

Dyddiad y Cyfarfod / Date of Meeting: 16.11.17

Rhif yr Eitem / Item Number: 6

Teitl / Title: Cynnig Rhaglen Peilot Gwasanaethau Cyhoeddus Sir Gâr Gwneud i Bob Cyswllt Gyfrif / Carmarthenshire Public Services Making Every Contact Count Pilot Programme Proposal

I ystyried a sylwi ar y materion canlynol:

- Ystyried cynnwys yr adroddiad.
- Cefnogi cyflwyno'r cynllun peilot ar draws sefydliadau partner.
- Annog cyfranogiad a rhannu arfer dda.
- Clustnodi swm bychan o arian (oddeutu £1000 ar gyfer deunyddiau hyfforddi a lluniaeth) tuag at baratoi deunyddiau (megis cymorth cofio).
- Ystyried yr adroddiad diwedd rhaglen peilot a gwneud penderfyniad a dylid ymestyn y rhaglen yn bellach yn ddibynnol ar brofi'r cysyniad.

To consider and comment on the following issues:

- Consider the content of the report.
- Support the roll out of the pilot programme across partner organisations.
- Encourage participation and sharing of good practice.
- Allocate a small amount of funding (around £1000 for training materials and refreshments) towards the production of any materials required (such as aide memoires).
- Consider the end of pilot programme report and make decisions with regard to the wider roll out of the programme dependent upon proof of concept.

I Drafod	A oes angen penderfyniad: Oes
For Discussion	Decision required: Yes

Cynigwyd gan / Proposed by:

Ros Jervis, Cyfarwyddwr Iechyd Cyhoeddus, Bwrdd Iechyd Prifysgol Hywel Dda / Director of Public Health, Hywel Dda University Health Board



Carmarthenshire Public Services Making Every Contact Count Pilot Programme Proposal

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Publication/ Distribution:

• Members of the Public Sector MECC working group

- Public Services Board members
- Partners as required

Purpose and Summary of Document: The aim of this paper is to briefly summarise the Carmarthenshire Public Services Making Every Contact Count Pilot Project. It will also outline the steps that are required in order for a pilot programme to be rolled out and evaluated in partnership with key public sector partners.

1.0 AIM AND OBJECTIVES

Aim

- The aim of this paper is to give an overview of the Public Sector Making Every Contact Count (MECC) project from concept to delivery including an outline of the pilot and proposed evaluation protocol.

Objectives

- To summarise the background of the project and its development
- -To name the key partner organisations, both those already fully committed to the scheme and potential other partners
- -To detail a proposed action plan for advancing the project to a pilot phase
- -To describe the pilot programme, a potential evaluation protocol and the indicators based upon the needs of the partner organisations

2.0 BACKGROUND

Following discussion at the Public Services Board (PSB), a group of multi-agency officers have been working to identify opportunities to introduce the MECC approach across a number of public sector partner services. The group have set out to use the principles of MECC in a manner which is the first of its kind across Wales: public sector staff delivering each other's messages.

The project management group consists of Gwyneth Ayers (Carmarthenshire County Council, Chair), Dr. Gareth Morgan (Hywel Dda University Health Board), Jeremy Trew (Mid and West Wales Fire and Rescue Service), Inspector Richard Janas (Dyfed Powys Police), Christian Newman (Wales Ambulance Service Trust), Les James (Carmarthenshire County Council) and Craig Jones (Hywel Dda Public Health Team). Different combinations of the membership will act as the 'support team' to the roll out and evaluation of the project as appropriate.

MECC is an approach that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical health and well-being. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle and well-being information and enables individuals to engage in conversations about their health and well-being at scale across organisations and populations.

MECC can lead to improvements in people's health, reduce avoidable premature mortality linked to poor lifestyle choices, reduce health inequalities and help people better manage long term conditions. This is based on the theory underpinning MECC which says that brief intervention and motivational interviewing approaches have had an impact on such lifestyle choices as alcohol (1 in 8 alcohol conversations leads to positive change) and tobacco (1 in 20 tobacco conversations leads to a quit attempt) as well as statistics that tell us that for every 8 people who receive the influenza vaccination, 1 life is saved.

The initial view of the Carmarthenshire PSB was that there was scope and need to develop a local multi-agency MECC approach under the strategic priorities of the Fair and Safe Thematic Group. The theory suggests that early intervention in the form of the delivery of simple harm reduction messages and signposting to appropriate and timely help may prevent escalation of need. If this is deliverable at scale then this approach may reduce demand and future cost to the public sector. The project is therefore aimed at maximising existing contact with potentially at risk people and their carers with a focus on supporting personal resilience through:

The project is therefore aimed at maximising existing contact with potentially at risk people and their carers with a focus on supporting personal resilience through:

- Short brief intervention conversations to offer key messages and simple behaviour change advice
- Signposting (or potential referral) to relevant activities and services

Making more effective use of each contact will help participating organisations in the discharge of their responsibilities to safeguard the well-being of potentially at risk people. The programme will help demonstrate PSB commitment to *collaboration* and *prevention* — two of the five designated 'ways of working' under the Well-Being of Future Generations Act. It also supports the four main principles of the Social Services and Well-Being Act: voice and control; prevention and early intervention; well-being; and working together (co-production).

It is critical that the project does not introduce significant extra resource implications, though agreement will be needed in respect of slight modifications to working practices. The project will be delivered as part of normal practice, not as an additional element to routine interactions. Staff will also need to be released to undergo a MECC awareness briefing.

3.0 CORE MESSAGES AND PARTNER ORGANISATIONS

The key to ensuring the success of the project is public sector partners working together in partnership. Clarity of message supported by appropriate training is an essential element of the project being a success as is the full sign up by the various partner agencies.

A set of key messages have been developed by the partner organisations themselves and reflect themes and narrative that have the potential to have a positive outcome for clients and staff across all partner organisations. *Table 1* outlines the core messages agreed upon thus far in addition to other partner organisations who are still working to develop their messages. Other partner agencies are still working to develop their messages.

Table 1. Potential core messages to be delivered via the Public Services MECC project

PARTNER	THEME	MESSAGE
Dyfed Powys Police	Crime Prevention	Target hardening
		Target removal
		Removing the means to commit the
		crime
Welsh Ambulance Services Trust	Public Health	Cut it down (alcohol)

		Cut it out (Smoking)
		Talk about it (Falls)
Mid and West Wales Fire and	Fire and Home	Put it up (smoke alarm)
Rescue Services	Safety	
		Put it out (smoking in bed)
		Switch it off (kitchen appliances)
Public Health Wales	Vaccinations and	Vaccinations work
	screening	
		Check you eligibility for vaccinations
		Read your screening letters
Hywel Dda University Health Board	To be confirmed	To be confirmed
Carmarthenshire County Council	Home Safety Issues	Use Careline
(Housing)		
		Consider condensation and damp
		Safeguard vulnerable people
Carmarthenshire County Council	To be confirmed	To be confirmed
(Education and Children)		
Carmarthenshire County Council (Integrated Services)	To be confirmed	To be confirmed

In addition to the themes listed above and those themes yet to be confirmed, there is also the scope for 'time appropriate or topical' key messages to be delivered on a month by month basis. These would include emphasis on flu vaccinations during flu season, drink drive messages around the Christmas and summer months, additional fire safety messages in the run up to bonfire night as well as health messages during annual campaigns like No Smoking Day or Dry January. This would link with the theme emerging from the draft Carmarthenshire Well-Being Plan on coordinated campaigns.

The project has comprehensive support within the public sector organisations of Carmarthenshire and *Table 2* shows those already signed up and those with potential to join the scheme.

Table 2. Partner organisations and key staff groups involved in the project

PARTNER	SPECIFIC STAFF GROUP	STATUS
Dyfed Powys Police	Neighbourhood Policing Teams	Committed
Dyfed Powys Police	Call handling staff	Committed
Welsh Ambulance Services Trust	Non- Emergency transport	Committed
Carmarthenshire County Council	Housing officers and tenancy support	Committed
Hywel Dda University Health Board	Carers service staff	Committed
Mid and West Wales Fire Service	Community Safety Teams	Committed
Public Health Wales	Hywel Dda Public Health Team	Committed
Mid and West Wales Fire Service	Training department	In principle
Dyfed Powys Police	Training department	In principle
Carmarthenshire County Council	Carers service staff	In principle
Carmarthenshire County Council	Leisure staff (NERS + others)	In principle
Carmarthenshire County Council	IAA staff	In principle
Carmarthenshire County Council	Domiciliary care staff	In principle
Carmarthenshire County Council	Public protection staff	In principle
Hywel Dda University Health Board	CRT staff	In principle

Further organisations such as Care and Repair and Shelter Cymru have also committed to supporting the project and will be expecting more signposting in their direction from public sector staff. It is likely that with time a wider group of partners may wish to join the partnership, especially with regard to extending the number of local authority departments engaged.

4.0 PILOT PROGRAMME AND EVALUATION PROTOCOL

In order to demonstrate proof of concept it is proposed to deliver a pilot of the project including a small sample of participants from each partner organisation. Whilst it is difficult to ascertain the direct impact of the project on a short term basis, it is hoped that the pilot, by employing methods of quantitative and qualitative data collection, will demonstrate that key and relevant messages delivered by public sector staff have a resonance with their clients and can have a positive outcome on health and well being.

The approach to evaluation will involve the use of 'natural evidence' – evidence that occurs on a day to day basis without further questioning or additional notation. It is information that which can be readily corralled as part of everyday practice. Data would be aggregated ensuring the anonymity of the recipients of advice and support. Making sure that data protection is of the utmost importance during the pilot stage is key to making sure ethical approval will not need to be formally sought in the first instance.

It is proposed that each of the partner organisations nominated five members of staff who currently work in the same team (in order to encourage peer support) and who express an interest in the project to be part of the first training cohort. The key factors for the selection and recruitment of staff will be that they are front line and interact with the public on a daily basis and that they themselves see the key role they could play in signposting to agencies and services outside of their usual area of work in order to influence positive behaviour change. There will no cost implication other than the committed staff time. This will include the time the nominated individuals give up from their regular role to attend training and the follow up sessions. There is still an opportunity cost to consider as the practitioners involved will have to be allowed the time away from their regular duties to participate in the training and the follow up.

The first cohort (which could contain as many as 30 different staff members) will be trained by Public Health Wales to deliver the Public Services MECC messages as detailed in section 3.0 of this paper. To give an example of the potential impact of the scheme, 5 staff members from the Welsh Ambulances Service Trust would interact with hundreds of members of the public over a three month period of the pilot programme delivery. It is estimated that the training will take approximately two hours. There will be further flexible engagement over the following three months as detailed in Table 3 which outlines the full commitment required from staff and partners.

During and outside of these support sessions, the staff members will be asked to keep an informal record of:

- How many interactions they have with members of the public
- How many times they engaged using the MECC approach

 How many times they signposted/ referred the person on to a specialist agency/ partner

Additionally, any anecdotes or qualitative information that the practitioners can pass onto the support team will be gathered as evidence to support the qualitative data. We will not be asking staff to keep detailed records of interactions as this may breach data protection protocols for that particular partner. However, by being able to have a reasonably accurate proportion of times that a MECC conversation took place along with a good idea of how many times this moved on to the sharing of further information, then it will give the support team a good indication of the potential for the project in the longer term.

Although we will not be able to make any direct calculations on either time or financial implications of the conversations, the pilot will at least inform us of the number of opportunities that exist for such interactions and if we make some assumptions (for example, we won't know for sure that advice given around the Dyfed Powys Police message of 'target hardening' will actually result in one less theft, but if it did, what would the time and cost saving to the police have been?) then we could, via explicit and reasonable assumptions, give an estimated value to what the pilot project has delivered. This outcome will be compared to the opportunity cost implications of people having been freed up to attend training and evaluation follow up sessions. We will also be able to gauge from the practitioners whether they feel their interaction with their client has been more productive based on them being able to offer a wider range of help and support without it distracting from their key role.

Table 3. Requested commitments from partner organisations

	Activity	Commitment
1	Release 5 or 6 staff to attend the PSB MECC training course	2 hours
2	Further release staff for evaluation conversations	Intermittent over a three month period, maximum of twice per month
3	Staff to be encouraged to engage with the public using the MECC methodology as a matter of their daily interactions	Minimal intrusion upon staff time
4	Staff to be given time to collate general figures in regard to MECC engagement	Minimal intrusion upon staff time
5	Staff and manages to engage with final collation of the final report	2 hours

It is planned to deliver the training course in early January 2018 and to evaluate the process through January, February and March and to produce a report by the end of April 2018 on the outcomes of the pilot. It is important to note that aspects of the evaluation protocol have been derived from the all-Wales 'Evaluation Framework for making Every Contact Count in Wales 2017' to allow comparison with similar programmes across Wales.

Much of the partnership generation has already been achieved by the PSB and the MECC approach will benefit from those already established relationships. A key ongoing and future development will be to acquire a complete commitment to addressing each other's issues and releasing staff to attend training in order for each partner to understand and be able to deliver each other's core messages.

5.0 CONCLUSIONS AND RECOMMENDATIONS

The Public Services MECC Project has the potential to save both time and money. There is the additionality of the public sector workforce having a greater understanding of each others' roles and being able to deliver a more holistic service to the public via the shared messages. Conversations of this nature take place already and what the project aims to do is to inform these conversations with simple and consistent messages that can be used by the public in a positive way.

Therefore we would like to ask the PSB to consider:

- Supporting the roll out of the pilot programme across partner organisations
- Encourage participation and sharing of good practice
- Allocate a small amount of funding (around £1000 for training materials and refreshments) towards the production of any materials required (such as aide memoires)
- Consider the end of pilot programme report and make decisions with regard to the wider roll out of the programme dependent upon proof of concept.