
Public Board Meeting, 31 May 2012

Making Every Contact Count

Presented by: Natalie Forrest, Director of Nursing

1. Purpose

- 1.1 The paper provides a briefing to the Board on one of the Midlands and East SHA's ambitions, Making Every Contact Count (MECC). MECC is one of the five ambitions that the SHA has set themselves which they believe will have a positive patient benefit for the future.

2. Background

- 2.1 MECC is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. The specific focus is on smoking cessation, maintaining a healthy weight, responsible drinking, undertaking the recommended amount of physical activity and improving mental health and well being.
- 2.2 As part of the SHA's ambition it has asked every Trust Board to discuss the MECC ambition and to take a leadership role in ensuring that the organisational culture encourages and promotes prevention and health improvement. The objectives of the MECC ambition are:
- To systematically utilise the millions of contacts that people have with providers of health and social care to deliver brief advice on healthy lifestyle behaviours and to signpost people to appropriate behaviour change services.
 - To increase the prevalence of healthy lifestyle behaviours amongst NHS staff and the population they serve.
 - To reduce the inequalities in health outcomes associated with lifestyle behaviours.
- 2.2 Through Board leadership and commitment it is expected that staff will be given a suitable environment and the skills and knowledge to deliver MECC, with the support they need to also improve their own health and well being.
- 2.3 NHS Hertfordshire has identified MECC as a CQUIN target for 2012/13. Attached at appendix A are the requirements placed on the Trust in order to achieve the CQUIN payment. The initial requirement is for the Board to discuss and agree that it will take forward MECC and that there is both a Board level lead and implementation lead. Natalie Forrest will assume the

Board level lead and Mark Jarvis, Associate Director of Patient Experience will take the operational lead role. Following the launch of the toolkit on 18 May 2012 an implementation plan will be prepared and presented to the Board at its meeting in July 2012. Confirmation will also be provided of the number of staff trained in the delivery of brief intervention training at the July meeting.

3. Recommendation

- 3.1 In line with the requirements set out in the CQUIN target the Board is asked to:
- Confirm their commitment to taking forward the requirements of Making Every Contact Count
 - Confirm the Board and operational leads
 - Agree to receive the implementation plan at the July meeting

Natalie Forrest
Director of Nursing
May 2012

CQUIN Requirements For Making Every Contact Count

1. TRAINING: 50% of relevant frontline staff trained in brief intervention advice (or alternative agreed by PCT MECC lead).
2. ADVICE: 50% of patients to receive brief intervention advice.
3. REFERRALS across 4 phases (opt out process and with permission applies to all)
 - 90% of patients with alcohol risk factors (AUDIT-C score of 5+) to be referred (or complete remaining AUDIT questions and refer)
 - 50% of smokers to be referred
 - ALL pregnant smokers to be referred
 - ALL patients who require and agree to accept help to manage their weight

Q1	Confirming the board & implementation leads, achieving staff training & submitting agreed implementation plan
Q2	Giving brief intervention advice to 50% of patients and referring relevant patients to levels above.
Q3	Giving brief intervention advice to 50% of patients and referring relevant patients to levels above.
Q4	Giving brief intervention advice to 50% of patients and referring relevant patients to levels above.