NHS
Yorkshire and the Humber

Making Every Contact Count

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Mapping against

The Public Health Outcomes Framework 2012

Introduction

The Making Every Contact Count (MECC) **Prevention and Lifestyle Behaviour Change: a competence framework (**P&BHCF) was developed with the *premise that "we start where the person, organisation and population is".* In reviewing improving outcomes and supporting transparency documentation – a **Public Health Outcomes Framework for England 2013 - 16** (PHOF) it is clear that the high level overarching outcomes, the domains and indicators are key to the delivery of this significant framework and we believe that Making Every Contact Count can support delivery of this.

The Prevention and Lifestyle Behaviour Change Framework is based on NICE behaviour change guidance (2007) and has developed basic standards. It typifies the design to delivery principle set out in the workforce architecture using a function (service the workforce required to deliver) and form (activity or competence required of workforce). It is simple, flexible and universal in application and the generic workforce functions for delivering behaviour change are clearly defined in 4 levels:
Level 1: brief advice and signposting
Level 2: behaviour change intervention e.g. brief intervention or motivational interviewing
Level 3: behaviour change intervention programme e.g. weight management programmes
Level 4: expert or specialist interventions that are condition specific or require additional specialist training

The PHOF is an important component of the government's strategy to drive forward the public health agenda not only in the NHS but across the whole of the public sector, supported by 3rd sector colleagues and those in the private sector. We aim to demonstrate in the mapping table below and the examples provided after each domain, how by using the Prevention and Lifestyle Behaviour Change: a competence framework and identifying the competencies people require, will support delivery of the outcomes in the PHOF.

In the table below the four PHOF domains have been mapped against the relevant Prevention and Behaviour Change: a competence framework (P&BHCF) levels. The mapping aims to identify at which levels each indicator can be supported and delivered as the P&BHCF supports the workforce to have the skills to deliver the relevant PHOF indicator and therefore overall the P&BHCF acts as an enabler for the outcomes framework.

Using the P&BHCF and the Making Every Contact Count Assessment Tool (MECCAT) across the workforce will identify for organisations, where the relevant competencies exist and therefore where additional education and training is required. Having completed an analysis of their workforce through use of the MECCAT, organisations will then be able to demonstrate where and how they can deliver on the PHOF and also provide a picture of planned improvement for their workforce, which can be developed year on year.

Overarching Outcomes

- **increased healthy life expectancy**

  Taking account of the health quality as well as the length of life

  The Prevention and Lifestyle Behaviour Change: a competence framework and the Making Every Contact Count Assessment Tool (MECCAT) are enablers that ensure that all organisations, commissioners both for services i.e. (National Commissioning Board, Clinical Commissioning Groups) and education i.e. (Health Education England, Local Education Training Board's), providers for services i.e. (Trusts, Local Authorities and others.) education i.e. (HEI's Trusts, Colleges and others) and individuals working in the NHS, local authorities, public, private sector and 3rd sector organisations, can demonstrate how they are delivering on the PHOF. The way the competence framework was developed, using the NICE guidance as its principle, will ensure that there is a workforce strategy or approach to delivery of PHOF and supports organisations and their staff to identify their existing skills and development requirements. This will ensure the whole workforce is working towards the delivery of these outcomes and demonstrate progression year on year. Once a workforce is appropriately equipped then supporting Behaviour Change in the population will support this overarching outcome.

- **reduced difference in life expectancy and healthy life expectancy between communities.**
  Through greater improvements in more disadvantaged communities

  MECC as an enabler will ensure that commissioners, providers, organisations and individuals can target specific resources and workforce skills to areas where the existing life expectancy in communities is sub-optimal. Using the whole workforce approach of MECC encourages all those in a position to support both individuals and communities to work together. This will support the vision of a healthy lifestyle when those individuals and communities are ready, wanting to change and facilitate access to quality services, or self care. The MECCAT reporting will support organisations identify where existing skills are and these can be targeted into communities with the greatest need.

Domains

Having identified in each of the domains the relevant indicator reference within the Public Health Outcomes Framework (PHOF) Part 2 technical specifications, which relates to the Prevention and Lifestyle Behaviour Change: a competence framework, this is mapped to indicative levels. The examples describe then how this supports delivery on the PHOF. This will add value for organisations and individuals who are using the P&BHCF and demonstrate how this links to the PHOF. Equally for those new to the MECC it will give an additional benefit to the use of the P&BHCF and as to considering how this may be used within their organisations and practice. This will then allow organisations to target the skills within their workforce to tackle the ***inequalities that exists between communities in relation to life expectancy***.

When Mapping the MECC levels against the domain indicators, the aim is to identify across the workforce where interventions can take place. This would support the achievement of a workforce strategy approach using the minimum standard of the MECC level. Investing in MECC as a systematic workforce, organisation development and educational approach, which will enhance opportunities to attain the measures required in the PHOF. This approach will identify where a workforce is providing services across the descriptors and denominators and can ensure the workforce has the competence and confidence at the relevant level.

Colour code relevant to Lead agency Green = L.A, Blue = NHS, Purple = education, Orange = Law & Order, White = Other or Joint

Domains

Domain 1

Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities.

Indicator ref	Description	Denominators	Measures	Level 1: brief advice and signposting	Level 2: behaviour change intervention e.g. brief intervention/ motivational interviewing	Level 3: behaviour change intervention programme e.g. weight management programmes	Level 4: expert interventions where long term involvement is required
1.1	Children in Poverty	Total Number of children	Number of children in relative poverty	√	√		
1.2	School readiness	TBC	TBC	√	√		
1.3	Pupil absence	Total possible number of sessions	% of half days missed by pupils	√	√	√	√
1.4	First-time entrants to the justice system	ONS mid-year population estimates ages 10-17	Rate of 10-17 receiving 1st reprimand, warning or conviction			√	√
1.5	16-18 years olds not in education or training	Total number of age 16-18 who are EET & NEET	% of age 16-18 who are NEET			√	√
1.6	People with Mental Illness or disability in settled accommodation	Number of adults receiving secondary Mental Health services	1)% of people with Learning disabilities known 2)% of people receiving secondary Mental Health services				

1.7	People in prison who have a mental illness or a significant mental illness	Total number of people in prison	Proportion of people in prison with a significant Mental illness	√	√	√	√
1.8	Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	People reporting a long term condition, learning disability or MH problem	Gap between the employment rate for those with these conditions and overall employment	√	√	√	√
1.9	Sickness absence rate	1)Employees over 16 2)Number of working days 3)Economically active population	1)Number of working days lost due to sickness 2)Rate of fit notes issued per quarter	√	√	√	√
1.10	Killed and seriously injured causalities on England's roads	ONS mid-year population estimate	Number of people reported killed on the roads		√	√	√
1.11	Domestic abuse	TBC	TBC		√	√	√
1.12	Violent crime	TBC	TBC			√	√
1.13	Re-offending	1)Number of offenders in the cohort 2)Number of re-offences committed	1) Number of offenders who reoffend 2)Number of re-offences committed			√	√
1.14	Affected by Noise	TBC	1) Number of people affected by Noise 2) Number exposed to Transport Noise				

1.15	Statutory homelessness	Total number of households	1) Homeless acceptances 2) Households in temporary accommodation		√	√	√
1.16	Utilisation of green space for exercise/health resources	Total number of respondents to survey	% of people using green space for exercise/health	√	√	√	
1.17	Fuel Poverty	TBC	TBC	√	√	√	

Examples

Indicator ref 1.3 Pupil Absence All staff in Education, Local Authority, Health, and Law & Order at level 1, will be able to work with Families to offer information and signpost to where can get help to address this matter. At level 2 staff can begin intervention with families and pupils to identify the reasons for absence and support them in addressing this matter. At levels 3-4 take direct in action/intervention to help families and pupils to have strategies and action to reduce absence.

Indicator Ref 1.8 Improving employment Level 1 and 2 Occupational Health staff planning to roll out Healthy Chat/Motivational Interviewing

Indicator ref 1.9 sickness rate By training Occupational Health staff in Healthy Chat training enables organisations to support behaviour change where appropriate.

Indicator ref 11 Domestic Abuse Probation service have trained their health screening staff to level 2 so when working with offenders they can identify behaviours that the offender wants to change and either support them through that change or refer to appropriate specialist services.

Indicator ref 13 Re-offending Probation service has trained their health screening staff to level 2 so working with offenders they can identify behaviours around reoffending that the offender wants to change and either support them through that change.

Indicator ref 1.16 Utilisation of Green Spaces Level 1: Appropriate front line green spaces team able to signpost park users and groups as appropriate.

Indicator ref 1.17 Fuel Poverty Level 1: Front line staff trained to deliver brief advice, related services trained in issues pertinent to fuel poverty.

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Domain 2

Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

Indicator ref	Description	Denominators	Measures	Level 1: brief advice and signposting	Level 2: behaviour change intervention e.g. brief intervention or motivational interviewing	Level 3: behaviour change intervention programme e.g. weight management programmes	Level 4: expert interventions where long term involvement is required
2.1	Low birth weight of term babies	Number of live births at term	Low-birth weight of term live births		√	√	
2.2	Breastfeeding	1) Number of maternities 2) Number of infants due a 6-8 week check, breastfeeding is known	1) Breastfeeding initiated 2)Breastfeeding prevalence at 6-8 weeks after birth	√	√	√	√
2.3	Smoking status at time of delivery	Number of maternities	Rate of smoking at time of delivery	√	√	√	√
2.4	Under 18 Conceptions	TBC	Under 18 Conception Rate		√	√	√

2.5	Child development at 2-5 years	TBC	TBC		√	√	
2.6	Excess weight in 4-5 and 10-11 year olds	Total number of 4-5 and 10-11 olds with valid height & weight	Proportion of children 4-5 and 10-11 classified as overweight or obese		√	√	
2.7	Admissions caused by Deliberate injuries in under 18	Population of 0-17	Hospital admissions of 17 and under with deliberate injuries		√	√	
2.8	Emotional wellbeing of looked after children	TBC	TBC			√	√
2.9	Smoking prevalence 15 year olds	Total number of validated 15 year olds smoking	Prevalence of smoking among 15 year olds	√	√	√	√
2.10	Hospital admissions as a result of self-harm	ONS mid-year population estimates for males & females	Rate of emergency admissions for intentional self-harm			√	√
2.11	Diet	TBC	TBC	√	√	√	
2.12	Excess weight in adults	Number of adults with valid height & weight recorded	Proportion of adults classified as overweight or obese	√	√	√	
2.13	Proportion of physically active and inactive adults	Population of adults 16+	1) Proportion of adults classified as inactive	√	√	√	
2.14	Smoking prevalence – adults (over 18)	Total number of smokers aged 18+	Prevalence of smoking among aged 18 +	√	√	√	√

2.15	Successful completion of drug treatment	Total number of people in treatment in a year	Number of drug users who complete drug treatment and do not re-present within 6 months		√	√	√
2.16	People entering prison with substance dependence issues who are previously not known to community treatment	Number of people entering prison	Proportion of people assessed for substance dependence on entering prison			√	√
2.17	Recorded diabetes	Patients 17+ registered with a GP each year	Number of QOF recorded cases of diabetes aged 17+	√	√	√	
2.18	Alcohol – related admissions to hospital	TBC	TBC		√	√	√
2.19	Cancer diagnosed t stage 1 and 2	TBC	Patients with cancer diagnosed at stage 1&2 as a proportion of cancers diagnosed		√	√	√
2.20	Cancer screening coverage	1) No. of women with screening results in the last 3 years aged 50-70 2)No. of women aged 25-64 eligible for cervical screening	1) % of women screened adequately aged 50-70 2) % of women screened adequately aged 25-64	√	√		
2.21	Access to non-cancers screening	Total no of pregnant women booked for antenatal care in reporting period	Total number of Pregnant women booked for HIV screening where indicated		√	√	√

2.22	Take up of the NHS Health Check programme – by those eligible	Number of people eligible for Health checks	% of eligible people who receive a Health check	√	√	√	
2.23	Self - reported wellbeing		Self-reported wellbeing	√	√	√	
2.24	Falls and fall injuries in the over 65's	ONS census based on mid-year population estimates	Rate of emergency admissions for falls or fall injuries in the 65+ age range	√	√	√	

Examples

Indicator Ref 2.2 Breastfeeding All Breast feeding link workers have been trained to level 2 in behaviour change methodologies. The link workers work with mothers to be and their families in hospital and community settings.

Indicator Ref 2.3 Smoking status at time of delivery Training midwifery service staff to level 1 would enable them to use their contacts with mothers and families during their pregnancy to discuss smoking and where the person indicates they want to reduce and stop their smoking support them and refer to stop smoking services.

Indicator Ref 2.4 Under 18 Conceptions Training youth workers, school nurses, teachers and others who work with people under 18 to level 1 would increase the opportunities for under 18's to discuss their sexual activity with those staff and discuss their behaviour and how to reduce their risk of unwanted pregnancy.

***Indicator ref 2.6 Excess Weight in 4/5 & 10/11 year olds*:** Commissioned provider of children's weight management interventions trained and applying principles into the service.

***Indicator ref 2.6 Excess Weight in 4/5 & 10/11 year olds*:** School nurses and their colleagues have been supported to level 2 in behaviour change methodologies

Indicator Reference 2.9 Smoking prevalence 15 year olds: The healthy settings team (children young people and families) are delivering on behaviour change as part of their service specification.

Indicator Refs 2.11 Diet
2.12 Excess weight in adults
2.13 Physical Activity/Inactivity in Adults Two pilots are planned with Support Planners (both Council and independent) and with Council Library staff. It is envisaged that the Planners in particular will be working at Level 2 at least with the most disadvantaged individuals, and already have a close 1-1 relationship with them due to the nature of comprehensive support planning

Indicator Reference 2.13 Physical Activity
Level 1: Appropriate front line teams (included commissioned activity and local partners) able to signpost users and groups as appropriate, also in conjunction with Green Spaces team.
Level 2: Commissioned activity with providers integrating Level 1 and Level 2 interventions into their delivery programmes – for example DC Leisure who operates the Health Check Leisure programmes and weight management groups.
Level 2 & 3: Health trainers supporting clients with specific needs involving becoming or increasing their physical activity levels.

Indicator reference 2.14 Smoking prevalence – adults (over 18)
All stop smoking advisors have been trained to level 2 in behaviour change methodologies

Indicator Reference 2.22 Health Checks
Level 1: Incorporated into the Health Check provider's contract, all staff delivering the Health Check should be able to demonstrate their competency for brief advice using the Behaviour Change Framework. All stop smoking advisors have been trained to level 2 in behaviour change methodologies

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Domain 3

Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities.

Indicator ref	Description	Denominators	Measures	Level 1: brief advice and signposting	Level 2: behaviour change intervention e.g. brief intervention or motivational interviewing	Level 3: behaviour change intervention programme e.g. weight management programmes	Level 4: expert interventions where long term involvement is required
3.1	Air Pollution	TBC	Mortality caused by Air pollution	√	√		
3.2	Chlamydia diagnoses (15-24 year olds)	ONS population for 15-24 year olds	Crude rate of Chlamydia diagnosis per 100,00 aged 15-24	√	√	√	
3.3	Population vaccination coverage	Eligible population for vaccinations	Vaccination coverage for that same range	√	√	√	
3.4	People Presenting with HIV at a late stage	Aged 15 + people diagnosed with HIV	Proportion of people presenting with late stage HIV		√	√	√
3.5	Treatment completion for tuberculosis	Number of cases of tuberculosis in the population	Proportion of people who are successfully treated		√	√	
3.6	Public sector organisations with board-approved sustainable development management plan	Number of NHS orgainsations	% of NHS organisations with board-approved sustainable management plan		√	√	√

3.7	Comprehensive agreed –inter-agency plans for responding to PH incidents	TBC	TBV				

Examples

Indicator 3.2 Chlamydia diagnosis All staff in Health and Education at level 1 will be able to provide information to pupils on prevention and where to get help to address this matter. At level 2 & 3 staff in Health can begin intervention with pupils to identify the risk issues in having unprotected sex and support their self-esteem to empower them to support the reduction opportunities. When unprotected sex is reported/identified, take relevant action to encourage the person to undergo screening.

Indicator 3.3 Population vaccination coverage Nurse and Doctors in general practice, health visitors and their staff trained to level 1& 2 to support them to begin conversations about vaccination information with families so they are aware of the full information around vaccinations and where the family request support.

Indicator 3.4 People Presenting with HIV at a late stage Training staff in sexual health service, GUM services and working with at risk communities, to level 1, 2 & 3. This will increase to opportunity to ensure that people at risk can access information and service around the benefits of early diagnosis of HIV

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Domain 4

Healthcare public health and preventing premature mortality

Objective: Reduce numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicator ref	Description	Denominators	Measures	Level 1: brief advice and signposting	Level 2: behaviour change intervention e.g. brief intervention or motivational interviewing	Level 3: behaviour change intervention programme e.g. weight management programmes	Level 4: expert interventions where long term involvement is required
4.1	Infant Mortality	Number of live births registered	Crude rate of infant deaths per 1000 of live births		√	√	√
4.2	Tooth decay in children aged five	Number of 5 year olds in survey	Rate of tooth decay in 5 year olds	√	√	√	
4.3	Mortality from causes considered preventable	Total population based on ONS survey	Age-standardised rate of mortality per 100,000		√	√	
4.4	Mortality from all cardiovascular diseases	Number of people aged under 75 based on ONS survey	Age-standardised rate of mortality per 100,000 in 75 Y.O		√	√	
4.5	Mortality from cancer	Number of people aged under 75 based on ONS survey	Age-standardised rate of mortality per 100,000 in 75 Y.O		√	√	
4.6	Mortality from liver disease	Number of people aged under 75	Age-standardised rate of mortality per 100,000 in 75 Y.O		√	√	

4.7	Mortality from respiratory disease	Number of people aged under 75 based on ONS survey	Age-standardised rate of mortality per 100,000 in 75 Y.O		√	√	
4.8	Mortality from communicable diseases	TBC	TBC		√	√	
4.9	Excess under 75 mortality in adults with serious mental illness	TBC	TBC		√	√	√
4.10	Suicide	ONS population estimates	Age standardised mortality rate from suicide per 100,000			√	√
4.11	Emergency readmissions within 30 days of discharge	TBC	TBC		√	√	√
4.12	Preventable sight loss	Total number of CVI registrations	Proportion of CVI registrations due to AMD, glaucoma & diabetic retinopathy		√	√	√
4.13	Health related quality of life for older people	TBC	TBC	√	√	√	
4.14	Hip fractures in the over 65's	Number of people aged 65+	Rate of emergency admissions for fractured neck of femur in the 65 + population per 100,000	√	√	√	
4.15	Excess winter deaths	Average number of deaths per quarter in non-winter months	Excess winter deaths index	√	√	√	

4.16	Dementia and its impacts	TBC	TBC		√	√	√

Examples

Indicator Ref 4.2 Tooth decay in children aged five Community Dental Staff, applying National PH Dental standards for patient engagement promoting MECC as a national model.

Indicator 4.13 Health related quality of life for older people. The Prevention and Lifestyle Behaviour Change Competence Framework at level 1, is being embedded in the Northford Project online learning game developed by Yorkshire Ambulance Service (YAS) for the E.U. funded project WebWise. It addresses a number of issues around Behaviour Change both for older people and the workforce. This will enable YAS demonstrate delivery on the PHOF and further developments of this game could address other domains and indicators.

Indicator 4.15 Excess winter deaths All staff in, Local Authority, Health and Law and Order at level 1 will be able to work with people to offer information and where to get help to address this matter. At level 2 staff in Local Authorities & Health can begin intervention with families and people to identify the key risk issues in reducing this matter. At levels 3 take direct in action/intervention to help families and people to have strategies and action to reduce excess winter deaths.

Indicator Reference 4.16 Dementia and its impacts The Prevention and Lifestyle Behaviour Change Competence Framework is being embedded into the Dementia Prevention Strategy for Rotherham, to ensure that front line services, across the sectors are competent in Level 1 Brief advice and knowledge and understanding of local signposting opportunities.

The PHOF is a key deliverable for all organisations and this mapping aims to demonstrate how the MECC and BCFW can support that delivery, by way of identifying the relevant competencies required at each level to deliver a PHOF indicator.

A few of the indicators have not been mapped to the BHCF as the indicator topic is not directly connected to MECC

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Black are generic examples that could be used by any provider of those service, to support delivery against those PHOF indicators