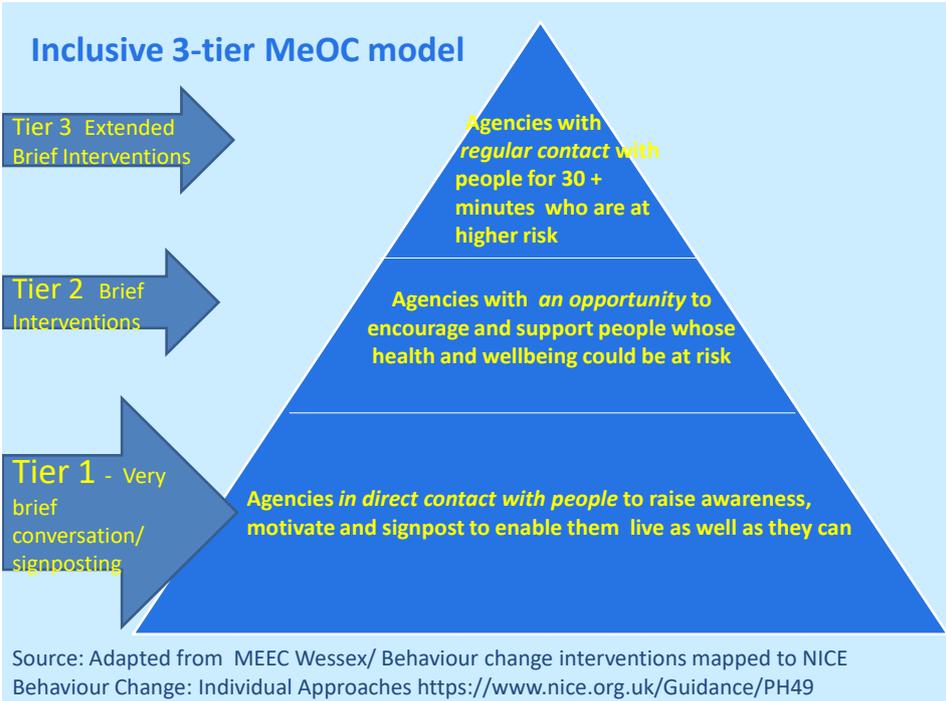


Charter 11.9 – Making Every Opportunity Count

Improvement Project Title : Making every Opportunity Count across the public and third sector
Executive Sponsor: Sandra Ross (Chair of Outcome Improvement Group):
Project Lead: Linda Leighton-Beck Job Role & Organisation: Head of Social Inclusion, NHS Grampian Email Address: linda.leighton-beck@nhs.net
Aim statement Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count (MeOC) conversation or intervention The Charter seeks to test the spread of the model consistently within one organisation for the well tested MeOC concept. This will then allow all CPP partners to adopt a tested implementation plan and move to scale-up across Aberdeen city.
 <p>Inclusive 3-tier MeOC model</p> <p>Tier 3 Extended Brief Interventions → Agencies with <i>regular contact with people for 30 + minutes who are at higher risk</i></p> <p>Tier 2 Brief Interventions → Agencies with <i>an opportunity to encourage and support people whose health and wellbeing could be at risk</i></p> <p>Tier 1 - Very brief conversation/signposting → Agencies <i>in direct contact with people to raise awareness, motivate and signpost to enable them live as well as they can</i></p> <p>Source: Adapted from MEEC Wessex/ Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches https://www.nice.org.uk/Guidance/PH49</p>
Link to Local Outcome Improvement Plan: The refreshed LOIP for 2016-26, published in 2019, identifies 15 stretch outcomes to break down the overall vision and ambitions to reduce poverty into manageable,

thematic programmes of work. This Improvement Project sits under stretch outcome 11 within the People (Adult) theme.

Why is this important

MeOC is an ambitious, integrative and transformative 3-tiered approach to support cultural shift to enable people who use services, and people who provide services, to live as well as they can, with everyone, every system and service doing a little.

With the development of the publicly available Scottish Services Directory the potential for MeOC to become a self-management and peer-support tool is greatly enhanced. Future tests of change will look at how embedding the approach with citizens and students might enhance the overall resilience of our communities who can signpost each other (earlier) rather than wait until there is a problem which is when they often come into contact with services. This is a deliberate attempt to use the approach to get 'upstream' and like individuals with supports at a much earlier stage.

Key progress 19/20

- Overall, partners/services aim to increase by 25% year on year, the number of people who have benefited from a MeOC conversation or intervention.
- In 2018-19, 6000 people benefited.
- We will meet our target by increasing the number of people benefiting, in 2019-20, by a minimum of 1500.
- All partners, existing and new, contribute to this total and are concentrating on Tier 1.
- New adopting partners for 2019-20 are Housing Services, Library Services, Community Pharmacy and NHS Grampian Healthpoint. We believe it is particularly important to consolidate Tier 1 to provide a solid platform from which to reach into tier 2/3.
- Colleagues have worked hard to prepare for the tests of change we describe. This work is already advancing and builds from the learning from earlier tests of change with existing partners/services.

MeOC is designed to benefit services and people :

- Encourages a common way of preventive working, within an overall framework (3-tiered model) that is suitable for all public and third sector services
- Supports cultural shift – amongst services and people, at scale and over time – to provide the platform for prevention.

- Underpins the drive for prevention which the Christie Commission on the Reform of Public Services seeks to achieve, which public bodies signed up to and have found difficult to put into practice.
- Provides a simple approach to the 'how', at volume and scale.
- Enables a holistic, equitable approach which at Tier 1 (the focus in 2019-20) provides brief wellbeing conversation/intervention and signposting to expert relevant support in the community, and at Tiers 2/3 (commencing in 2020/21) offers brief/more extended intervention.
- Benefits families by increasing their awareness of community assets
- Benefits communities as more people begin to take greater advantage of the full range of assets.
- Benefits public services as staff become more aware of the full range of community assets to enable their clients to secure maximum holistic support
- Benefits all services, progressively, from concentrating their resource on those at greatest risk and with greatest need.
- Enables more people to live as well as they can (self-care/self-manage) reduce the burden on Public Services and the associated costs.
- Aligns well with NHS England's development of longer standing on Making Every Contact Count.

MeOC focuses on customer needs, rather than service *per se*, affords a more holistic approach to equitable service provision and illustrates respective contributions as Community Planning Partners i.e. above and beyond named service and closer to the Christie Commission's vision of increasing opportunity for prevention and early intervention as a *modus operandi*.

As such it provides a *systems approach* which is steadily gaining recognition with partners, increasing the volume and value of consistent messaging to enable people to address their health and wellbeing, bringing much needed coherence to 'early intervention, prevention and self-care' at a level that is meaningful to our service users and providers, and increasing the leverage of partners.

Prior to MeOC none of this was in place, so on the basis of total gain for the City - since inception – 17,000 people have benefited from a MeOC conversation, with no additional resource. Previously none had benefited.

Each and every partner increases the scale of the change and all of the literature indicates the need to upscale interventions, particularly where the focus is on population health gain.

The significant change which MeOC enables is the *systematic, consistent, sustained approach, within a service, and across services* creating greater coherence of Community Planning Partner effort for the city.

One identified area for improvement is that our roll-out could be even more impactful if it didn't focus solely on 'paid workers'. The approach if adopted in everyday conversation by the general public would have the potential to turn a grumble between friends into a meaningful conversation. The person in need of support information could get the support they need much quicker from their peer – with the added benefit that early support will most likely see an issue resolved when it is manageable rather than become a crisis. This may be a particularly useful strategy for teens in supporting positive mental health.

In 2020/21 we want to focus on one organisation Aberdeen City Health & Social Care Partnership (ACHSCP) and test the implementation across one organisation. Specifically, we want to test how we measure and monitor the regular and ongoing use of the tool.

MeOC is evidence based and has been informed by

- ❖ Successive reports from MEOC
<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>
- ❖ Aveyard, P *et al* Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial *Lancet* 2016; 388: 2492–500,
<https://www.makeeverycontactcount.co.uk/media/1131/lancet-bis-for-obesity-in-primary-care-randomised-trial-oct-2016.pdf>
- ❖ Nelson A, de Normanville C, Payne K, Kelly M. *public health* 127 (2013) 653e660 [http://www.publichealthjrn.com/article/S0033-3506\(13\)00128-5/pdf](http://www.publichealthjrn.com/article/S0033-3506(13)00128-5/pdf)

Measures: (How will we know if a change is an improvement?)

Shifting culture is a long-term process. In the initial tier 1 phase (2019-20), we need to be certain that partners are delivering MeOC, hence the single metric is number of people benefiting from the already tested MeOC approach. In subsequent phases, we can extend our metrics and seek more nuance.

- **Outcome measures –**
 - number of people benefitting from a MeOC conversation or intervention in 2020-21.
 - number of partner organisations and services adopting MeOC
 - Percentage increase year on year (18/19 baseline 6,000; 19/20 target is 7,500; 20/21 target is 9,375)
- **Process measures –** *Each partner identifies own 'markers of success', for example:
 - Number of referrals generated by MeOC conversation (using referral tracking reports in Scottish Services Directory)
 - Ratio of number of conversations to number of referrals

- **Balancing measures** – Each partner factors MeOC into their day to day business. For example, if staff vacancies were to persist, some adjustment in MeOC throughput would be anticipated and noted.

*Each partner is encouraged to agree own ‘markers of success’ at the outset including feasibility, utility and acceptability of MeOC for clients and for staff/organisation.

*This is good practice in QI – principle that in Test of Change that change idea is tested and optimised but when spreading to scale-up it needs to take account of local team environment – this way people can think about the benefits locally and this in turn builds stronger buy-in.

* Each partner agrees the issues for signposting, Tier 1

* In a subsequent phase, we will look to engage partners who have the opportunity and capacity within their day to day operations (e.g. they largely operate a case management approach and have a measure of continuity with clients) to agree issues for brief intervention at Tiers 2/3.

Change ideas:

Change ideas for 2020/21 will focus on spreading the approach which we have already tested is separate teams:

- Testing the appropriateness of training that is delivered to staff to ensure they are confident and competent in MECC within their role.
- Developing a review system that can measure how many MeOC conversations are taking place and the number of onward referrals generated.
- Develop MeOC user group to gather further improvement ideas
- Develop peer-to-peer training

Project team are developing change ideas for 2020/21 to test the expansion of the approach on a peer to peer basis rather than traditional models of service deliverer to customer. This is a genuine attempt to empower citizens to take their role in supporting each other in a preventative way thus raising levels of resilience across the city. The most exciting part of this is that it could become inter-generational but with grandchildren providing advice and support (using their digital and information sourcing skills) to their elders.

Potential risks and/or barriers to success & actions to address these

There are three significant linked risks which can be mitigated.

- Failure of agency sponsors, at the highest level, to signal to all relevant staff the importance of adopting this inclusive systems approach, identifying a visible named lead and building the approach into governance, ensuring that the MeOC conversation is a key metric integrated within organisation and service performance dashboards – mitigated by roll-out and communications plans.

- Failure of managers to be prepared to nurture this process over the long term within the service/organisation to ensure sustainability and longevity as part of routine practice – mitigated by roll-out, communication and Management Information planning.
- Failure to use monitoring data to troubleshoot, if required – mitigated by Management Information planning.

Project Team:

Neil Carnegie – Housing Service Manager, ACC
 Fiona Clark – Library Service Manager, ACC
 Stacey Anderson – Pharmacy Development Manager, NHSG
 Susan Johnston – NHSG (Training Advisor)
 Andrea Thomson- NHSG (Data Master)
 Elaine Mcconnachie - Aberdeen City HSCP/ PH Team
 Libby Soutar – NHS Grampian Healthpoint (Aberdeen)
 Linda Leighton-Beck – Head of Social Inclusion, NHSG

This team will link directly with ACHSCP Leadership Team to ensure that during the establishment of locality working that training on MeOC approach and use of Scottish Services Directory is given to all staff.

Outline Project Plan - Set out your initial plan about the timeline for your project.

(This should be reviewed regularly)

This focuses on Tier 1 for 2020/21 within ACHSCP.

Project Stage	Actions	Timescale
<p>Getting Started (Project Score 1-3)</p>	<p>What initial activities are required to get started? (Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system)</p> <p>Completed tests of change for 2019 – 20 with Housing, Libraries, Community Pharmacy , Healthpoint. These tests</p>	<p>When do you expect to complete this stage?</p> <p>Completed</p>

	<p>were around training and use of MeOC</p> <p>Preparation and planning for 2020 implementation tests within ACHSCP.</p> <p>An open access learning site was created and is available to support those starting their own MeOC test of change at https://www.hinetgrampian.org/people-networks/public-health-directorate/health-inequalities/making-every-opportunity-count/making-every-opportunity-count-meoc-summary/</p>	<p>By 1 March 2020</p> <p>Completed</p>
<p>Designing and Testing Changes (Project Score 4-7)</p>	<p>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers & colleagues; Identifying the people, place to start testing)</p> <p>Establish ACHSCP specific project team</p> <p>Communications and Engagement Planning</p> <p>Capture success stories from previous tests</p>	<p>When do you expect to complete this stage?</p> <p>Jan 2020</p> <p>Feb 2020</p> <p>Feb 2020</p>

<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<p>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers & colleagues; Identifying the people, place to start testing)</p> <p>Testing of training materials and modes of delivery for ACHSCP.</p> <p>Testing of training materials for Scottish Services Directory (SSD).</p> <p>Testing of referral reporting functionality of SSD.</p> <p>Identify team development / locality workshop sessions at which to deliver training</p> <p>Run a review workshop at 6 months engaging MeOC users to identify further improvements</p>	<p>When do you expect to complete this stage?</p> <p>March 2020</p> <p>March 2020</p> <p>April 2020</p> <p>May 2020</p> <p>Nov 2020</p>
<p>Spreading Changes (Project Score 9-10)</p>	<p>What actions are required to reach the full scale of the project? (Engagement of other teams/colleagues; other locations?)</p> <p>Within each partner/ agency, spread is by phased roll out, with phasing reflecting readiness to adopt.</p> <p>Spread to new services and or agencies is reflective of MeOC 'fitness for agency purpose', readiness to agree, develop and deliver a test of change and an</p>	<p>When do you expect to complete this stage?</p> <p>Will reflect plans held by each service on next steps in roll out.</p> <p>Spread to other services will be at the discretion of the sponsoring chief officer.</p>

	element of opportunistic buy in.	
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