



**To the Chair and Members of the  
DONCASTER HEALTH AND WELLBEING BOARD**

**SELF-MANAGEMENT PROGRAMME: MAKING EVERY CONTACT COUNT**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>
Cllr Nigel Ball Cllr Rachael Blake Cllr Nuala Fennelly	All	No

**EXECUTIVE SUMMARY**

1. In Doncaster today, there is a significant problem with people leading unhealthy lifestyles. Obesity, smoking and physical inactivity levels are higher than the national and regional average. One in five people in Doncaster live with a long-term condition and the prevalence is likely to increase as more and more people live longer. The good news is that we can do something about this; we can help raise awareness of the benefits of healthy lifestyles and support people who want to make lifestyle changes. This paper makes low-cost recommendations to drive the self-management agenda and promote health and wellbeing within our communities. The paper recommends training of trainers to promote making every contract count among frontline staff; and the establishment of a self-management working group in Doncaster.

**EXEMPT REPORT**

2. N/A

**RECOMMENDATIONS**

3. The following low-cost preventive initiatives are recommended:
  - a) Making Every Contact Count: Train the Trainer programme
  - b) Establishing a self-management working group in Doncaster.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

4. Introducing the recommendations will have benefits to both frontline staff and also residents. Staff will gain skills and knowledge to start difficult conversations around health and lifestyle subsequently; empowering residents to make positive behaviour changes and adopt healthier lifestyles. We hope that by introducing the above recommendations we create a culture of self-management in Doncaster where it's everyone's business to promote health and wellbeing.

## BACKGROUND

5. Smoking, physical inactivity, unhealthy diet and alcohol misuse are some of the major risk factors in developing long-term health conditions such as chronic respiratory diseases, liver diseases and diabetes. Empowering people to make better and informed choices about their health and lifestyle can not only reduce the burden on the primary and secondary care services but also create more resilient and independent society.
6. Throughout the day people have countless opportunities to start healthy conversations with their colleagues, clients, patients or family members. A short 30 seconds to 2 minutes conversation when an opportunity arises can start someone's journey to a healthier life. Doncaster's Making Every Contact Count (MECC) programme will give frontline staff the confidence and knowledge to start conversations around healthy eating, smoking, physical activity and alcohol. The training programme will overcome some of the barriers to having healthy conversations such as lack of confidence, knowledge and skills.
7. Giving frontline staff the skills and confidence to have 30 seconds to 2 minutes about healthy lifestyle can improve the health and wellbeing of their clients / patients. This short conversation can help people start thinking about making a positive behaviour change such as giving up smoking or becoming more physically active. People may already be thinking about making a positive behaviour change and a MECC-like conversation with a frontline staff member can encourage them to seek support from local or national services i.e. visiting the stop smoking service for one-to-one or group support.
8. Essentially, by creating a workforce which is comfortable and confident in having healthy conversations, we are aiming to reduce the burden on primary and secondary care services and promote early help and prevention as well as self-management. We want people to live independently and become less reliant on health care services by making better and more informed choices about their health and lifestyle. The MECC training will not only raise awareness around risks associated with unhealthy behaviours but also promote local and national services that people can access in their communities.
9. A face-to-face training of trainers in MECC will equip frontline staff to gain confidence in initiating conversation about healthy lifestyle with service users. We would like to offer this training to relevant staff from all Areas of Opportunities in the Doncaster Place Plan.
10. It is worth noting that there was a successful training programme of MECC was delivered by South Yorkshire Fire and Rescue Service targeting its staff between 2015 and 2017 and with a focus on "Safe and Well Check Pilot" programme.

## OPTIONS CONSIDERED

We considered alternative options to the recommendations.

11. **Train the Trainer MECC programme-** an alternative to this was to carry on promoting our MECC e-Learning module within DMBC and external partners.

12. **Establishment of Self-management Working Group in Doncaster-** an alternative to the establishment of this working group was to integrate self-management into existing working group in Doncaster such as the Health Inequalities Working Group.

## REASONS FOR RECOMMENDED OPTION

Reasons are as follow:

13. **Train the Trainer MECC programme-** It was felt that we needed to further develop and expand on this training and provide face-to-face programme to enhance skills around starting healthy conversations. Essentially, the Train the Trainer will be seen as the second phase of Doncaster Making Every Contact Count following the roll-out of the e-Learning package. Over 700 staff across the partner agencies in Doncaster successfully completed the online training. Despite have done the e-learning package, it was felt that this was not adequate for staff to engage in MECC discussion with service users. As a result, a face-to-face training was needed, which shall have elements of roll play in order to build confidence of staff in delivering MECC.
14. **Establishment of Self-management Working Group in Doncaster-** It was felt that the existing agenda could become too heavy which could lead to loss of focus of the self-management agenda. Our research has identified 6 key components which need to be carefully considered and driven in order to establish a successful long-term conditions self-management programme in Doncaster. The 6 key elements (Table 1) will form the task for the proposed working group.

**Table 1: Components of self-management programme**

<b>What should a self-management programme include?</b>	
<b>1- Leadership</b>	
<ol style="list-style-type: none"> <li>1. Strong leadership is required to create a culture of actively supporting self-management</li> <li>2. Self-management should not be seen as a substitute but rather an integral part of high quality care</li> <li>3. Self-management needs to fit into existing work processes and seen as a professional priority.</li> <li>4. Establish a culture within the organisation for facilitating integration of self-management principles</li> <li>5. A whole system approach to promote self-management is required rather than just relying on the health services.</li> </ol>	
<b>2- Engagement</b>	
<ol style="list-style-type: none"> <li>1. Any self-management programme should include stakeholder and patient engagement so that they are involved in the change process.</li> <li>2. Intervention should be developed in partnership with professionals, patients and their families</li> <li>3. Self-management should be supported outside health organisations i.e. through workplace champions, volunteers etc. a whole system approach should be promoted</li> </ol>	
<b>3- Education, Training and Workforce</b>	
<ol style="list-style-type: none"> <li>1. Self-management programmes should equip health professionals to work with and manage patients within context of their lives rather than a clinical model of care.</li> </ol>	

<ol style="list-style-type: none"> <li>2. Education and training provided to patients and their families in a variety of formats i.e. group, individual, lay-led and online.</li> <li>3. Simply providing patients with information is unlikely to be successful</li> <li>4. Successful self-management programmes are multi-component and need to be tailored to the individual.</li> <li>5. Training should be provided to staff to ensure that they have the necessary skills to promote self-management (generic or condition specific)</li> <li>6. A generic self-management approach could potentially be used for a number of disorder</li> <li>7. Training could include real life examples.</li> <li>8. Patients training programme should include; education, action planning, psychological and social support and how to access these.</li> <li>9. Embed skills to support self-management in workforce, patients and carers. Use psychology experts to change the way people work and how patients manage their long-term conditions.</li> <li>10. Four essential components of self-management are: <ul style="list-style-type: none"> <li>• <b>Health Literacy-</b> understanding the information</li> <li>• <b>Culture relevance-</b> tailored approach</li> <li>• <b>Behaviour change-</b> ability to motivate</li> <li>• <b>Role of health professional</b> in supporting self-management</li> </ul> </li> </ol>	
<b>4- Information and Signposting</b>	
<ol style="list-style-type: none"> <li>1. From the moment of diagnosis people should be given information in variety of formats to help self-manage their condition</li> <li>2. Utilise technology to make self-management easier. However, technology may not work for all some groups so consider alternatives.</li> <li>3. Resources should be available to enable ongoing delivery</li> <li>4. Consider multi-morbidity interventions- this could be used for a number of disorders</li> </ol>	
<b>5- Patient-professional relationships</b>	
<ol style="list-style-type: none"> <li>1. Good communication- clinicians listening to, and hearing what is said by the patient</li> <li>2. Patients value continuity of care and the importance of professionals having time to talk to them</li> <li>3. Professionals should develop personalised health and social care plans to encourage patient engagement in self-management of their condition</li> <li>4. Personalised care is essential- professionals should agree goals, identify support needs, develop action plans and monitor progress. Patient should be actively involved in decision-making</li> <li>5. Intervention should be delivered in an environment which makes the patient feel comfortable</li> <li>6. Professionals should make self-management: <ul style="list-style-type: none"> <li>• <b>Easy-</b> Breaking activities into small steps</li> <li>• <b>Attractive-</b> rewarding small achievements</li> <li>• <b>Social-</b> willing to involve family, friends and peers</li> <li>• <b>Timely-</b> offering support when people are most receptive</li> </ul> </li> </ol>	
<b>6- Barriers to overcome</b>	
<ol style="list-style-type: none"> <li>1. Work schedule, family commitments, lack of transportation and cost of lifestyle changes</li> <li>2. People with more than 1 LTC are on a rise: this could potentially mean</li> </ol>	

<p>many care plans which could cause confusion if the focus is on a condition specific self-management programme.</p> <ol style="list-style-type: none"> <li>3. Socio-economic deprivation: evidence suggests that this reduces motivation among patients</li> <li>4. Accessibility: do people have access to support services and have the confidence and the ability to use them?</li> <li>5. Monitoring the effectiveness of the programme: establish an evaluation framework.</li> <li>6. Social Return on Investment: how the programme impacts on the wider wellbeing of the population.</li> <li>7. Patient engagement is influenced by: <ul style="list-style-type: none"> <li>• <b>Capacity-</b> access and availability of time, knowledge, emotional and physical energy</li> <li>• <b>Responsibility-</b> the degree of which is agreed by the patient and the practitioner- the amount of work the patient is required to do?</li> <li>• <b>Motivation-</b> willingness to take up self-management practices.</li> </ul> </li> </ol>	
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## IMPACT ON THE COUNCIL'S KEY OUTCOMES

15. Table 2

	<b>Outcomes</b>	<b>Implications</b>
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>A healthier community will contribute to a thriving and resilient economy; and it will help to protect our health and social care services.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>This initiative will contribute positively to a healthier Doncaster and helping the people to live independent and healthier lives by embracing self-management and taking responsibility for their own health.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	

	<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>Individuals and families embracing self-management will contribute positively in improving health and protecting vital services.</p>
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

## **RISKS AND ASSUMPTIONS**

16. There is a risk of potential lack of engagement from partner agencies. This will be addressed through the Health and Wellbeing Board by their endorsement and approval of the proposed initiatives; and continued commitment of respective member organizations on the board.

## **LEGAL IMPLICATIONS**

17. There are no legal implications associated with this report.

## **FINANCIAL IMPLICATIONS**

18. We have successfully obtained £10,000 to deliver the Train the Trainer MECC programme through Pfizer Educational grant.

## **HUMAN RESOURCES IMPLICATIONS**

19. We hope to train 18 trainers from various health and partner organisations including; DMBC, DBHTH, RDaSH, Children's Trust and the Voluntary sector. We will require commitment and support from these trainers and their managers to deliver a one-hour MECC training to relevant staff within their respective organisations.
20. A trainer provider has been identified, and the training of trainer programme is expected to commence as from March 2018.

## **TECHNOLOGY IMPLICATIONS**

21. There are no technology implications associated with this report.

## **EQUALITY IMPLICATIONS**

22. The recommendations will contribute to addressing health inequalities by giving the opportunity for self-management to all sections of the population.

## **CONSULTATION**

23. This work has been developed by Public Health and it has been shared with CCG and partners as part of Doncaster Place Plan.

## **BACKGROUND PAPERS**

24. None.

## **REPORT AUTHOR & CONTRIBUTORS**

Name: Dr Victor Joseph and Nasar Ahmed

Tel: 01302 734911

[Victor.Joseph@doncaster.gov.uk](mailto:Victor.Joseph@doncaster.gov.uk)

**Dr Rupert Suckling**  
**Director of Public Health**

## ADDITIONAL BACKGROUND INFORMATION

1. The Department of Health (DoH) estimates that 17.5 million adults may be living with one or more long-term health condition with at least 60% of adults having one long-term condition (LTC). This figure is likely to continue to grow as a result of an ageing population and the factors mentioned above.
2. People with long-term conditions account for 50 per cent of all GP appointments (Kings Fund 2012). Around 70-80% of people with long term conditions can be well supported to manage their own condition and live independently, thereby reducing primary and acute care budget (DoH, 2005).
3. In Doncaster, approximately one in five people live with a long-term condition, according to the 2001 UK Census data; and the standardised illness ratio was 25% higher than that expected for England and Wales (this means that there are 25% more people who reports having long-term illness in Doncaster than in England and Wales). LTCs affect both sexes and all age groups.
4. On average it costs the NHS £138 per A&E attendance and the cost of a non-elective inpatient visit to the hospital costs over £1600 (DoH 2016). Giving people the confidence and the knowledge to manage their health conditions can significantly reduce these costs.
5. It is estimated that 19.8% of the adult population in Doncaster smoke, this is higher than the national average of 15.5% (PHOF). Each year in Doncaster, smoking costs the society £96.5 million, that's £1780 per smoker (ASH 2015). This includes:
  - £27 million due to loss of productivity
  - £39.7 million due to smoking breaks (at work)
  - £6 million due to smoking related sick days
  - Annual cost to NHS is about £15 million – treating smoking related illnesses and harm caused by passive smoking
  - £7.4 million due to care required later in life as a result of smoking related illnesses.
6. Furthermore, 52.6% of Doncaster's residents achieve a level of physical activity which meets the UK Chief Medical Officer's recommendations; this is below both the regional and national average. Burden of inactivity in Doncaster is approximately 24,000 GP visits, based on 70,000 inactive residents making 5.5% more visits than the average (average resident visits their GP six times a year). Health cost of inactivity in Doncaster is almost £5 million (Sport England 2009/10).
7. We want people to live independently and become less reliant on health care service by making better and more informed choices about their health and lifestyle. We conducted a research on what a good self-management programme would look like in Doncaster. We analysed literature reviews, NICE guidance and also met with Local Authorities who have set up a LTC self-management programme for their residents i.e. Bradford, Kirklees and Hertfordshire. Our research identified six key components that we need to consider carefully in order to establish a successful LTC self-management programme in Doncaster. These are highlighted in the Table 1 above.



8. **What tools are available locally to help people self-manage?**
- [Your Life Doncaster website](#)- includes a database of over 1500 community groups and activities to help professionals' signpost people.
  - Social Prescribing
  - [Making Every Contact Count](#) online training package.

9. **Identified gaps**

1. Currently, Doncaster does not have a generic self-management programme which is able to tackle a number of long-term conditions. However, condition specific education and materials are generally provided at diagnosis.
2. Information is not available in variety of formats. Evidence collated states that technology should be utilised more to help people self-manage their condition.
3. Leadership: a strong leadership is required to create a culture of actively supporting self-management and making it a priority within the organisation/team. Leaders should also consider providing training to staff to help employees understand how such programmes fit into their day-to-day roles.
4. Accessibility: evidence states that creating a single point of access for information can aid professionals to support patients to self-manage their condition.
5. A whole system approach is needed which includes involvement from organisations outside the health care settings to actively promote self-management.

10. **Proposal for considerations**

**a. Making Every Contact Count Train the Trainer Programme**

A short 30 seconds to 2 minutes conversation can start someone's journey to a healthier life. Doncaster's Making Every Contact Count programme will give frontline staff the confidence and knowledge to start conversations around healthy eating, smoking, physical activity and alcohol. The training programme will overcome some of the barriers to having healthy conversations such as lack of confidence, knowledge and skills.

**b. Establishing a Self-Management working group**

The Health and Social Care Act (2012) and NHS Five Year Forward View (2014) recommends that commissioners, in partnership with providers and voluntary sector organisations play a significant role in supporting and empowering patients to self-manage their health and wellbeing, especially patients with a long-term condition(s).

A Self-management Working Group for Doncaster will outline specific aims and priorities in response to the local needs and use limited funding for the self-care and prevention projects and initiatives. The Board will consist of members from Adult and Community Services, Public Health, DBHTh, RDaSH, CCG, Voluntary Sector, and includes a lay person. The self-management working group will drive the functions of the self-management programme (Table 1).

## 11. Key Healthy Lifestyle Advice

1. **SMOKING:** If you are a smoker, stop smoking. Smoking has a very harmful effect on heart, lungs and blood vessels, including those in the brain. You can contact your local Stop Smoking Service by visiting: <https://www.nhs.uk/smokefree>
2. **HEALTHY EATING:** A healthy diet that helps you to maintain a normal body weight is likely to reduce the chance of developing conditions such as diabetes, coronary heart disease and hypertension. If you already live with these, a healthy diet will help you manage your condition. For more information about healthy eating visit: [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)
3. **PHYSICAL ACTIVITY:** Stay as active as you can. Being active isn't just good for your physical health; it also helps you feel good. To find out about physical activity opportunities in Doncaster visit: [www.doncaster.gov.uk/getdoncastermoving](http://www.doncaster.gov.uk/getdoncastermoving)
4. **ALCOHOL:** If you drink alcohol, make sure you follow the recommended guidelines. Drinking above safe levels of alcohol significantly increases your chances of developing conditions such as cancer, heart disease, liver disease and alcohol related dementia. Find out how much you are drinking by visiting: [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)
5. **DRUGS:** If using drug, are you getting help from local Drug Service?
6. **MANAGING STRESS:** Take time to relax to reduce stress and anxiety. Being socially and mentally active plays an important role in keeping your brain sharp. Find out how to stress less by visiting: [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)
7. **FLU VACCINATION:** Make sure your vaccinations are up to date and have your flu jab every year. Check with your GP if you are eligible.
8. **MEDICATION SUPPLY:** Make sure you have adequate supplies of your medication. Check with your GP/Pharmacist.
9. **PACING:** Pace yourself during day-to-day activities. Plan your time so tasks are spread throughout the day and you don't have to complete them in a hurry.
10. **HOUSE TEMPERATURE:** Keep your house warm around 21°C in living room and at least 18°C in bedrooms.
11. **SOCIAL ISOLATION:** Although social isolation is most common in the elderly, younger adults may also be affected by both social isolation and loneliness. Speak to your GP, Community nurse or Pharmacist for information on the Doncaster Social Prescribing Service.
12. **DENTAL HEALTH:** Are you registered with a Dentist? If so, do you have regular check?
13. **FALLS**
14. **GP:** Are you registered with a GP?

## **Doncaster Making Every Contact Count (MECC) Train the Trainer Programme**

In Doncaster today, there is a significant problem with people leading unhealthy lifestyles. Obesity, smoking and physical inactivity levels are higher than the national and regional average. One in five people in Doncaster live with a long-term condition and the prevalence is likely to increase as more and more people live longer. The good news is that we can do something about this; we can help raise awareness of the benefits of healthy lifestyles and support people who want to make lifestyle changes. A short 30 seconds to 2 minutes conversation when an opportunity arises can start someone's journey to a healthier life.

Doncaster's Making Every Contact Count (MECC) programme will give frontline staff the confidence and knowledge to start conversations around healthy eating, smoking, physical activity and alcohol when an opportunity arises.

### **Who is the Training for?**

We plan to train 18 trainers from various health and partner organisations including; DMBC, DBHTH, RDaSH, Children's Trust and the Voluntary sector. This training is ideal for someone who:

- Wants to drive the MECC agenda forward within their organization. Previous experience of delivering training is not essential.
- Is committed to attending 3 day training in March 2018 (Dates TBC). The final day of the training will be an assessment
- Is committed to delivering MECC training to relevant staff within their organization in the next year. The number of staff trained in your team/organization will be audited in the course of the year.
- Has line-managers approval and organization support.

### **What will the training cover?**

The training will cover 3 Practical Models for Brief and Very Brief Intervention:

1. The Ask, Advise, Assist Model, Applying
2. The POEM Model, The Alternative –
3. The 4-Stage Engagement Model.

*It also includes; principles of MECC, role playing, 5 key public health areas, MECC Plus and more...*

### **How we will support you after the training?**

- 1 day refresher workshop with the trainer within 6 months.
- Access to learning materials from the training.
- Online access to the trainer and peers throughout the year.

### **Who is the trainer?**

*The training will be delivered by Damian Edwards, senior trainer at Hdm-Medical Training Consultancy, Author of The MECC Train the Trainer Course for Yorkshire and Humberside.*

**Nominations** should be directed to: Nasar Ahmed at [Nasar.Ahmed@doncaster.gov.uk](mailto:Nasar.Ahmed@doncaster.gov.uk) by February 2018