

CASE STUDY: EVERY CONTACT COUNTS - PUBLIC HEALTH WORKFORCE DEVELOPMENT

Liverpool Community Health Trust (LCH) launched a whole scale workforce development programme in 2012 that will build capacity and capability within the workforce to deliver health chats/lifestyle brief interventions alongside patient care. The programme is a two year project to provide all Liverpool Community Health staff and volunteers with training, aligned to the NHS Yorkshire and Humber Making Every Contact Count (MECC) Framework.

The programme, known as ECC, forms part of LCH's public health strategy, which sets out the organisation's vision to embed prevention as part of its service delivery, and to achieve its vision of 'longer, healthier lives' for the communities it serves.

All employed staff will participate in one of three levels of ECC training; the level of training is dependent upon role. All new starters receive level one training as part of their corporate induction, so that they are equipped with the knowledge and skills to contribute to the ECC agenda from starting in post.

All LCH services have to benchmark their prevention activity against agreed criteria and identify areas for improvement. ECC workforce development is part of the criteria.

To further support the implementation of training:

- all job descriptions reflect staff responsibilities to ECC
- staff contribution to the prevention agenda is explored within the organisation's performance appraisal process
- a project to develop data recording systems in order to capture 'health chats and brief intervention' is being implemented alongside the ECC workforce development project. This enables staff to consolidate their learning and record activity

Key Outcomes

- To date over 450 new starters have had level one training through this route, and implementation at induction has been positive, with comments such as "this is the best induction I've ever been on" and "was really interesting" regularly fed back through induction evaluations. This indicates that staff are enjoying the training and are finding it interesting and can apply it to their personal lives as well as their work setting (i.e. with family and friends)
- Following level one training, staff within the treatment rooms offer health chats to all patients. During a twelve month period 481 patients who smoked received smoking cessation advice, with 166 being referred onto other organisations for smoking cessation support. A further 240 received advice and information on other health issues, with a surprisingly large proportion requiring advice on cancer signs and symptoms.



- Level two training is now being implemented across all services that come into contact with a patient on more than one occasion, for example, the programme has recently been piloted with HMP prison staff, exploring the challenge of empowering prisoners to make healthy lifestyle changes.
- Level three training has been incorporated into larger scale development programmes, such as the LCH Health Visitor Development Programme, which is receiving very positive reviews.

- within the organisation and ensure plans for implementation reflect organisational priorities
5. Launching the public health strategy throughout the organisation and setting out plans for implementation
 6. Developing a project management infrastructure to govern implementation (recruitment and planning once in post)

All of the above took approximately twelve months (May 2011 – June 2012).

Background

Liverpool Community Health (LCH) was established in November 2010. It provides community services in Liverpool and Sefton; with some services delivered in Knowsley. There are almost 3,000 staff within LCH who serve a population of approximately 750,000 people.

The project was set up by Liverpool Community Health in recognition of the role that NHS organisations can play in promoting health as set out in the public health white paper 'Healthy Lives, Healthy People'. The organisation employed a consultant in public health to develop and lead a public health strategy that will contribute to achieving its vision for 'longer healthier lives'. Further investment has been made in two public health project managers and a public health analyst to implement the strategy, which has six key objectives.

An objective from the strategy relevant to this work stream is: *Workforce capacity to deliver 'health chats' (Brief Interventions) to make every contact count and promote self-care*

The two year project will deliver on this objective.

Key Aims

- Embed the concept of Every Contact Counts within the organisation
- design three training programmes aligned to NHS Yorkshire and Humber Making Every Contact Count framework
- Work with service leads to align the workforce to an appropriate level of training
- Agree a plan of implementation in line with the organisation's transformational change programme
- Embed a culture of prevention and offer a quality service to all patients / service users

Key Stages of Setup

1. Writing a strategy and identifying priorities for the first two years of implementation
2. Identifying investment to implement the strategy, including human resource infrastructure
3. Establishing a project team to lead the implementation of strategy plans
4. Establishing a steering group to engage strategically

How It Works

- Engagement was firstly sought with the executive team and divisional leads, via the organisation's Public Health Steering Group – a sub-committee of the board. Executive sponsors for the programme include the executive nurse/ director of operations.
- A large scale engagement programme was led by public health project managers, across all services, to embed the prevention criteria and identify ECC workforce development needs.
- Bi-monthly project board meetings were held to oversee project implementation and project interdependencies as well as to highlight risks.
- Progress is reported via the Public Health Steering Group via highlight reports, and on-going commitment and engagement with activities is sought at a strategic level. The Public Health Steering Group reports to the Service Transformation Board, which is an executive level meeting.
- The public health project manager works alongside a public health training facilitator and also the organisation's learning and development function, to ensure effective planning and implementation of training. This includes evaluation.

Resources

Internal resources were identified in the form of a project manager who specialises in workforce development and a public health training facilitator who has experience of delivering public health training and development.

Key Challenges

- **Engagement with service leads** - engaging with service leads to embed prevention criteria is difficult during times of austerity and cutbacks. The Trust is overcoming this by embedding the criteria into the organisation's overarching strategy, Clinical Quality, and also by aligning it to the service planning process
- **Staff engagement** - convincing some staff (particularly those in non-frontline roles) to embrace the ECC agenda. This is addressed through on-going engagement and positive ECC stories
- **Time constraints** - it is not always easy for staff to be released to attend training. The Trust is working with service leads as part of the embedding prevention

criteria process, to identify which level of training workforce groups require and working with service leads to identify a timeframe for implementation.

- **Alignment** – it is a challenge to align prevention with other transformational change projects, and high level organisational strategies, and to embed it into the criteria for all services. However this is being achieved by working closely with the business development and project management office (PMO) teams to align the business development, efficiency and productivity and prevention agendas together.
- **Evaluation** – an on-going challenge is to evaluate the impact on outcomes and to understand to what extent training staff results in behaviour change among patients. This is particularly challenging as many of the services referred to (such as smoking cessation) are not provided by LCH, and the Trust is reliant on other organisations sharing data, which they are not obliged to share with another provider organisation.

Key Learning

- Engagement is key – sign off from executive team is essential – these were all in place following sign off of the public health strategy
- Alignment to wider business development and organisational changes will also facilitate the implementation of plans

Sustainability

- Embedded into job descriptions and the organisation's performance appraisal process

- Progress against training plan reported at the Public Health Steering Group to all divisional leads
- Systems to capture ECC activity will enable the organisation to monitor and report activity

Next Steps

- There is on-going implementation of the training plan with anticipated completion by April 2015
- The project will be 'mainstreamed' into corporate services delivery, this includes working with the Trust's performance intelligence team to monitor and report training data.
- An evaluation will be carried out into the impact of training to answer:
 - what impact delivering health chats or brief interventions is having on patients / service users?
 - what is /isn't being recorded? What referrals are being made?
 - what is the data telling us?

Supporting Material

The following resources are available as an appendix to this case study:

- **Appendix 1** - presentation on building public health capacity and capability

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