

Data Reviewed

The evaluators undertook a review of the following data sources and reports during the course of the pilot:

- The Wessex pilot outcomes and evaluation¹ in order to apply any key learning points to the Gosport pilot.
- 'Pre-Making Every Contact Count' questionnaire (Appendix 2), completed by 18 staff in March 2015, as used by the Wessex pilots
 - Questionnaires gathered data on factors including perceived importance of raising healthy conversations, knowledge of factors affecting health and lifestyle, motivation to initiate, confidence to have healthy conversations, and barriers to having healthy conversations with customers. These were used as a benchmark from which to measure changes on staff and customers over the course of the pilot
- First staff questionnaire (Appendix 3), adapted and extended from the Wessex pilot
 - Individuals were asked to score themselves against each question with the aim being to measure changes in confidence, importance, impact on lifestyles and barriers to holding healthy conversations. This was completed during 1:2:1 interviews with 18 staff in June 2015
- Monthly returns by staff recording occurrences of all healthy conversations with customers March – September.
- Facilitated final staff questionnaire September 2015: reviewed and updated from the Wessex pilot.
 - Initially, long term follow-up had been planned using a repeat of the first 1-2-1 interview process and supplemented by Staff Focus Groups. However, as the project developed, the pilot steering group agreed that a more practicable and productive methodology would be through a group workshop using a facilitated questionnaire (Appendix

4). The process involved a led discussion by the evaluators on key aspects of the questionnaire, with pauses in the process to allow participants to complete each section. 15 staff attended and completed this questionnaire

- A completed organisational 'Readiness to Implement Tool', undertaken by the Council's MECC champion in discussion with key team managers in November 2015
 - An Organisational Assessment Tool was developed for the Wessex pilot and found, by the Wessex evaluators, "useful for emphasising the importance of organisational issues for the successful implementation of MECC, and pinpointing areas of weakness with other aspects of the pilot, but was not found to be an acceptable planning or evaluation tool. It was too lengthy and onerous to complete¹". For the Gosport pilot a Readiness to Implement Tool was developed which asks pertinent questions to help prepare the organisation for Making Every Contact Count (Appendix 5). The Readiness to Implement Tool was developed by Health Education England – Wessex Team, and tested within the Gosport pilot.

Healthy Conversation Skills Training

May 2015: In addition the evaluators attended the second training session to experience the training and understand the initial impact of the Healthy Conversation Skills Training. 18 out of the original 22 staff members attended the training.

Group workshops and one to one meetings with staff

June 2015: Post-training 1-2-1 interviews (see above)

September 2015: Two facilitated workshops took place with a total of 15 staff members – see 'data reviewed' above

November 2015: Interview by the evaluator with the Council's MECC champion, based on her observations whilst completing the Readiness to Implement Tool.

Customer Feedback

A customer questionnaire was developed to understand the impact of, and attitudes to, council staff having 'healthy conversations' with them as users of council services. Pilot staff teams gave a postcard to customers with whom they had initiated a healthy conversation, inviting them to give their views about healthy conversations and offering a high street gift voucher as an incentive. Response was poor and very few postcards were returned - therefore other sources of information were used to assess the impact on customers' health. These included verbal feedback from staff at the workshops and case studies, compiled using feedback from the staff monthly returns.

EVALUATION RESULTS AND ANALYSIS

Findings from the evaluation are presented against the three key objectives, process evaluation, workforce development and impact on staff and customers. The results and additional unintended positive outcomes are detailed below.

Process Evaluation

The following tools and processes were evaluated to identify any issues with the pilot process and understand the barriers and opportunities for implementing Making Every Contact Count within the organisation. Processes evaluated included the Readiness to Implement tool, and the resources developed by the Council's MECC champion to support the pilot and the Healthy Conversations Skills training. Methods used included a review of the final completed Readiness to Implement tool, collation of staff views through interviews, workshops, questionnaires and observations. The process evaluation also identified a number of additional positive outcomes and these are detailed at the end of this section.

Organisational Readiness to Implement:

An analysis of the completed Readiness to Implement tool showed that:

- Making Every Contact Count fitted within the organisation's goals in terms of the priority of 'promoting health and wellbeing'
- Making Every Contact Count needs to be a shared goal across services
- The pilot raised awareness within the senior leadership team
- Further work is needed to build on the awareness and importance of the results of the pilot. This should include showcasing positive outcomes via case scenarios through briefings at all levels.

The Readiness to Implement tool was useful in identifying a range of follow up actions required prior to any wider roll out of Making Every Contact Count. This included:

- The need for a cross-service Steering Group to lead on the roll-out of Making Every Contact Count
- Key targets to be incorporated within the corporate performance reporting

systems

- Responsibility for ensuring the data is collected and collated should rest with each section head
- Learning from the pilot will help Gosport in identifying the most appropriate teams to roll out Making Every Contact Count more widely
- Staff should be involved in the roll-out from the outset to ensure success
- Monitoring with staff and ongoing support should take place via supervision, including discussions about barriers and opportunities
- Information about Making Every Contact Count should be continuous through a range of methods, for example, prompts within working environments and updates on the staff intranet (Infonet).

The Council's MECC champion during the 1-2-1 interview also identified:

- The need for continuity in order to maximise the investment and valuable learning from the pilot.
- That ongoing, senior level commitment will be crucial for the Council to positively impact on the health and wellbeing needs of Gosport residents and that only minimal additional resourcing is needed to achieve this.
- That viable and minimal cost training could be achieved through collaborative arrangements with other organisations planning to develop Making Every Contact Count
- As well as workforce training, rollout will require embedding of systems, for example, management support and ongoing data collection, monitoring and reporting, the latter being essential to provide information about longer term 'wider system' impact.
- The starting point for the successful rollout will be to promote the benefits to the senior leadership team through the learning and outcomes from this pilot.

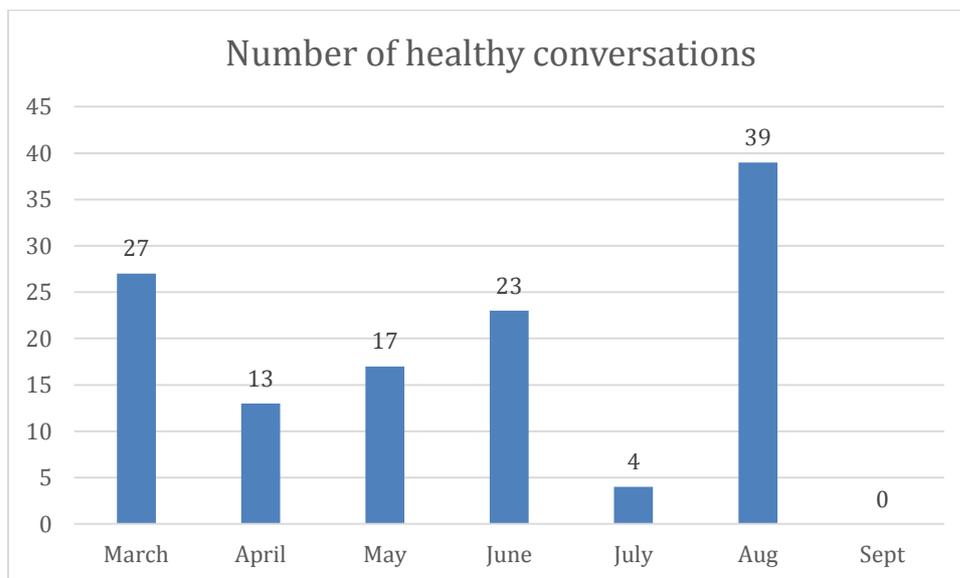
Analysis: The Readiness to Implement Tool was a useful and helpful tool in helping to identify

- barriers to rolling out Making Every Contact Count more widely
- the actions to overcome these barriers
- the resources required (see recommendations below)

Outcome reporting:

➤ Monthly Returns

Staff were asked to fill in monthly returns recording the number of healthy conversations taking place. Twenty six forms were returned during the course of the pilot. They showed a total of 124 healthy conversations.



Staff reflected within the final workshop that they did not always complete the returns; reasons included a lack of time to complete the returns, forgetting to complete them, or that conversations were not taking place at all due to lack of opportunity. Although the 26 returns showed that 124 healthy conversations took place, because not all monthly forms were completed or returned, it was not possible to quantify the actual numbers of healthy conversations that took place.

Analysis: The monthly returns failed to capture the total number of healthy conversations taking place during the course of the pilot. The result from the returns differed from the results of the questionnaire and verbal feedback in the final staff workshop, where it was clear that more healthy conversations did indeed take place. This suggests that this method was over-burdensome for staff and more efficient ways of collecting the data need to be considered.

Resources to support staff

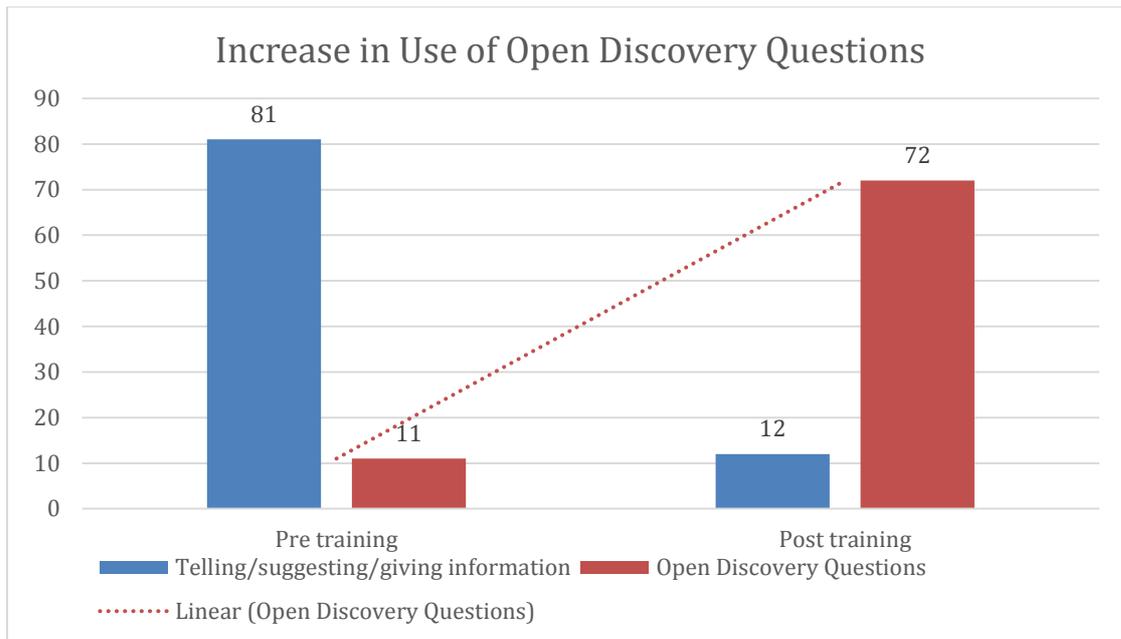
As already stated the Council's MECC champion had developed a local resource guide from which staff could contact and connect with a full range of local organisations. There was a difference of opinion amongst the staff teams in relation to knowledge of local resources, with some staff reflecting that the directory had been a very beneficial guide which they were able to use, whilst some staff still reported difficulties in knowing about local services.

Analysis: The directory was a useful resource guide for providing local information but it is important that information is regularly updated as more resources come to light and as new services are commissioned, de-commissioned or end. Staff need to be kept up to date on where the information can be found and receive ongoing opportunities to access and share information including (but not restricted to) staff team meetings, e-briefings via the intranet (Infonet) or by e-mail.

Healthy Conversations Skills Training evaluation sheets:

The training evaluation sheets completed by each attendee were used to evaluate the success of the training in up-skilling staff in constructing Open Discovery Questions. Staff were asked to respond to four statements that a person might typically make about a health issue. Analysis of these responses showed very positive findings. At the beginning of the first training session the number of Open Discovery Questions staff were able to compose totalled 11 compared to a total of 81 telling/suggesting/information giving statements.

Following the second training session the number of Open Discovery Questions provided by the attendees showed a 6 fold increase to 72 and the number of telling/suggesting/information giving statements reduced to 12 as shown below.



Training feedback:

In addition to the quantitative data above a good number of positive comments were fed back both on the completed questionnaires and in the final staff workshop session. For example, where staff had started to use 'Open Discovery Questions', they changed the wording they used or generally had stepped back to rethink their approach to raising issues with customers. For some staff this has had a very positive outcome, helped identify underlying health issues and/or helped to signpost people to relevant support agencies.

➤ Knowledge of factors that influence healthy lifestyles

Staff were asked in the first two questionnaires to rate their 'knowledge about factors that influence healthy lifestyles', and at the training itself they were asked to rate 'the usefulness of training in helping to support individuals make changes to their lifestyles'. The majority of respondents felt that the training had been useful in helping to support people to change their lifestyles, although there was a slight reduction over the course of the pilot in 'knowledge about factors that influence healthy lifestyles'. Verbal and questionnaire feedback however provides some insight into the longer term knowledge gains and increase in confidence for staff, for example:

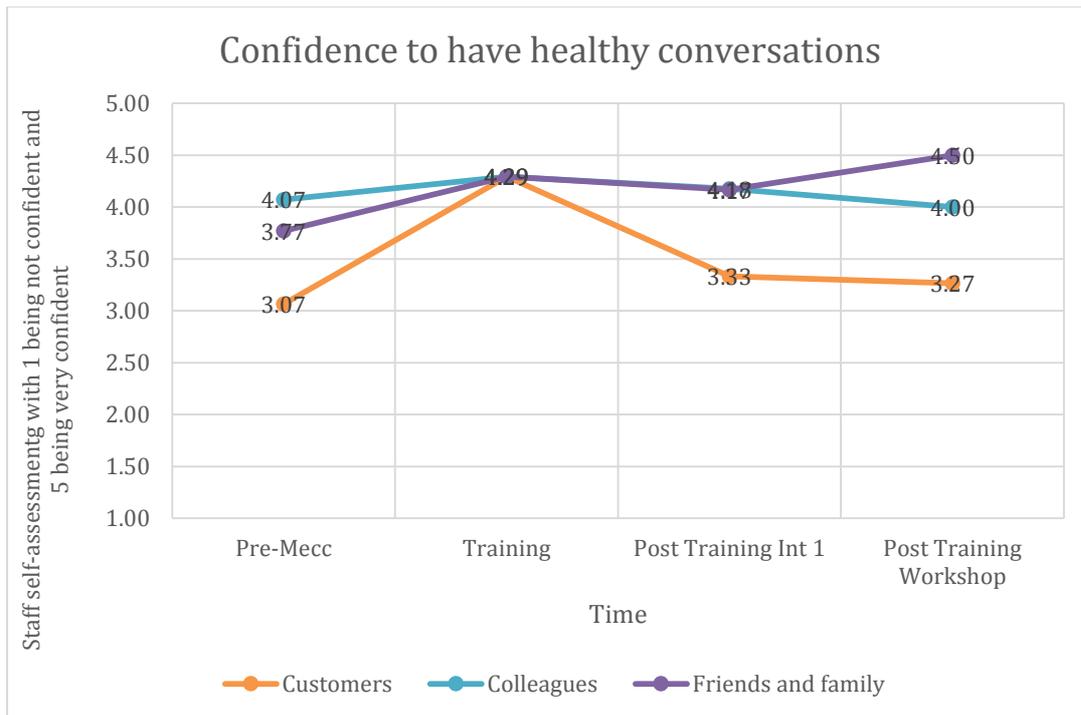
Training has *“provided more knowledge and confidence to have healthy conversations... but still feeling tentative with customers”*.

“Confidence increases with practice. It’s important to test it (healthy conversation skills) out. The more I do it, the more comfortable I will feel, as well as my knowledge of local services to refer people to”. And as a result “definitely more motivated...I was reactive, now proactive”. “I am practicing Healthy Conversational skills at home... but not with service users, so far.”

After a referral about a distressed client, on the day following the interview: *“I thought about it after, because reflection is something that Making Every Contact Count training teaches you... it’s useful... own lifestyle and that of family is increasingly important so Healthy Conversations keep happening”*.

➤ **Confidence to raise the subject of health/healthy conversations**

The amalgamated quantitative data from all three staff questionnaires showed a marked increase in confidence after the initial half day training sessions. The graph below shows how the confidence levels grew after the training, with the increased confidence in having conversations with customers particularly marked. However by the first interview, confidence to have conversations with customers had fallen, although confidence to have healthy conversations with colleagues and with family/friends maintained momentum. Indeed confidence to have healthy conversations with family and friends then increased again at second interview, while confidence with customers plateaued.



Analysis: These results suggest that the training did indeed meet the aims of up-skilling attendees and that the timing of the training was appropriate and, that as a result of the training, staff knowledge and their confidence to have healthy conversations increased.

Additional Positive Outcomes

- In developing a Readiness to Implement tool for Gosport, the Council’s MECC champion provided feedback to Health Education England – Wessex Team on using the tool; therefore making a positive contribution to the development of the Wessex Making Every Contact Count Implementation Guide, part of the Implementation Toolkit.
- The resource guide developed has been used as a template to help other areas build up their own local resource directory. This template has now been incorporated within the Health Education England Wessex Team’s Making Every Contact Count Implementation Toolkit⁸

⁸ <http://www.wessexphnetwork.org.uk/mecc>

- The Older Persons Support Officer team developed a revised support plan template using 'Open Discovery Questions'. This helped to embed a more empowering and enabling way of supporting customers.

- Environmental Health Officers found a continuing synergy between Healthy Conversation Skills training and the more person-focused, holistic model of service that Fareham Borough Council based officers had begun to deliver, and it supported the principles behind recent 'Vanguard Systems Thinking' training that they had attended. The approach is to start with an understanding of what matters to customers; it 'redefines the purpose from the customer's point of view and puts them at the heart of the processes we use to deliver them'⁹.

- Using skills from the Systems Thinking training and the Making Every Contact Count training, officers reflected that this enabled them to have conversations with customers in greater depth in relation to lifestyle and issues such as children's asthma, managing ventilation and heating and cooking. In one example, chronic hoarding had led to repeated visits due to safety and public health concerns and the officer was able to begin involving the customer in a discussion about lifestyle and positive lifestyle changes.

- During the follow-up training day, the Environmental Health Officers reported that although they were now working much more closely with customers to resolve issues, they hadn't been provided with any basic mental health awareness training, which meant they lacked confidence in this area. As a result of this and feedback from others, Mental Health First Aid (MHFA) Lite training was rolled out to the staff teams.

⁹ Fareham Borough Council: Annual Governance Statement 2014/15

Workforce Development:

The Gosport pilot used both quantitative and qualitative data to evaluate the impact on staff, however due to the small number of participants, the results from the quantitative data were found to be statistically insignificant. The qualitative data however provided some valuable insight and is summarised by theme.

As noted in the process evaluation section previously, measuring staff confidence and staff knowledge are also key factors when considering the impact on staff.

➤ **The Importance of holding healthy conversations.**

Quantitative data from the questionnaires showed that staff views on the importance of raising the subject of health or having healthy conversations actually reduced by the end of the pilot by about 10%. Variations within the teams showed an overall increase within the Older Persons Support Team and the Environmental Health Officers' Team, with reduction within the Housing Officer team.

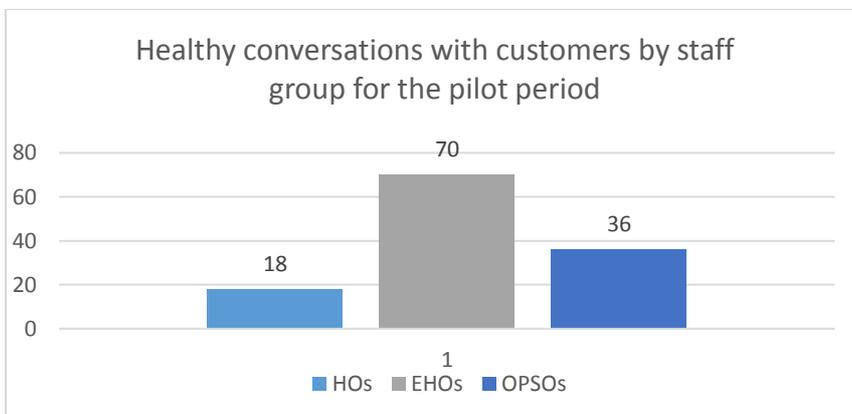
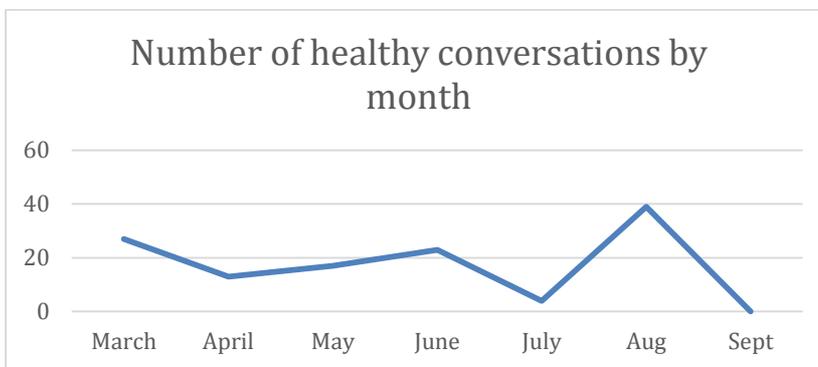
➤ **Motivation to hold healthy conversations**

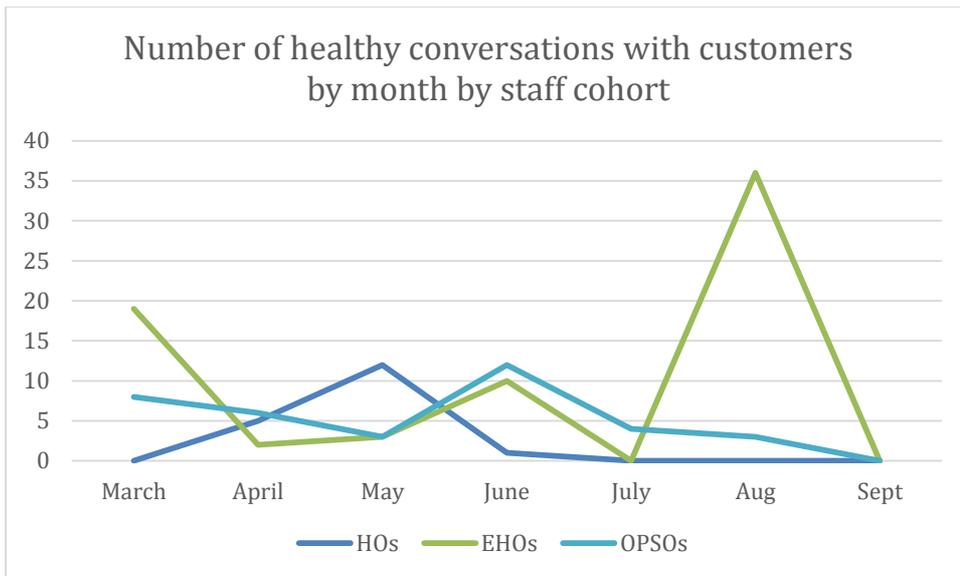
Questionnaire feedback showed an overall reduction in motivations to hold healthy conversations, but again with a variation between the staff teams; with a reduced motivation within the Housing Officer and Older Persons Support Officers' teams to hold healthy conversations with customers. However, there was a marked increase in motivation levels within the Environment Health team to hold healthy conversations with both customers and others.

➤ **Frequency of raising the topic of healthy lifestyles**

Quantitative data from the two post Making Every Contact Count questionnaires showed an initial increase in healthy conversations, with a small dip in month 2, but recovering again in months 3 and 4, before declining again, with a sharp decline in the last month. There was an *overall* reduction in the frequency of healthy conversations with customers over the seven month time period, but with different teams showing different frequencies. Covered elsewhere, staff reported that healthy conversations did continue even though completion of the forms did not take place; this means the September decline may be overstated. There was

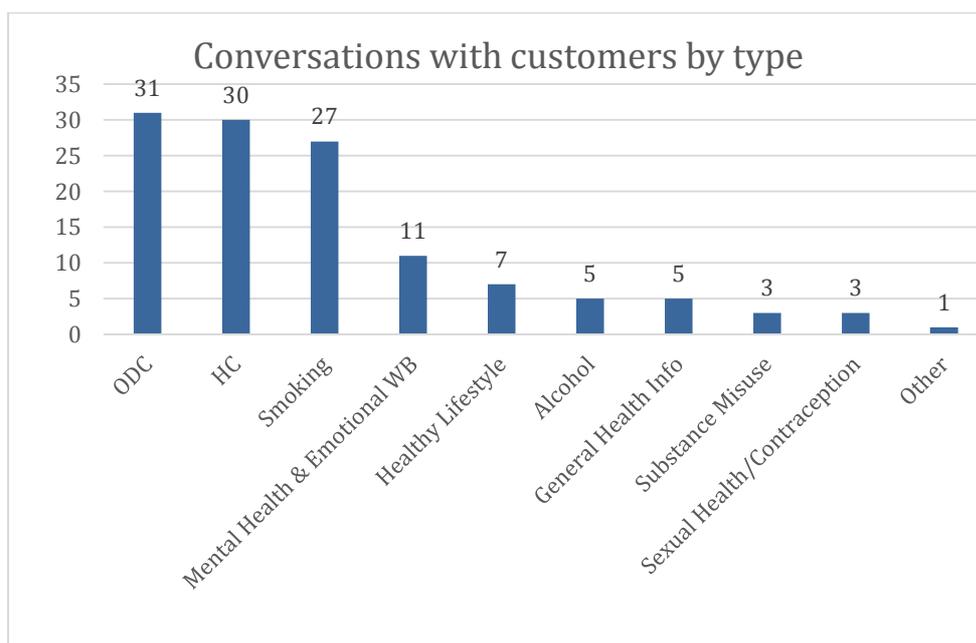
- a marked increase in frequency amongst Environmental Health Officers from 2 conversations with customers in April peaking at 36 in August
- a peak of 12 conversations in May which then reduced to 1 in June and then to zero across the Housing Officer team
- for the Older Persons Support Officers team a fluctuating picture across the period with a small reduction in the frequency of conversations with customers by the end of the period
- An increase across all cohorts in the number of healthy conversations had with colleagues, family and friends – see ‘Impact on staff, family and friends’.





➤ **Health Themes**

Data from the monthly reports from staff on frequency and topic of healthy conversations with customers showed that across all the staff teams, 124 conversations took place with customers. These show that alongside general conversations and Open Discovery Questions, the most common conversation held with customers were about smoking (27), followed by mental health, albeit with a much lower frequency (11). Seven healthy conversations took place about healthy living, 5 on alcohol and 3 on substance misuse and sexual health/contraception. These are broken down in the graph below.



The workshop and facilitated questionnaire also highlighted that in addition to the healthy conversations with customers, conversations also took place with colleagues, family and friends, prompted by their involvement with the pilot and this is described in further detail in the section 'Impact on Staff, families and friends'.

Analysis: The pilot evidenced a significant impact on the skills, confidence and knowledge of the staff who took part; however these factors together with the ability to practice newly learned skills following the training appears very much to depend on the level, frequency and type of interaction with customers:

Frequency: The Environmental Health Team for example, having just introduced a new system of working which requires greater interaction with individual members of the public, found synergies between Making Every Contact Count training and the training they had received to support their new way of working (Vanguard Systems Thinking Training).

Support v Enforcement: Other factors that may have impacted on the results are the individual's perception of their job priorities, for example the Housing Officers' role was described by participants as mainly 'enforcement' with limited opportunities for converting what is essentially a role of 'imposing sanctions' into positive conversations about health and wellbeing, although staff did recognise the links between improved health and wellbeing and reduced need for enforcement actions.

Conversely, as the Older Persons Support Officer team have, over a much longer period of time, built up a supportive relationship with customers, this facilitates the holding of conversations at a much earlier stage. Additionally, their interactions with customers tend to be of a supportive nature, which is a further positive precursor.

Momentum: In addition, whilst the Council's MECC champion kept close contact with pilot staff during the course of the pilot, the results suggest a reduced level of motivation and confidence over time, which have then resulted in the loss of momentum through the course of the pilot. The number of healthy conversations with customers increased after each set of training, reinforcing that ongoing support to staff in this new way of working is crucial to its success.

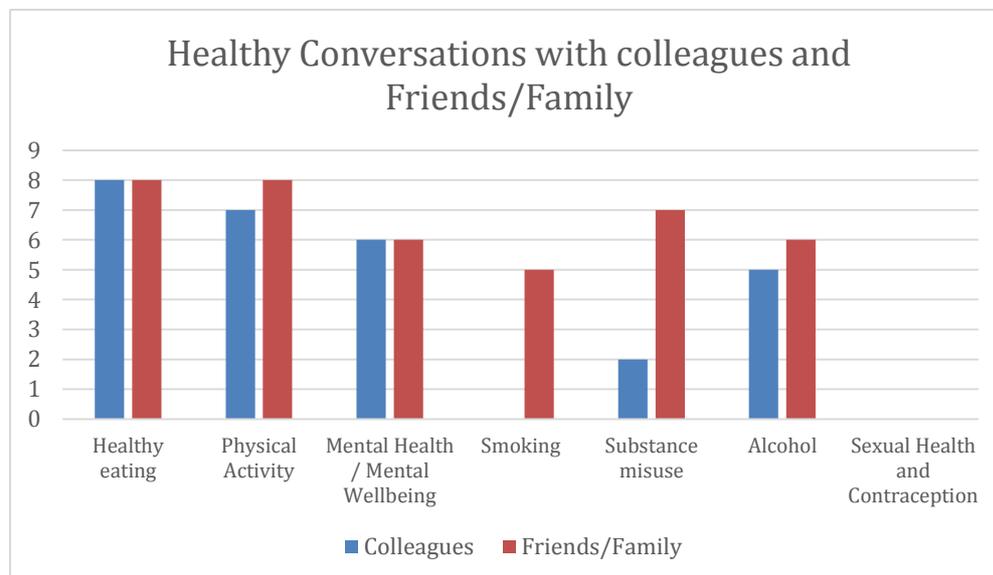
Impact Evaluation:

This section examines the impact Making Every Contact Count has had on Gosport customers and staff and identifies any actions or steps they have taken to support their own health and wellbeing.

Impact on Staff, families and friends:

Feedback from staff, from the case studies, from one to one meetings and from the final workshop, evidenced that more discussions about healthier lifestyles were also being held amongst the staff teams and with family and friends.

Responses from the questionnaires at the facilitated workshop evidenced additionally an increase in motivation to hold healthy conversations with colleagues, families and friends, particularly across the Housing Officer and the Environmental Health staff teams; during the workshop, staff identified some 68 conversations with colleagues (28) and friends/family (40), thus increasing by a further 50% the number of conversations that have happened as a result of the pilot. These are broken down in the graph below.



Additionally some staff have begun to make positive changes to their own lifestyles. Direct quotes from staff provide insight into these changing attitudes and the knock on effects for example:

“Having healthy conversations with customers are important and has become even more important with friends and family”.

‘... it’s useful... own lifestyle and that of family is increasingly important so Healthy Conversations keep happening.

One member of staff earlier in the pilot *“felt supported to change and would like to change”*. And later in the pilot stated improved lifestyle factors *‘being a bit more motivated; I have signed up to the gym’*.

One member of staff talked about *being aware of the “increasing numbers of people being diagnosed with diabetes”*

And as a result of talking about health and lifestyles - there appears to be a greater awareness of the effects of poor diets.

Impact on Customers

The pilot presented a challenge with regard to feedback from customers, with only two customers participating in the telephone interview. One of these customers revealed a positive health impact from the help and support of a council officer.

To supplement this however, seven case studies were collated during the pilot evidencing positive outcomes from using Healthy Conversation Skills. Although the pilot did not set out to measure the direct health outcomes for customers, the results do show how staff can support people to overcome barriers and help to motivate people to make healthy choices and changes in their lives.

Scenario A:

Description: I visited customer ‘A’ following neighbour complaints about noise Issues. Using healthy conversations skills I learnt that the mother had experienced a serious accident a number of years before and was still suffering mental health issues associated with this, which had affected her tolerance for noise and stress.

Actions: I provided information on local services to assist with her mental health issue and recommended a service for additional family support.

Change: Before receiving the training I wouldn’t not have had the confidence or skills to raise the subject of mental health.

Scenario B:

Description: I visited a fiercely independent gentleman who believes that if he accepts help then he is losing his independence. I suggested a referral to the sensory loss team to assist with visual and hearing loss but the gentleman refused to go.

Action taken: watched a colleague use Open Discovery Questions with him, which enabled him to explain more fully why he was resistant.

Change: Learning from the outcome of this incident – I understood the importance and impact of using Open Discovery Questions

Value of Signposting

Other feedback from staff shows how healthy conversation skills led to signposting people to the most appropriate services, which had a positive impact on their longer term health needs.

For example, in one instance, chronic hoarding behaviour was believed to be a mental ill-health matter affecting the person's safety (from rodent, pest and other infestations) and therefore their health and wellbeing. The confidence to use healthy conversation skills enabled the staff member to have a conversation and obtain the person's agreement to be signposted and referred on for specialist mental health support.

Analysis: Whilst it is clear from the results that Making Every Contact Count has had some impact on staff behaviour in relation to families/friends and colleagues and that there has been an impact on customer's behaviours, it was not possible and neither was it the aim of this pilot to measure the impact these conversations have had on people's longer term health outcomes. However, even across this short project, impact on customers has been evidenced. It is reasonable to expect that the skills learnt and processes that have changed as a result of the pilot (see Additional positive outcomes/Process Evaluation above), will have a positive impact on customers if they continue to be part of a new way of working for those teams.

CONCLUSIONS

Process Evaluation

For the Gosport Pilot, the aim was to use, adapt and develop the processes that had already been tried and tested within the Wessex pilot. However, as the Gosport pilot encompassed a much smaller cohort of staff it was the qualitative data that provided the more interesting results. The processes developed such as the Readiness to Implement tool, staff training, and staff resources, were extremely useful tools and proved fit for purpose in identifying existing and future actions for a wider roll out, as well as the resources required. Staff training and the timeliness of staff training was appropriate and effective in upskilling staff, to enable them to use Open Discovery Questions and raise topics about health and wellbeing. In addition there have been unintended positive outcomes from the pilot, which will contribute towards improved practice and health outcomes for customers both within Gosport and a much wider area.

The pilot results have shown that applying MECC practices within front line service delivery will differ considerably depending on people's roles. Whilst it is important to consider roles that can most effectively implement Making Every Contact Count in their everyday practices it is also important to embed MECC objectives within the wider organisation as a precursor to ensure longevity of the approach. MECC principles will need to be firmly established within organisational values, implemented through the development of high level actions for example by identifying key measures, thereby ensuring that the organisation can measure the value of the approach, its success and the impact on customers.

Workforce development:

The pilot has helped to identify the opportunities for Making Every Contact Count within three distinctly different staff roles with different sets of priorities. The quantitative data showed clear differences between teams in terms of confidence, knowledge and frequency of initiating healthy conversations. These differences were initially attributed to the different job roles of participants, which have varying levels and types of interaction with customers. However, the pilot has successfully

shown that it is possible to create a culture change within staff roles – roles that would not normally be equated with improving customer health and wellbeing. The results of the latter stages of the pilot indicated reduced levels of motivation and application and, whilst the Council's MECC champion kept close contact with pilot staff throughout, this loss of momentum could have been a result of the fact that Making Every Contact Count is not yet fully embedded within the organisation. Support from all tiers within the organisation will have a positive impact and help to raise the importance of Making Every Contact Count as a fundamental skill for front line staff.

Impact Evaluation

For the Gosport pilot, quantitative data on motivating and enabling customers to improve their health and wellbeing was largely inconclusive and so cannot be used as evidence of the impact on Making Every Contact Count. This was due to a combination of factors, most significantly the small number of responses from customers, and the lack of reporting by some staff.

However, the case studies and feedback from staff did evidence that staff found opportunities to put newly learnt skills into practice, as well as signposting people to appropriate support services and generally motivate people towards healthier lifestyles. This was a positive outcome of the pilot.

Feedback from staff from the full range of questionnaires, 1 to 1 meetings and the final workshop, suggest that some staff have begun to make changes to their own lifestyles through increased physical exercise, joining a local gym and losing weight, and discussions about healthier lifestyles were held amongst the staff teams during the pilot itself. In common with the Making Every Contact Count aims of empowerment and enablement, increased levels of self-directed action, as a result of greater knowledge, can lead to a gradual and positive effect over time.

RECOMMENDATIONS

Learning from the Gosport evaluation shows that rolling out Making Every Contact Count can have a powerful effect amongst staff teams and has led to the following recommendations.

Leadership:

- Establish a Steering Group to lead on the implementation of Making Every Contact Count
- Identify Making Every Contact Count champions, in particular people who have a degree of influence to help embed at all levels the theory and practice of Making Every Contact Count
- Increase awareness in staff teams: for example by establishing a corporate staff health information day and/or set of lunch time briefings
- Establish a project plan with key milestones and responsibilities identified
- This project plan should encompass three stages: Organisational preparatory work (awareness/training/reporting frameworks), implementation, monitoring and continuous review

Staff teams:

When identifying the staff teams for a future roll out of Making Every Contact Count the following should be considered.

- Front line facing staff who visit or meet customers in a public setting
- Balance of enforcement versus supportive roles/signposting roles
- Frequency of contact – one off contact or more regular contact with the latter likely to have a greater impact.
- Be sensitive to the timing of implementing Making Every Contact Count where teams are undergoing transition; consider the opportunities to build MECC into the transformation process Incorporate key competencies and skills within relevant job descriptions and person specifications

Tools for the Job:

- Identify an individual who has overall responsibility for updating and disseminating information about local resources

- Team meetings should include an agenda item “sharing information on local resources”
- Membership of the Steering Group and the Council’s MECC champions should receive appropriate training/up-skilling
- Establish a portfolio of key resources for staff such as those referenced within the Wessex toolkit⁸
- Simple to use recording and reporting tools must be designed to fit the organisation.

Measuring outcomes:

- Agree and establish performance indicators and a level of reporting that is proportionate to the job role including
 - Number of healthy conversations taking place
 - Signposting to other agencies
 - Feedback from customers, including where appropriate, the longer term impact on customers
- Incorporate Making Every Contact Count performance indicators within existing reporting frameworks
- Establish a clear reporting framework and clear lines of responsibility for actioning
- Within the reporting process ensure links with key policy drivers are explicit- for example integrated ways of working, the contribution of housing to health priorities
- Measure the impact on customers: using existing customer satisfaction routes, incorporating appropriate questions that measure impact of healthy conversations on customers

Training and awareness:

- Establish a continuing professional development (CPD) training programme for Making Every Contact Count across the Council workforce using a range of methods to ensure a flexible approach to learning and development to include face-to-face learning, peer learning, staff mentoring, e-learning and cascade training

- Consider MECC in the context of other training programmes to see where it could add value, link to or support other workforce development activity
- Ensure it is included in new staff's induction training
- Ongoing/refresher training

Ongoing staff support:

- Managers should ensure Making Every Contact Count is a regular agenda item in 1:1 sessions and team meetings
- Support to staff should be positive and pro-active
- Managers should have report back opportunities to the Steering Group that identify pressures and challenges in rolling out Making Every Contact Count and ensure continual learning

Promoting Every Contact Count:

- Establish a proactive and positive communications strategy including key decision makers e.g. elected members and directors; the strategy should explain and promote Making Every Contact Count, outlining why officers are having 'healthy conversations' when they are in contact with customers.

Appendix 1 - Readiness to Implement Tool

The engagement and support of organisations is key to enabling staff and services to be effective in Making Every Contact Count. Organisations have a vital role to play in the development and implementation of Making Every Contact Count by initiating change and transforming how services and staff interact with people.

This tool is designed to be used prior to implementation, to help you assess your organisations readiness to implement Making Every Contact Count. It will present a list of 'things to consider' which will support the development of an action plan, identifying the activities required to set up and embed Making Every Contact Count across the organisation.

Before completing the readiness to implement you should consider whether it should be considered in the context of the whole organisation or the teams and departments you plan to work with, or both.

Refer to the implementation toolkit to help you in answering the following questions. Your responses will form the basis of your action plan to implement Making Every Contact Count. Following the readiness to implement tool will allow you to be systematic in your approach to service and workforce development.

Strategic Fit & Organisational culture

It is important to build a culture and infrastructure that is supportive of health improvement. For Making Every Contact Count to be successful it needs to be embedded in the organisation's overall aims, the initiative needs to be integral to the vision and beliefs to improve health and wellbeing.

- What is your organisations vision?
- How does Making Every Contact Count fit the organisations goals? Is it clear? Are there shared goals?
- What are the benefits of Making Every Contact Count to organisation, team, staff and people you work with?

Refer to the presentation, policy context to map to your organisation.

Action Points:

Infrastructure - resources

There may be some practical considerations to take account of before progressing with implementation.

- What facilities and equipment is needed? E.g. Rooms, laptops etc.
- What is the physical areas where staff work like? Are there any barriers to holding healthy conversations?

Action points:

Senior Leadership Engagement and Support

Getting senior leadership on board is important. This can provide visible support to maximize on the promotion of health and wellbeing. Board level buy-in and sign up.

- Is the organisations senior leadership aware of Making Every Contact Count?
- Is there an opportunity to increase senior leadership involvement? How?

Refer to sample case study from the toolkit. Use communication tools.

Action Points:

MAKING EVERY CONTACT COUNT Team – project group, Champions or Project leads

Aim to take a team approach to implementing Making Every Contact Count. For it to be successfully embedded key individuals will need to be on board, people who are able to break down barriers and influence.

- Who is going to be responsible for leading the implementation of Making Every Contact Count?
- Who is involved in the implementation of Making Every Contact Count within the organisation and teams? Who are the key individuals, either from departments/teams or other relevant people who should be involved?
- Do you need a 'Making Every Contact Count team'? Is there a project group to support the implementation of Making Every Contact Count? If

not, could there be one with representation from senior and team leaders and the frontline workforce? Who should be on board?

- Who is planning and evaluating it and ensuring its sustainability?
- Who will be the Making Every Contact Count champions? How will you identify and engage them?
- Representation at Making Every Contact Count meetings, who will attend what?

Action points:

Team Leadership Engagement and Support

You will need to identify teams for implementation. It is essential that team leaders are highly involved as Making Every Contact Count is implemented. Their role is to support front line staff to make every contact count. Ensuring individuals are involved from the beginning of the process will maximize the opportunities to improve health and wellbeing.

- How will you recruiting teams/groups/departments? What criteria used to determine which teams are selected?
- How can staff be involved from the beginning to sustain the process?
- How can teams be engaged and empowered and their inside knowledge used to maximize opportunities to promote health and wellbeing?

Action points:

Frontline Staff

Including staff in the planning and implementation of MECC will help to identify potential challenges and develop ownership. “People own what they create”.

- Which staff/workforces/teams will be selected to deliver MECC?
- How can staff be involved from beginning? What can they do to support the process of implementing MECC?
 - Questionnaires for staff/suggestion boxes
 - Input into forms and systems/processes

How can staff have input into designing the process? How can they support with the identification and understanding of departmental pressures/barriers and the opportunities?

Action points:

Training

The workforce development element is essential for MECC to be taken forward. You will need to consider the practicalities of getting staff trained.

- When are the best days for the team for this to take place?
- Where and when and who and how?
- How will the train the trainer be rolled out?
- Who will become a trainer?
- What support is available to them?
- Training is flexible and can be tailored to the setting, do amendments need to be made?
- Refresher training – how will this be made accessible to staff?

Action points:

Systems and Processes

You will need to ensure systems and processes are in place to support implementation. To support the sustainability of MECC there are a number of actions which can take place to ensure activities continue after the initial training. To be able to support people to engage with healthy living messages staff must be supported to maintain momentum to make every contact count.

- How can staff be supported? regular team meeting agenda item? PDP/appraisals? staff updates/briefing sessions? Intranet? Newsletters?
- Activity and outcome monitoring – how will you know how many healthy conversations have taken place?
- How will you integrate monitoring forms? referral uptake feedback etc. into team systems?
- How will the referrals and signposting to other services be managed? How will you monitor these?
- Will MECC be an agenda item at team meetings? At one to one meetings with staff? How can support be made available to staff where required?
- Can MECC be written into organizational policies, processes and procedures?

- To embed MECC and for continuity when staff leave can all new staff be trained in MECC at induction?
- Can MECC be included in job descriptions and person specifications when recruiting new staff?

Action points:

Evaluation

It is important to plan the evaluation of MECC. Answering the following questions will help to plan your evaluation and assess its sustainability in practice.

- How will you know if the systems for monitoring progress are effective? (activity and outcome monitoring forms)
- How will you provide evidence of impact? Will you capture outcomes from patients/clients where possible? Feedback on uptake of referrals?
- Are there wider benefits beyond helping service users/patients/clients?
 - Staff health and wellbeing, staff sickness
 - Staff feedback
 - Cost savings monitoring of outcomes
 - Credibility of the benefits.
- Reporting/sharing benefits/findings with others - Who do you need to keep informed, of what and how?

Action points:

What Next?

- How will you further cascade MECC?
- Which other teams would take MECC forward?

Action points:

Appendix 2 – Pre MECC Questionnaire

Pre- MECC Questionnaire for Gosport Borough Council

Making Every Contact Count

You are being asked to complete this questionnaire so we can evaluate the implementation MECC, the impact of the Healthy Conversation Skills training and the potential benefits to both staff and clients. The information you give will be confidential and will not be linked with your name so please give answers that are as honest as possible

1. Have you had any previous training on how to promote healthy lifestyles?

(Please circle)

Yes	No
-----	----

If Yes, please tick all that apply

Alcohol	
Smoking	
Drugs	
Healthy eating	
Sexual Health	
Yes, Other training (please state)	

2. Have you received any information about Making Every Contact Count (MECC)?

Yes	No
-----	----

If yes, was this from (Please tick)

MECC briefing	
Other staff	
Other (if so how?)	

3. How important do you think it is for you to discuss healthy lifestyles?

1 (not at all Important) 2 3 4 5 (Very Important)

Service users/clients	1	2	3	4	5
Colleagues	1	2	3	4	5
Family or friends	1	2	3	4	5

4. How much do you feel you know about:

1 (nothing) 2 3 4 5 (a lot)

The factors that influence healthy lifestyles	1	2	3	4	5
The effectiveness of discussing healthy lifestyles	1	2	3	4	5

5. How confident do you feel about discussing healthy lifestyles with:

1 (very confident) 2 3 4 5 (not very confident)

Service users/clients	1	2	3	4	5
Colleagues	1	2	3	4	5
Family or friends	1	2	3	4	5

6. How motivated are you to discuss healthy lifestyles with:

1 (not at all) 2 3 4 5 (very motivated)

Service users/clients	1	2	3	4	5
Colleagues	1	2	3	4	5
Family or friends	1	2	3	4	5

7. How often CURRENTLY do you discuss healthy lifestyles with:

1 (never) 2 3 4 5 (at every contact)

Service users/clients	1	2	3	4	5
Colleagues	1	2	3	4	5
Family or friends	1	2	3	4	5

8. How often do you expect to be able to discuss healthy lifestyles with:

1 (never) 2 3 4 5 (at every contact)

Service users/clients	1	2	3	4	5
Colleagues	1	2	3	4	5
Family or friends	1	2	3	4	5

9. Is there anything that makes it more difficult for you to discuss healthy lifestyles

service organisation	
time	
clients' lack of interest	
facilities (e.g. lack of privacy)	
embarrassment	
recipients' lack of ability to sustain change	
clients belief that they have enough knowledge/ training	
My own lack of knowledge	
my own behaviour/ lifestyle	
Other (please state)	

10. Is there anything that makes it easier for you to discuss healthy lifestyles?

Service organisation	
time	
clients' interest	
client's knowledge	
facilities	
privacy	
my own confidence	
my own knowledge	
training received	
my own lifestyle	
Other (please state)	

11. How healthy is *your* current lifestyle?

1 (very healthy) 2 3 4 5 (very unhealthy)

1	2	3	4	5
---	---	---	---	---

12. What is the one thing you feel you can do to support the health and wellbeing of the people you come into contact with?

.....

.....

.....

.....

.....

.....

Do you have any other comments?

.....

.....

.....

.....

.....

.....

MANY THANKS FOR YOUR ASSISTANCE!

Appendix 3 – Staff Interview Questionnaire

GOSPORT BOROUGH COUNCIL WORKFORCE TRAINING PILOT

'MAKING EVERY CONTACT COUNT' FOR HEALTHY CONVERSATION TRAINING

INDEPENDENT EVALUATION PROJECT 2015

STAFF INTERVIEW QUESTIONNAIRE



Sitra, part of Homeless Link

Associate Consultants: Jonathan Crutchfield, Karen Patten

Your Initials	
Age Group	
<25	
25-34	
35-44	
45-54	
55-64	
65+	
Your main work location is	Select
Fareham Council Office	
Gosport Council Office	
Housing Scheme Based	
Community	
Your job role:	Select
Housing Officer	
Senior Housing Officer	
Older Persons Support Officer (Scheme Based)	
Older Persons Support Officer (Community Based)	
Senior Older Persons Support Officer	
Senior Environmental Health Technical Officer	
Environmental Health Technical Officer	
Senior Environmental Health Officer	
Contaminated Land Officer	

Environmental Health Officer	
Principal EHO	
What is the typical type of contact you have with customers	Tick One
One Off	
Occasional	
Short term intervention (up to 1 month)	
Medium Term Contact	
Long term contact	
Various	
Which is your highest academic / professional qualification	State type / level
No qualifications	
Professional Qualification. E.g. Nursing, teacher etc.	
GCSE / O Level	
NVQ	
'A Level	
BTEC	
HND	
HNC	
Bachelor Degree	
Postgraduate degree (Masters/ MD/ PhD)	
How long have you been in your current role?	

1 - 5 months	
6 - 11 months	
1 to <5 years	
5 to <10 years	
10 to <20 years	
20+years	
Did you attend MAKING EVERY CONTACT COUNT training on: 4th or 13th May	Yes / No
MAKING EVERY CONTACT COUNT - Session 1	
MAKING EVERY CONTACT COUNT - Session 2	
Did you complete the Pre MAKING EVERY CONTACT COUNT Training Questionnaire?	Yes / No
Has the training made you feel more or less confident to have a conversation about health?	Tick One
Much More	
A bit more	
About the Same	
Less	

How important do you now think it is for YOU to discuss healthy lifestyles with:	Scale 1 = Not important 5 = very important
Customers	
Colleagues	
Family or friends	
Others	
How much do you now know about	1 = Nothing 5 = A Lot
The factors that <u>influence</u> healthy lifestyles	
The <u>importance of discussing</u> healthy lifestyles	
How confident do you now feel about raising the subject of healthy lifestyles with	1 = Not at all 5 = Very
Customers	
Colleagues	
Family or friends	
Others	
How <u>motivated</u> do you now feel to raise the subject of healthy lifestyles with	1 = Not motivated 5 = Highly motivated
Customers	
Colleagues	
Family or friends	
Others	

<p>How <u>often</u> since the training do you raise the subject of healthy lifestyles with customers using Open Discovery Questions with</p>	<p>1 = Never 5 = Very often</p>
<p>Customers / Tenants</p>	
<p>Colleagues</p>	
<p>Family or friends</p>	
<p>Others</p>	
<p>How do you <u>record your use of</u> Open Discovery Questions when you've had a healthy conversation with someone?</p>	<p>Yes / No</p>
<p>Noted on current customer record</p>	
<p>Noted on other Council data record</p>	
<p>Noted on non-official record</p>	
<p>(State What that Record is)</p>	
<p>Have you made a healthcare referral (a) online</p>	
<p>(b) using a written referral</p>	
<p>Would you know if someone has taken action to adopt a healthier lifestyle or engaged with a service following a conversation with you?</p>	<p>Yes / No</p>
<p>If yes, how:</p>	

Which health matters have you signposted someone to following a conversation? (e.g. smoking cessation, substance misuse, healthy lifestyles)	
Did you use:	Yes No
Leaflets	
Intranet	
Website	
How do you rate the responses you get from using Open Discovery Questions?	1 – Very negative 5 = Very positive
Going forward, how often do you EXPECT to be able to have a ‘healthy conversation’ in the future:	1 = Never 5 = Very often
Customers	
Colleagues	
Family or friends	
Others	
Which of the following factors make it easier or harder to raise the subject of healthy lifestyles with customers?	Score 2 if easier 1 if harder 0 if not important
The type of service you provide	
The level of support you have to do it	

Time availability	
Customers' interest / knowledge of the subject	
Customers' attitude to change	
My work equipment / procedures / environment	
Access to privacy	
My confidence and knowledge of health matters	
My workload	
My own lifestyle	
Other	
Have you made changes to your own lifestyle since the training?	2 = Better 1 = Worse 0 = None
Do the people you work with have positive impact on your:	2 = Yes 1 = No 0 = Not important
health and wellbeing	
confidence (to have a healthy conversation with someone)	
self-esteem	
The people that you work with, generally interact well with	1 = Strongly disagree 5 = Strongly agree

Each other / other team members	
Our line manager	
Senior managers	
Do you feel your manager is supportive of you having healthy conversations with customers?	1 = Strongly disagree 5 = Strongly agree
Do you feel that the Council overall values the importance of raising healthy lifestyle conversations with its customers?	1 = Strongly disagree 5 = Strongly agree

Thank you.

Please email your form back to jonathan.jcconsulting@gmail.com

Appendix 4 - Final Pilot Questionnaire



GOSPORT BOROUGH COUNCIL WORKFORCE DEVELOPMENT PILOT Making Every Contact Count (MECC) Healthy Conversation Skills

FINAL PILOT STAFF QUESTIONNAIRE

Dear Colleague,

Your team has been taking part in the Making Every Contact Count (MECC) Healthy Conversation Skills (HCS) workforce development pilot.

MECC is an approach that supports the 'wider workforce' in making a contribution to the broader public health agenda, by delivering a 'very brief intervention' in their contacts with the public.

This pilot is being evaluated by Sitra. Evaluation activity with staff to date has included collecting monthly records and 1:1 interviews - this questionnaire is the final part of the data collection activity. Please note that your individual responses will be used anonymously.

Thank you for your assistance in this.

Jonathan Crutchfield, Karen Patten
Consultants

NB: MECC HCS = Making Every Contact Count (MECC) Healthy Conversation Skills

'Raising the subject of healthy lifestyles' means to mention OR discuss healthy lifestyles

1. Your Initials:

2. Your job role:(please tick)

Housing	
Environmental Health	
Older Persons Support	
Other	

3. Please indicate the training sessions that you attended: (please tick)

Session 1 (March)	
Session 2 (May)	

4. How helpful was the face to face MECC HCS training to enable you to raise the subject of health or healthy lifestyles? (please circle)

Very helpful	Quite helpful	Not helpful	Unhelpful	Very unhelpful
1	2	3	4	5

5. How much do you feel you know about the factors that influence healthy lifestyles? (please circle)

Nothing				A lot
1	2	3	4	5

6. How important do you feel it is for local authority staff to raise the subject of health/healthy lifestyles with customers? (please circle)

Not at all				A lot
1	2	3	4	5

7. How *confident* do you feel about raising the subject of health/healthy lifestyles with: (please circle)

Customers	Not at all Very
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	1 5	2	3	4	
Colleagues	Not at all Very	1 5	2	3	4
Family or friends	Not at all Very	1 5	2	3	4

8. How motivated are you to raise the subject of health/healthy lifestyles with: (please circle)

Customers	Not at all Very	1	2	3	4
		5			
Colleagues	Not at all Very	1	2	3	4
		5			
Family or friends	Not at all Very	1	2	3	4
		5			

9. How often, either since MECC HCS Training or currently, do you raise the subject of health/healthy lifestyles, or use MECC HCS with: (please circle)

Customers	Never	Rarely	Occasionally	Some of the time	Most of the time	All of the time
	1	2	3	4	5	6
Colleagues	Never	Rarely	Occasionally	Some of the time	Most of the time	All of the time
	1	2	3	4	5	6
Family or friends	Never	Rarely	Occasionally	Some of the time	Most of the time	All of the time
	1	2	3	4	5	6

10. Have you discussed any of the following in your conversations about health/healthy lifestyles? (please tick)

With customers	Healthy Eating	Physical Activity
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	<p>Substance Misuse</p> <p>Alcohol</p> <p>Mental Health/Mental Wellbeing</p>	<p>Smoking</p> <p>Sexual Health & Contraception</p>
With colleagues	<p>Healthy Eating</p> <p>Substance Misuse</p> <p>Alcohol</p> <p>Mental Health/Mental Wellbeing</p>	<p>Physical Activity</p> <p>Smoking</p> <p>Sexual Health & Contraception</p>
With family or friends	<p>Healthy Eating</p> <p>Substance Misuse</p> <p>Alcohol</p> <p>Mental Health/Mental Wellbeing</p>	<p>Physical Activity</p> <p>Smoking</p> <p>Sexual Health & Contraception</p>

11. Do you record that you have used MECC HCS with individual customers? If so, how? (please tick/provide comments)

Add record to online database	
Written record (e.g. support plan, tenancy visits, inspection notes)	
Submitted online referral to a service	
Submitted written referral to a service	
Other (please state)	

12. Do you know if someone has been referred to another service or referred themselves to a service following a conversation about health/healthy lifestyles? If so, how? (please tick/provide comments)

Recorded on online database	
Written record (e.g. support plan, tenancy visits, inspection notes)	
I can check with a service about a referral	
I can check verbally with the customer	
Other (please state)	

13. How do you rate the responses you get in general from raising the subject of health/healthy lifestyles with customers? (please circle)

Very positive 1	Quite positive 2	Indifferent 3	Quite negative 4	Very negative 5
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14. Is there anything that makes it easier for you to raise the subject of health/healthy lifestyles? (please tick all that apply)

Service organisation	
Time	

Customer interest	
Customer knowledge	
Customer attitudes to changing health behaviours	
Work facilities/equipment	
Work environment e.g. privacy	
My own confidence	
My own knowledge	
Training I have received	
My own lifestyle/behaviours	
Other (please state)	

15. Is there anything that makes it more difficult for you to raise the subject of health/healthy lifestyles? (please tick all that apply)

Service organisation	
Lack of time	
Time of day duties are undertaken	
Customer interest	
Customer knowledge	
Customer attitudes to changing health behaviours	
Work facilities/equipment	
Work environment e.g. privacy	
My own confidence	
My own knowledge	
Training I have received	
My own lifestyle/behaviours	

Barriers such as culture, age, gender	
Other (please state)	

16. How healthy do you feel your own current lifestyle is? (please circle)

Very unhealthy				Very healthy
1	2	3	4	5

17. Has your own lifestyle improved as a direct result of being trained in MECC HCS? (please circle)

Yes, has improved a lot	Yes, has improved a little	No	Stayed the same	No, has got worse
1	2	3	4	5

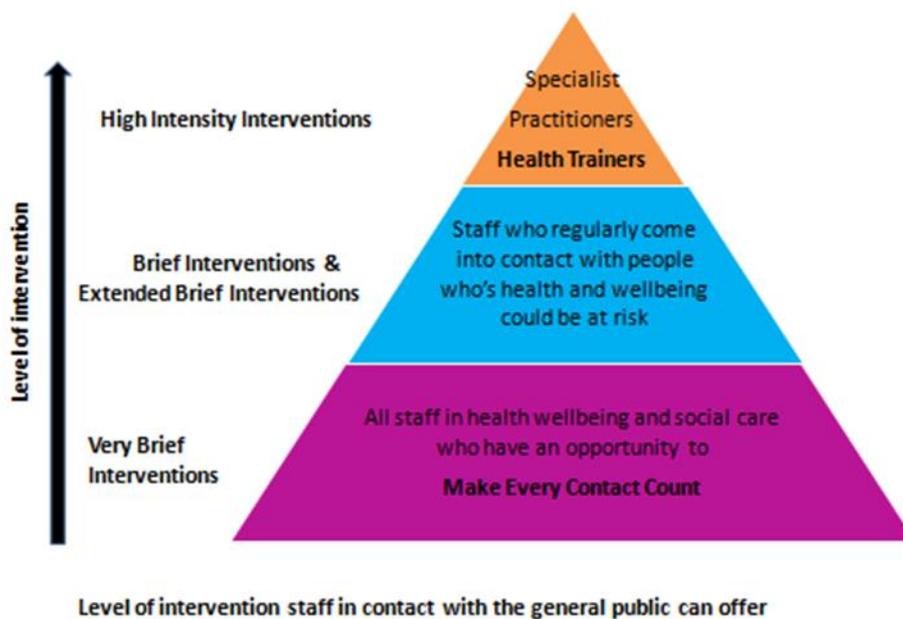
18. Are there any other indirect effects? Please provide comments

Appendix 5 – Staff Briefing Note

What is MECC?

Making Every Contact Count (MECC) is about supporting workforces to maximise on the public health opportunity they have with their regular contact with the public. Staff from a variety of organisation can make a difference to the health and wellbeing of the population by encouraging people to change behaviours that may be damaging to their health.

There are variations to how MECC has been delivered, and the level to which staff are trained.



For identified GBC staff, the level of training to be undertaken will fall within the 'very brief intervention' level and a specific programme has been developed around 'Healthy Conversations' skills.

Why should we do it?

The health of people in Gosport is generally similar to the England average, but there are significant health inequalities when compared to other parts of Hampshire.

- The proportion of adults that are overweight and obese is higher than the England average, and the proportion of children that are overweight and obese in Gosport are concerning (in 2012, 29% of adults and 18% of Yr 6 children were classified as obese).

- Smoking and harmful drinking levels in Gosport are higher than in other parts of the County (more than a quarter of adults smoke in Gosport).
- Healthy eating levels are lower than the national average.
- A rising ageing population, the burden of ill health in adults, and the “clustering” of unhealthy behaviours over time will impact on future demand for health and social care services, and wider public and community services.

MECC will assist by;

- Making a contribution to the wider public health message in encouraging a healthier lifestyle
- Enabling people to make a change by giving them the information to support themselves in doing so
- ‘Raising the issue’ through customer contact – many staff are in a unique position to influence health behaviours just by having a conversation

What does the training involve?

The training will be delivered by Health Education Wessex and will be one 3 hour session, and then a further follow up/support session 2-3 months later. Venue tbc but this is likely to be at GBC, subject to room availability.

The ‘Healthy Conversations Skills’ gained will include;

1. Using Open Discovery questions to help someone explore an issue
2. Reflecting on your practice and conversations
3. Spending more time listening than giving information or making suggestions
4. Using Open Discovery Questions to support someone to make a SMARTER plan (Specific, Measurable, Attainable, Realistic, Time, Evaluated, Reviewed)

How will we be supported to use the training?

Staff will receive resources to enable them to signpost effectively and with confidence. A ‘visiting officers’ signposting sheet will be provided so that officers can provide information to customers at the time that they have a conversation about health.

A follow up support session with the training provider will enable staff to reflect on their practice, discuss any concerns they might have about putting the training into practice, and share their learning experiences.