

Healthy Conversation Skills



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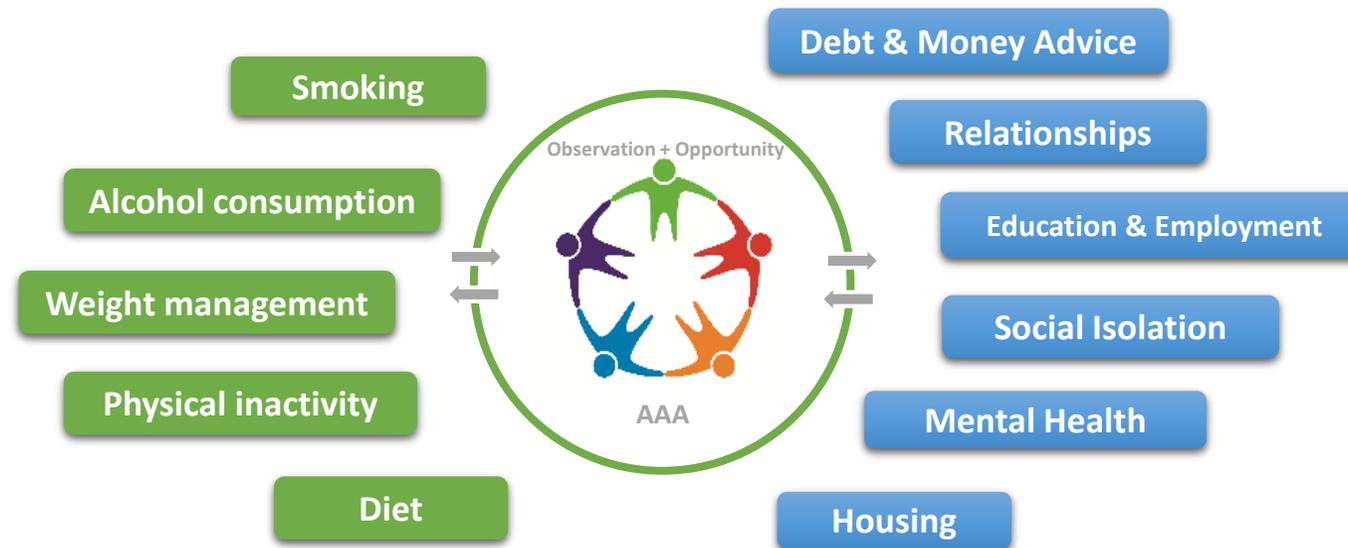


Overview

- Having a strong prevention programme across Leicester is critical in addressing the increasing burden of preventable disease.
- Prevention (and MECC) has increasingly featured as a cornerstone of the strategic direction that health and care services are going in (ICB 5 year forward plan, ICP Strategy, UHL prevention report, HWB strategy)
- The wider Leicester workforce and VCSE have a vital role in prevention. In order to achieve this, the workforce need to be upskilled.
- Making Every Contact Count (MECC) is a low-cost intervention, underpinned by the evidence-base for behaviour change approaches to prevention.

Making Every Contact Count Plus (MECC+) – “Healthy Conversation Skills”

‘Enabling the **workforce** to **recognise the opportunity** they have in facilitating people to have a greater awareness of their health and wellbeing’



‘Empowering **people** to seek out their **own solutions** to support their own health and wellbeing’

What are Healthy Conversation Skills?

How

What

Use **open discovery questions** to help someone explore an issue



Regularly **reflect** on your practice and conversations



Spend more time **listening** than giving information or making suggestions



Use open discovery questions to support someone to make a SMARTER plan

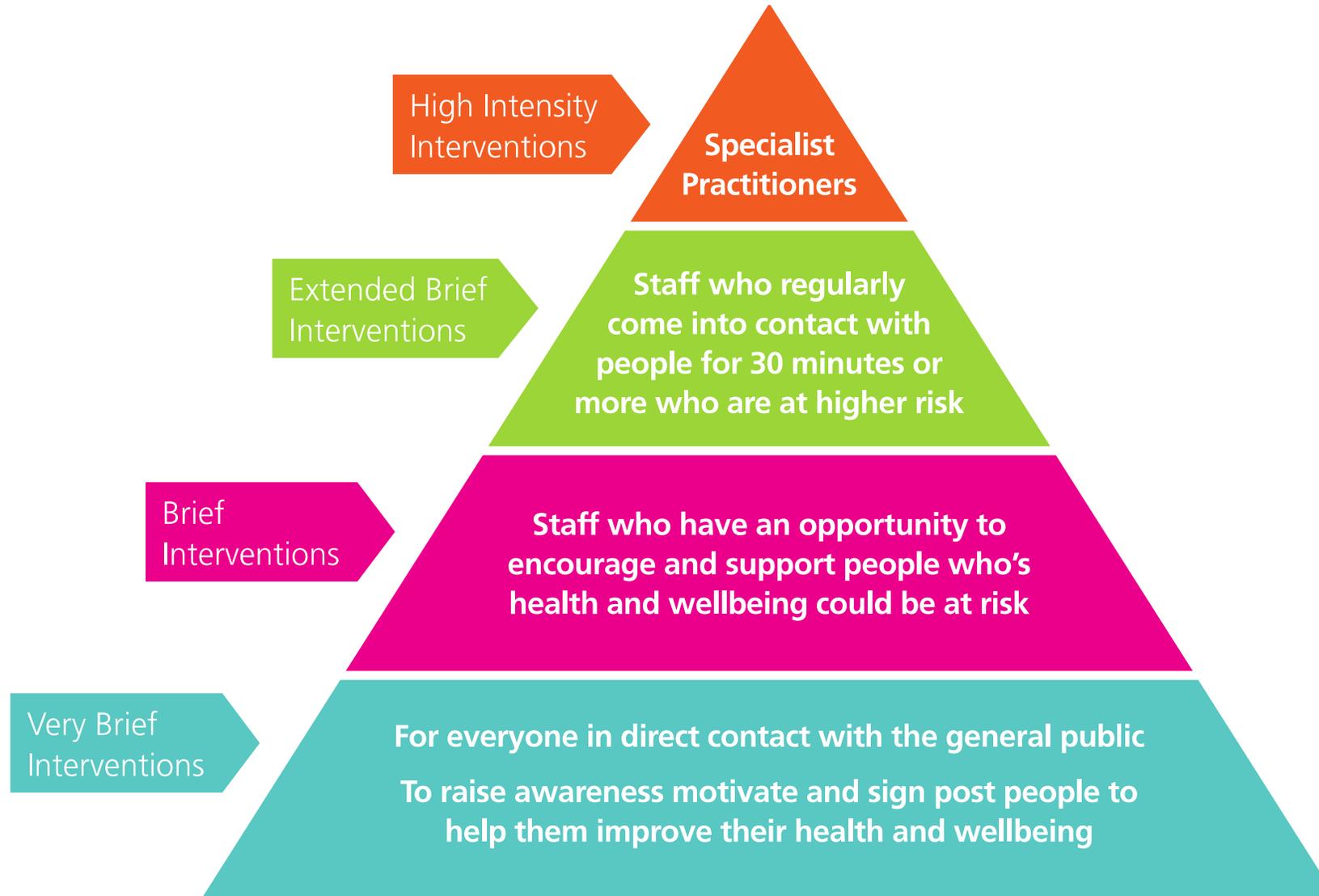
Intended impacts

For staff/workforce:

- Increased confidence and competence to have healthy conversations and take action
- Improved knowledge and understanding of prevention, wider determinants of health and behaviour change.
- Improved awareness of local signposting/referral routes
- Increase number of referrals to lifestyle and wider prevention services

For the system:

- Improved reach, sustainability, feasibility and acceptance of the training programme and approach across the ICS workforce
- Promotion of effective multi-agency working and relationship building across organisational boundaries.



Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
<https://www.nice.org.uk/Guidance/PH49>

Historical delivery of the programme

- 2019 – Programme initiated (LLR) – partnership approach and matrix working
- March 2020 – Oct 2020 (break in delivery)
- March 2021 – bespoke vaccine hesitancy conversation tool developed
- Sept 2021 – October 2022 – (break in delivery)
- February 2022 – Leicester Medical School
- Winter 2023/Spring 2024 – UHL Band 2 work
- January 2024 – PCN webinar model
- 2024 – Funding from Public Health to continue delivery across Leicester in the short term in line with strategic plan, addressing health inequalities

Data and outcomes to date

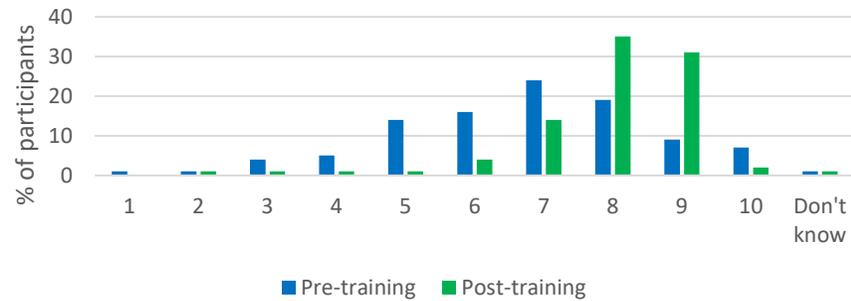
e-learning
1479 across LLR

MECC (lite)
Almost 400 trained
in City.

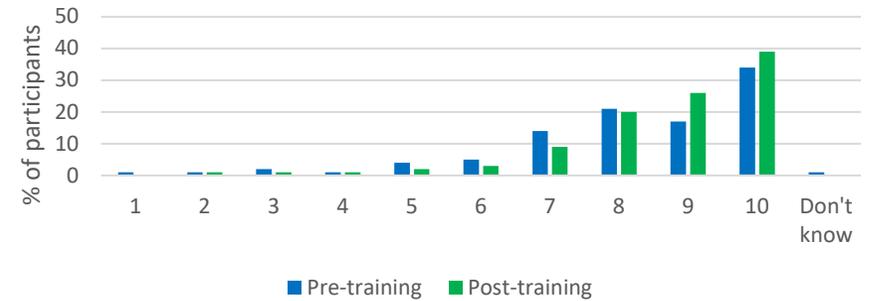
Trainer network
45 trainers across
LLR (11 are City-
based)

1,931,397 – website
home page views

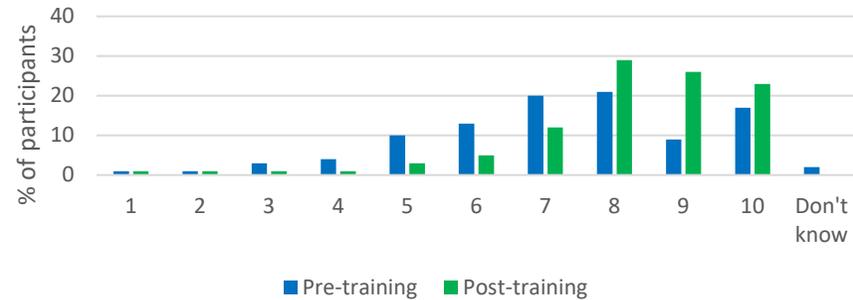
On a scale of 1-10 how confident do you feel about supporting individuals to make a positive/healthy change? (1 not confident, 10 very confident)



On a scale of 1-10, how important is it for you to have healthy conversations with the people you meet? (1 not important, 10 very important)



On a scale of 1-10, how useful do you think the conversations you have are at supporting individuals to make a positive/healthy change? (1 not useful, 10 very useful)



Case studies – Open Hands

It was stimulating to meet other volunteers who were committed to improve their communication skills. The congenial atmosphere enabled me to speak up and engage with the content. During the training it became obvious that using “open discovery” style questions was a great way to facilitate wider and potentially more helpful conversations. I have started to use this approach in my conversations with guests (clients) I serve at Open Hands - it has really opened up conversations.

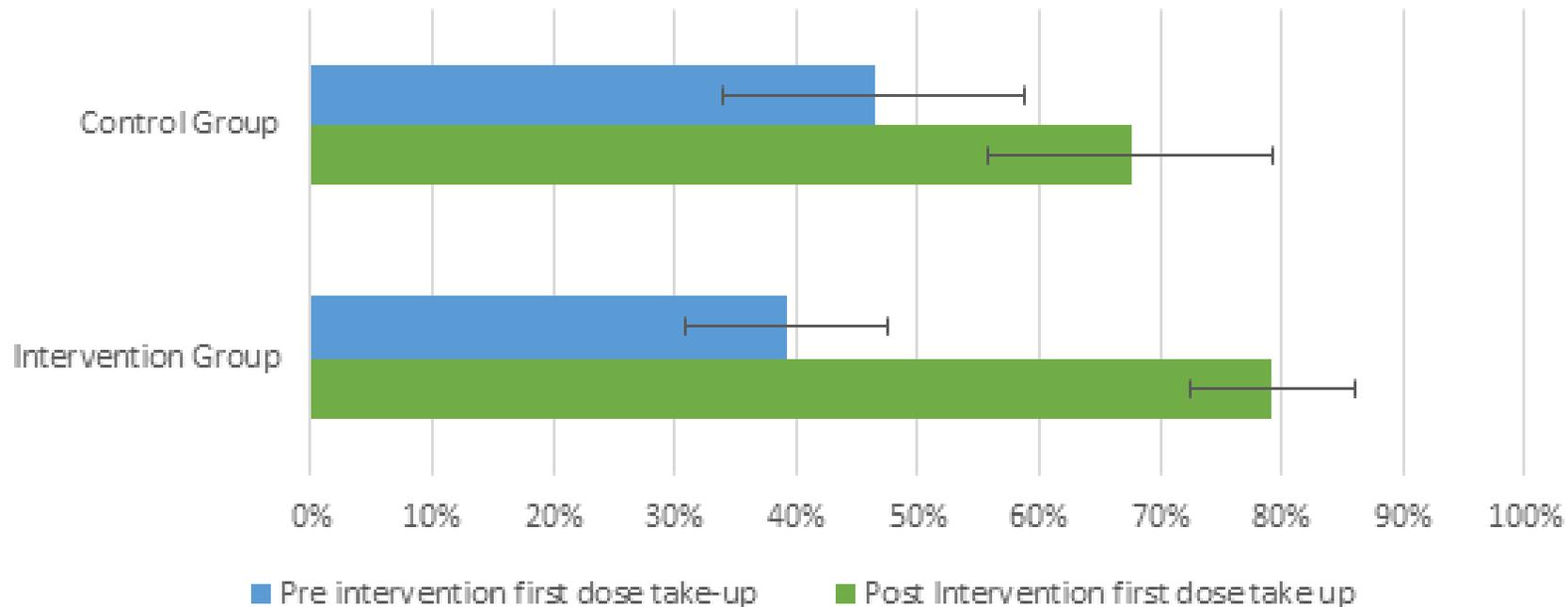
*It's plain we can't solve every problem our guests have, but I felt this man left having received food help **and** a conversation that left him in a much more positive frame of mind.*

Our guests are from all backgrounds, countries, and circumstances. Sometimes it is difficult to adjust a conversation when meeting a new guest, particularly if guests are different ages. The HCS training has given me more confidence to begin conversations with people, who may not initially open up.

*In one example, the week after the training, I noticed a guest was sitting in our reception area. His body language was saying “I’m not interested in talking – I don’t even want to be here!” I approached him, his head was down staring at the floor. I enquired if he had checked in at reception. I got a one-word reply! So, I sat next to him and started asking him open questions about his visit. After several questions and answers he was looking at me and engaging in a conversation with me about his life situation and **what he hoped to be able to do to move on from where he was.***

Case study - Vaccine confidence tool

Chart to show dose 1 COVID-19 vaccine uptake pre and post intervention in LLR care homes staff in control group vs Intervention group (12-week follow-up)



Case study – Proof of concept work

UHL – Band
2's

LPT – initial
sessions
delivered

PCN –
Webinar
model

Future direction in Leicester

- Prioritisation of delivery
- Increase trainer network
- Strengthen programme evaluation
- Explore further opportunities to use HCS to support prevention efforts
- Continue to work with organisations who have MECC approaches embedded with policy and strategy to upskill their workforces – resource permitting

Where can the Health and Wellbeing Board support?

- Identification of any funding to support system-level needs assessment and training roll-out.
- Partnership working to endorse programme across different workforces (including Train the Trainer model).
- Input to support development of a robust evaluation plan