



<b>Dyddiad y Cyfarfod / Date of Meeting: 14.01.2019</b>	
<b>Rhif yr Eitem / Item Number: 5</b>	
<b>Teitl / Title: 'Gwneud i Bob Cyswllt Gyfrif' – gwerthusiad peilot / 'Making Every Contact Count' – pilot evaluation</b>	
<p><b>I ystyried a sylwi ar y materion canlynol:</b></p> <ol style="list-style-type: none"> <li>1. Bod y BGC yn nodi'r cynnydd a wnaed hyd yn hyn ar y prosiect.</li> <li>2. Bod y BGC yn ystyried ac yn cymeradwyo'r argymhellion, gan gynnwys ffordd ymlaen o ran cyflwyno'r hyfforddiant yn y dyfodol.</li> </ol> <p><b>To consider and comment on the following issues:</b></p> <ol style="list-style-type: none"> <li>1. That the PSB notes the progress made to date on the project.</li> <li>2. That the PSB considers and endorses the recommendations, including a way forward in terms of the future delivery of the training.</li> </ol>	
<b>I Draffod</b> <b>For Discussion</b>	<b>A oes angen penderfyniad: Oes</b> <b>Decision required: Yes</b>
<p><b>Cynigwyd gan / Proposed by:</b></p> <p>Craig Jones, Hywel Dda Public Health Team, Public Health Wales /  Tîm Iechyd Cyhoeddus Hywel Dda, Iechyd Cyhoeddus Cymru  Kate Harrop, Tîm Cefnogi'r BGC / PSB Support Team</p>	

# EVALUATION OF PSB'S 'MAKING EVERY CONTACT COUNT' PILOT

## Introduction

The aim of this paper is to present an evaluation of the PSB's 'Making Every Contact Count' (MECC) pilot programme and make recommendations for the future progress of the concept.

## Background

MECC is an approach that utilises the millions of day to day interactions that our front line staff have with residents 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 information and enables individuals to engage in conversations about their health.

Following discussion at PSB, a programme management and steering group has been working to identify opportunities to introduce the MECC approach across public sector partners. The group is made up of representatives from Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Welsh Ambulance Service Trust, Carmarthenshire County Council, Hywel Dda University Health Board and Public Health Wales.

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.

## Training

With the support of the PSB, three sessions for multi-agency partners were delivered. This resulted in 34 staff members being trained to implement MECC messages across Carmarthenshire. Of the delegates, 11 were from the Police, 9 from the Council, 6 each from the Fire and Rescue Service and Ambulance Service and 2 from the Health Board. The training was delivered by Public Health Wales. Sessions lasted for four hours and included scenarios and the distribution of a co-produced aide-memoire.

The table below includes the key questions delegates will ask:

Key messages	Questions
<b>Police</b>	
Target hardening	Have you thought about ways you can deter thieves?
Target removal	Have you got any concerns about thefts?
Removing means to commit crime	Do you always leave that there?
Cyber crime	Are you concerned about your internet safety?
<b>Welsh Ambulance Services Trust</b>	
Cut it down (alcohol)	Are you worried about your drinking?
Cut it down (smoking)	Have you ever considered quitting smoking?
Talk about it (falls)	Have you fallen before?
<b>Fire and Rescue Service</b>	

Put it up (smoke alarm)	Do you have a working smoke alarm?
Put it out ( smoking in bed)	Do you smoke?
Switch it off (kitchen appliances)	Do you leave cooking unattended or electrical items switched on?
<b>Council (Housing)</b>	
Use Careline	Are you living alone?
Consider damp and condensation	Do you have damp or condensation in your property?
Safeguard vulnerable people	Do you have concerns about a neighbour or relative?
<b>Health Board</b>	
Vaccinations work	Do you bother with the flu jab?
Check your eligibility for vaccinations	Have you gotten round to having the flu jab this year?
Read your screening letters	Do you take up the screening that's on offer?

Delegates were asked to complete a short process evaluation form to assess if the course had achieved its goals. The findings of this evaluation can be accessed in the appendix but, generally, the training and approach were well received with all delegates noting that they would feel confident in delivering MECC messages going forward. The training course, its delivery and the aide memoire appear to have achieved their aims.

## Evaluation

A further evaluation was then undertaken to measure usage of the approach following the training, detailed findings are contained in the appendix. Delegates were asked a range of questions via an online forum hosted by the Council. Prior to this development, attempts were made to engage with the participants via email but this proved to lack the convenience both for the delegates and for data collection.

Nineteen of the thirty four delegates replied. Of these, six were from the fire service, a 100% return from their attendees. Five replies came from the Police, three from both the County Council and Ambulance Service and two responses (both attendees) from the Health Board.

The delegates were then asked to estimate how many times they have attempted to use the MECC approach. Everyone who had responded had at least attempted to use MECC with the public. Six of the delegates had used MECC between 11-25 times whilst 5 of them had attempted to engage in this way over 30 times. It is important to remember that some of the delegates have had longer to implement the approach since they were trained than others.

The survey showed a wide variation in the number of opportunities that were presented to the delegates when trying to use the MECC approach pragmatically. There was a clear determination to use the skills but sometimes the timing was just not right. This is further reflected in anecdotal conversations with a number of Police officers who noted that, whilst they tried to use the approach, there were a number of times when it was not appropriate (such as while on a response shift) but they wanted to engage with the member of the public anyway. This resulted in officers suggesting that perhaps PCSOs could be trained in the process, allowing response officers to have an internal signposting facility, knowing that there would be a MECC style follow up at a more suitable time. A number of PCSO officers were then trained in the final session and it was apparent

that they already tried to work in this way and that the training was well suited to their skills, attitude and role.

When the MECC approach was employed it was mostly in the form of direct advice as opposed to signposting or direct referral. It was noted that the aide-memoire was particularly useful and a key aspect of the conversation being successful. One delegate said that just having the aide-memoire made them more likely to 'try' to engage. There was an element of frustration that when advice is given (and even when a telephone call made by the professional) there is no mechanism for feedback/ follow up to know if there has been a positive outcome.

Delegates were given the opportunity to make further comments and a few noted that for the project to work, the right people have to be trained. People who see the public multiple times over a day should be trained as opposed to managers and supervisors.

There have been a number of positive wider outcomes as a result of this pilot project. The steering group have developed into an effective and committed team and other work (such as falls prevention work across Hywel Dda) has benefited massively from the relationships developed through this piece of work.

Abertawe Bro Morgannwg and Cwm Taf Health Boards, as well as representatives from a number of PSBs, have shown an interest in adopting the development and roll out of the programme. There has been particular interest in the level of co-production in regard to the training programme and the aide memoires and also how the pilot is being evaluated.

There has been interest from a wide range of Carmarthenshire services to be involved in the next phase of the programme and to have their messages added to those which the professionals are able to discuss with the public. These include school nurses, health visitors and midwives as well as representatives from children and young people's services within Carmarthenshire County Council. Call handling staff both within the police force and the ambulance service have also been mentioned in ongoing discussions.

## **Conclusion**

The pilot project has been successful on a number of levels. It has brought the steering group together as a positive force for change and has led to more cohesive working. The training programme was at the appropriate level but, as Public Health Wales are unable to commit to continuing to deliver the training, in order to ensure the sustainability of the project, alternative arrangements need to be made. The aide memoire has made a huge difference to the confidence of the participants in delivering the project to the public.

## **Recommendations**

The programme management and steering group have identified a number of recommendations following discussion relating to the pilot and its evaluation. PSB members are asked to consider and endorse the recommendations, agreeing them in principle and then for each organisation to subsequently sign up to them. These are:

1. The programme should continue to be rolled out to key staff within the partner organisations across Carmarthenshire. Future cohorts should be targeted based on their appropriate levels of engagement with the public.
2. The steering group should continue to develop the structure required to enable the roll out and to ensure the roll out maintains its momentum and enthusiasm.
3. The PSB to agree on the approach to the future delivery of the training. Options include partners committing to take on the responsibility for future training of their staff, or commissioning an external provider. Where possible, combined training groups should be established so delegates can learn directly from their partner practitioners.
4. The use of the aide memoire is vital to the ongoing confidence of practitioners to use the MECC approach and additional aide memoires will therefore need to be funded. Funding is available from the PSB budget held by the Council.
5. Consideration should be given to the development of an app which would allow for the aide memoire to be digitalised but would also be able to help with the evaluation by recording how many interactions have taken place. This will also allow contact details of referral/ signposting agencies to be kept up to date constantly.
6. Public Health Wales should continue to lead on evaluation and a wider evaluation protocol should be developed and agreed upon. This should build upon the pilot evaluation and address any identified gaps or areas for development. The initial cohort should be followed up at 6 and 12 months to ascertain if they have continued with the MECC approach to public engagement.

## 1. EVALUATION OF MECC TRAINING SESSION ATTENDED

### DELEGATES

The following table outlines the breakdown of delegates by partner organisation. A total of 20 people attended the first training on 26<sup>th</sup> January and a further eight attended a session on 14<sup>th</sup> February 2018. A third session was delivered on 2<sup>nd</sup> July 2018 which saw the total number of people trained rise to 34.

**Table 1.** Delegates by partner organisation.

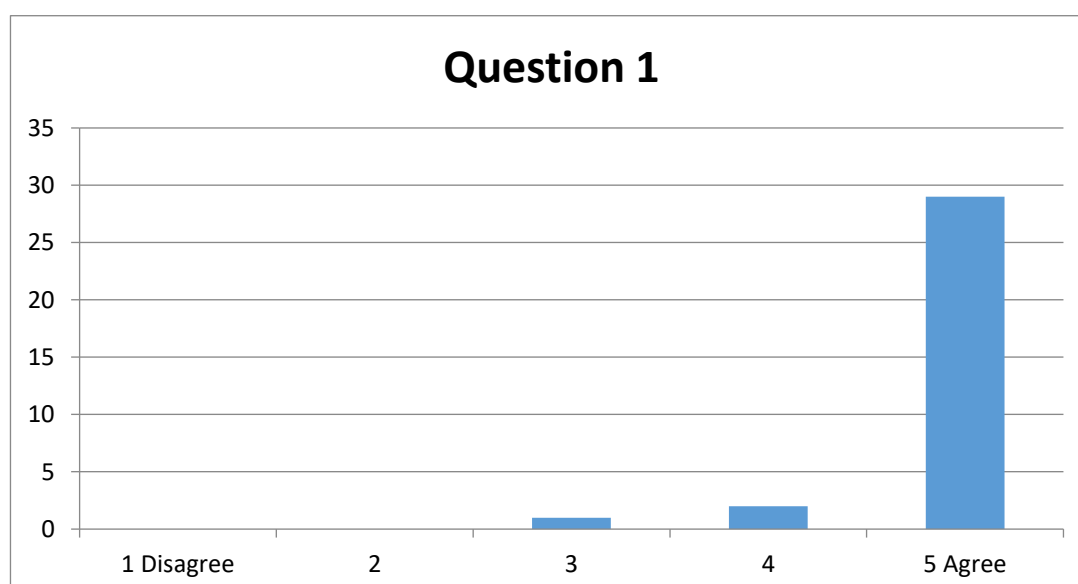
ORGANISATION	NUMBER
Dyfed Powys Police	11
Mid and West Wales Fire and Rescue Service	6
Welsh Ambulance Service Trust	6
Carmarthenshire County Council	9
Hywel Dda University Health Board	2
<b>TOTAL</b>	<b>34</b>

### TRAINING PROGRAMME AND EVALUATION

The training sessions lasted for four hours AND INCLUDED PowerPoint slides, scenarios and the distribution of the co-produced aide-memoire. Upon conclusion, delegates were asked to complete a short process evaluation form to assess if the course had achieved its goals. The questionnaire consisted of four questions in regard to the planned learning. The responses to these questions were scored on a Likert scale with **1** being *disagree* and **5** being *agree*. In addition to the Likert scale questions, two further questions asking for one word to describe the training course and one word to describe the trainer. In total, 33 of the 34 delegates completed the evaluation form.

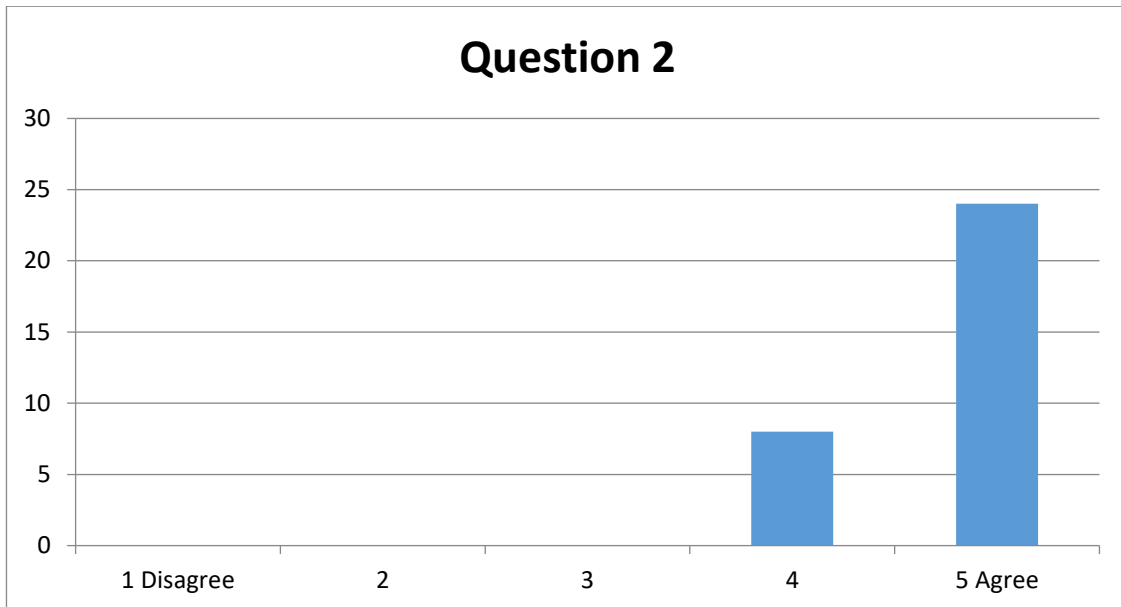
### EVALUATION RESULTS

**Figure 1.** My understanding of MECC and its application has improved



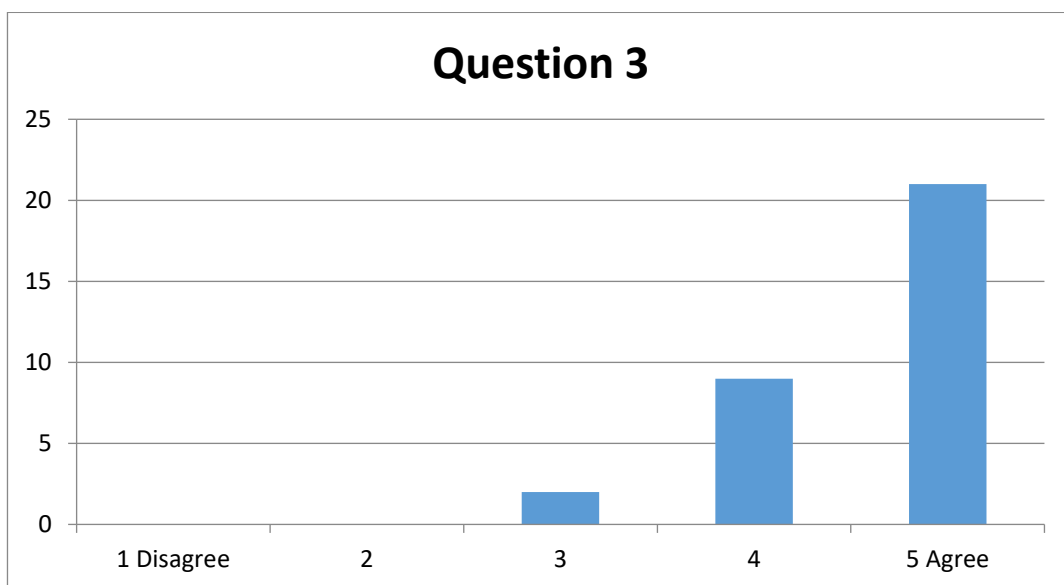
Twenty nine of the thirty four delegates scored 5, with two delegates selecting 4 as their response. There was a single reply of three given but the delegate explained to the trainer that this value had been given as a previous understanding of MECC already existed and therefore the course had only partially increased knowledge.

**Figure 2.** I will feel confident, that with practise, I will be able to attempt and deliver MECC conversations



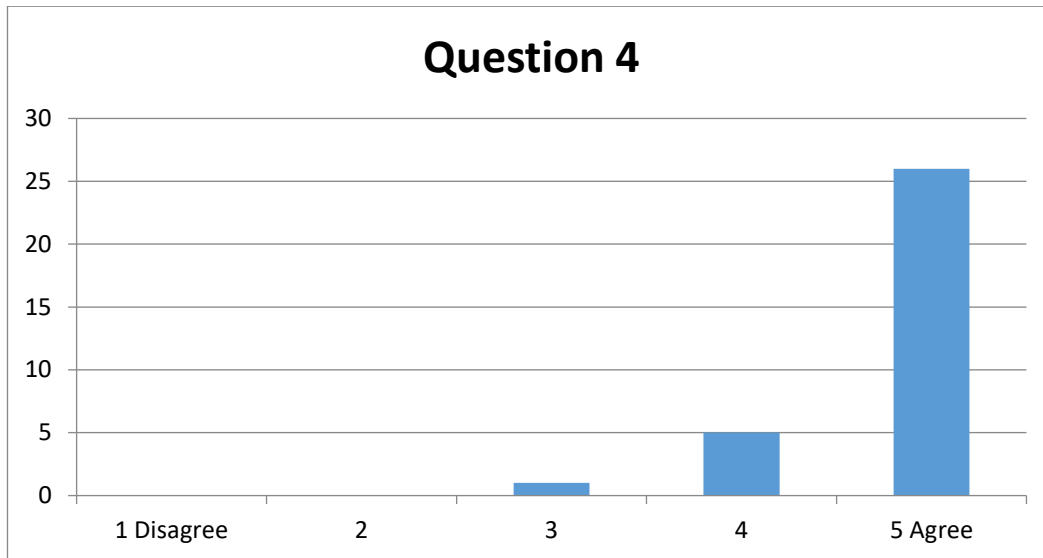
Evaluation Question 2 resulted in very positive feedback with 24 of the 34 scoring at level 5 whilst the rest scored at 4. It was clear from anecdotes and ongoing conversations with the delegates that the approach and way of engaging that MECC encourages is something which they all try to use as often as is practical with their communities. It was commented that it was both nice to have their approach given a more formal stamp of approval and others felt like the course gave them 'permission' to engage more systematically.

**Figure 3.** I feel that taking a MECC approach will have a positive impact on the people I work with



While 21 of the delegates scored this question at 5, a further 2 responded with an answer of only 3. It was apparent through discussions that ‘choosing the right battles’ was going to be an essential part of the process and that some people that come into contact with public services simply will not accept help or support. This was seen to be especially the case for those in uniform who might be dealing with people in particularly difficult circumstances.

**Figure 4.** The training was what I expected and will be utilised within my role/ profession



It would appear that most of the delegates believed strongly that the training is something that they will be able to take into their everyday roles and there was clear anecdotal feedback that the aide memoires would be a great asset in trying to implement the MECC concept outside of the training environment.

For questions 5 and 6, a computer generated ‘word cloud’ produced from the feedback. A word cloud increases the size of the font of words used more often to give an overall visual representation of the responses instead of simply laying them out in a table.

**Figure 5.** In one word, describe today’s training course



All responses were positive and the words used most regularly to describe the training course were Informative, Insightful and Excellent.



**Figure 6.** In one word, describe today's trainer



Once again, all the words chosen to describe the trainer were positive and those used with most regularity were Enthusiastic, Engaging and Energetic.

## SUMMARY

In terms of feedback received, the training course, its delivery and the aide memoires developed for the PSB MECC programme appear to have achieved their aims.

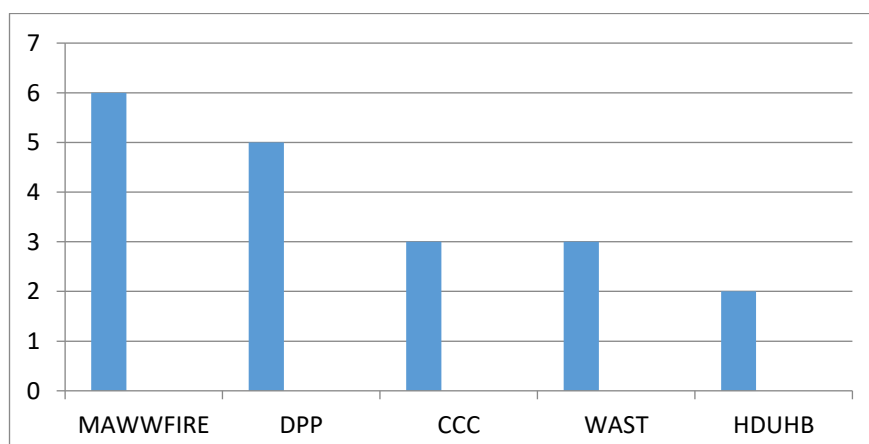
## 2. IMPLEMENTATION EVALUATION

### PSB MECC 'SNAP' Survey

A range of questions were co-produced with the partner organisations and once agreed upon were made available to the delegates via an online forum hosted by Carmarthenshire County Council. Prior to this development, attempts were made to engage with the participants via email but this proved to lack the convenience both for the delegates and for data collection.

Of the 34 delegates, 19 responded to the online survey. Of these, six were from the fire service, a 100% return from their attendees. Five replies came from Dyfed Powys Police, with three from both Carmarthenshire County Council and Welsh Ambulance Service Trust and just two responses from Hywel Dda University Health Board staff.

**Figure 7.** Number of survey respondents from each partner organisation.



The delegates were then asked to estimate how many times they have attempted to use the MECC approach. Figure 8 below shows that everyone who had responded had at least attempted to use MECC with the public. Six of the delegates had used MECC between 11-25 times whilst 5 of them had attempted to engage in this way over 30 times. It is important to remember that some of the delegates have had longer to implement the approach since they were trained than others. Further follow up with the most recent cohort will be essential.

**Figure 8.** Number of estimated times that the MECC approach has been used since the training.

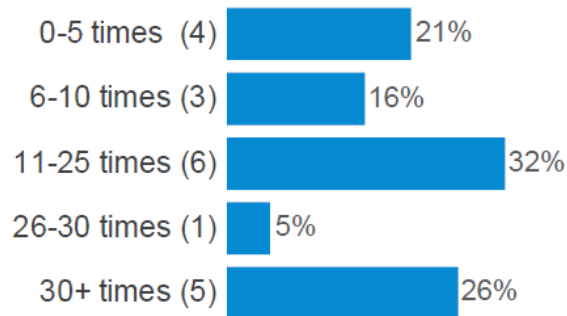
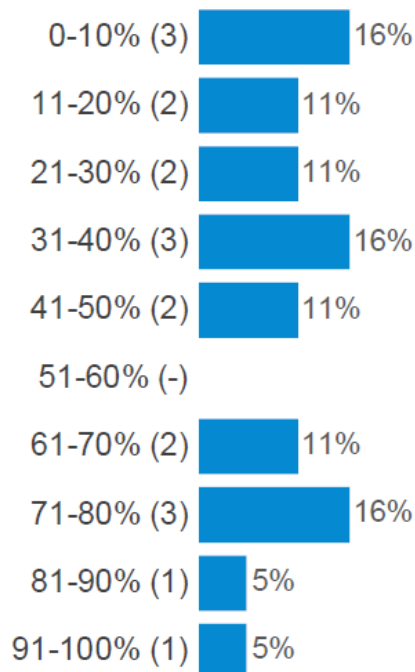


Figure 9 shows the responses to the question ‘Please estimate the percentage of your work that has involved you using the MECC approach.’ There is quite a wide variety of responses to this question, ranging from 3 people who only felt it impacted upon 0-10% of their workload to 5 people who believed MECC to have been used somewhere between 70-100% of their role.

**Figure 9.** Estimated % of workload that has allowed for use of the MECC approach.



Interestingly, of the six MAWWFIRE staff who completed the survey, 2 responded within the 0-10% range whilst 3 answered that 70-100% of their interactions resulted in a MECC conversation. Although this takes one partner organisation in isolation, it is a useful example that may suggest that it is the type of opportunities that present themselves as opposed to the job role that dictate the chances of using the skills. This is further reflected in anecdotal conversations with a number of officers from

Dyfed Powys Police who noted that whilst they tried to use the approach, there were a number of times when it was not appropriate (such as while on a response shift) but they wanted to engage with the member of the public anyway. This resulted in a negative interaction all round and the officers went on to suggest that perhaps PCSOs could be trained in the process allowing the response officers to have an internal signposting facility and the peace of mind in knowing that there would be a MECC style follow up at a more suitable time. A number of PCSO officers were then trained in the final session and it was apparent that they already tried to work in this way and that the training was well suited to their skills, attitude and role.

The data from the survey was vast in regard to the particular types of support the delegates went on to offer the public. Most people attempted to 'provide information' (Range 1-275 occasions per person), 'provide advice' (range 1-315 occasions per person) with less actually 'providing assistance' (0-80 occasions per person). Surprisingly, signposting to other services' and 'direct referral' were comparatively low but most delegates reported that when they did take this approach that the member of the public engaged quite strongly and appeared to be interested in taking the pathway offered.

The final two questions of the survey allowed for the delegates to provide us with free narrative on their thoughts and findings around using the approach. These can be read in detail in the appendices but for the purposes of this report, the main themes have been drawn out and are summarised below.

- The aide memoire is a key aspect of any conversation being successful. It is a vital source of information that gives the professional the confidence to know they have the signposting/referral information to hand. One delegate noted that just having the aide-memoire in their back pocket made the more likely to 'try' to engage.
- There was an element of frustration that when advice is given (and even when a telephone call made by the professional) there is no mechanism for feedback/ follow up to know if there has been a positive outcome
- People are generally open and welcoming of any support and advice (please see the appendices for some examples of 'good news' stories)
- There was an issue highlighted by police staff about dealing with people when drunk and that it was good to hear PCSOs were being engaged with via the training. PCSOs then followed up by saying they were glad to be part of the process as they work in this way whenever possible
- Giving advice is sometimes out of professional's remit but being able to signpost to services is a great tool. Having the permission to engage and then not be expected to have all the answers (but knowing who does) adds to the confidence of at least starting the conversation
- The right people have to be trained. People who see the public multiple times over a day should be trained as opposed to managers and supervisors.