Making Every Contact Count
Healthy Ireland in the Health Services
National Implementation Plan 2015 - 2017

Social Work in Primary Care Conference
2nd October, 2015

Sarah McCormack
Healthy Ireland Programme Lead
Dr John Cuddihy
Director of Public Health
HSE SE
Healthy Ireland Framework 2013– 2025

Focuses on the biggest risk to our population’s health – the burden of chronic disease

Capitalises on our large size, workforce and relationships with service users

Builds on what we are already doing — bringing people together

Will use exciting external partnerships and structures

Focuses on what will make this sustainable over 5 – 10 years
National Implementation Plan 2015 – 2017

Strategic Priorities

Opportunities to embed approach through

………..

Health Service Reform

Our Biggest Challenge

…………

Chronic Disease Prevention & Management

Best Assets

…………

Workforce Health & Wellbeing
Strategic Priorities

Opportunities to embed approach through

Health Service Reform
Strategic Priority: Health Service Reform

- New Corporate Plan 2015–2017
- Structural Reform
- Financial Reform
- Knowledge, Information and e-health
- Clinical Care Integrated Programmes and Models of Care
- National Policy Priority Programmes

Improving Health and Wellbeing in Ireland
Strategic Priorities

Opportunities to embed approach through

.......... Health Service Reform

Our Biggest Challenge

.......... Chronic Disease Prevention & Management
Determinants of health

Some of the major influences on a person's health and wellbeing
Chronic Disease

- Half of all people over 50 have at least one chronic disease
- Chronic Disease will rise by 4% each year
- 1 in 5 of all of us will experience mental health problems in our lifetime
- 1 in every 10 people over 50 years of age has diabetes
- 1 in 5 children is overweight
- 36,000 new cases of cancer are diagnosed each year

Improving Health and Wellbeing in Ireland
Chronic Disease

- 19.5% of the population smoke
- Alcohol consumption in Ireland is 5th highest in Europe
- Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities compared to 28% among those from higher social classes
- 9% of 3 year-olds in lower socio-economic groups are obese compared with 5% in higher socio-economic groups
Chronic Disease

- Body mass index, cholesterol and blood pressure are persistently higher among low-income social classes.
- Levels of depression and admissions to psychiatric hospitals are higher among less affluent socio-economic groups.
- 37% of 13-year-olds in the lowest social group never participated in organised sports, compared with 17% in the highest social group.
Chronic Disease cost to Health Service

- The cost of obesity to the state in 2009 was estimated at €1.13 billion in direct and indirect costs.
- If prevalence of overweight and obesity reaches the 90 per cent predicted by 2030, direct healthcare costs alone will reach €5.4 billion.
- The cost to the Irish healthcare system of alcohol-related illness in 2007 was estimated to be €1.2 billion.
Potential savings are significant if reduced BMI levels achieved:

- a 5 per cent reduction in overweight and obesity levels will result in savings of €495 million in direct healthcare costs over the next 20 years.
Chronic Disease is largely preventable

- Almost **35%** of cancer deaths and cases of cancer, and almost **65%** of cardiovascular disease deaths and cases, are attributable to a number of known and preventable risk factors.
- For coronary heart disease, the proportion of deaths and cases attributable to key risk factors is even greater (**80%**).
- Tobacco exposure alone is responsible for **73%** of COPD.

Improving **Health and Wellbeing** in Ireland
Strategic Priority: Reducing the Burden of Chronic Disease

Health Behaviour Change Model
Training
Self-care
Quality

Every Contact Counts
Strategy Implementation

Healthy Ireland
Healthy Childhood
Healthy Eating and Active Living
Wellbeing and Mental Health
Positive Ageing
Alcohol
Tobacco Free

Improving Health and Wellbeing in Ireland
Remarkable reach available to the healthcare system each year

- 4.6m people
- 290,000 Emergency Calls
- 18m have medical cards
- 68,000 babies born
- 3m clinical consultations
- 20m prescriptions
- 1.3m Dental visits
- 1.43m procedures
- 1.2m ED visits
- 5m Public Health Nurse contacts
- 10.3 home help hours
- 290,000 Emergency Calls
- 18m have medical cards
- 68,000 babies born
- 3m clinical consultations
- 20m prescriptions
- 1.3m Dental visits
- 1.43m procedures
- 1.2m ED visits
- 5m Public Health Nurse contacts
- 10.3 home help hours
Strategic Priorities

Opportunities to embed approach through ............

Health Service Reform

Our Biggest Challenge ............

Chronic Disease Prevention & Management

Best Assets ............

Workforce Health & Wellbeing
Strategic Priority: Workforce health and wellbeing

- 100,000 staff working in 2,594 workplaces
  - Create healthy environments – smoke-free, healthy eating and encourage physical activity
  - Include staff as target group in social marketing campaigns
  - Create a culture of HI champions within the health service and retired staff
  - Implement The People Strategy
  - Implement a Staff Health and Wellbeing Strategy
Making Every Contact Count
Healthy Ireland in the Health Services

Social Work in Primary Care Conference
2nd October, 2015

Dr John Cuddihy
Director of Public Health
HSE SE
Health & Wellbeing Clinical Programme Team

Aim: To promote prevention in clinical practice

Objectives for 2015:

- Provide clinical public health and health promotion and improvement expertise to the Clinical Programmes and Health & Wellbeing Divisions.

- Consult with Clinicians and HP&I Staff on a Strategy and Implementation Plan for health behaviours change methods suitable for clinical settings.
Health & Wellbeing Clinical Programme Team

Aim: To promote prevention in clinical practice

Objectives for 2015:

- Develop methods of recording risk factor and Health Behaviour Change intervention data through existing Health Service Information Systems
- Ensure Healthy Ireland themes and goals are reflected in the development of the Integrated Care Programmes for: chronic disease, children, maternity, the elderly and patient flow.
- Provide Public Health clinical expertise to the development of a generic model of care for the major cardiovascular and respiratory diseases.
1. Develop a Framework for Brief Intervention Behaviour Change Methods

2. Develop a method of recording risk factors and health behaviour intervention data through the Hospital In Patient Enquiry (HIPE/ PAS) system

3. Develop a National Framework for self care in consultation with Clinical Programmes, other HSE divisions and Service Users
4. Provide strategic leadership for Health and Wellbeing clinical programmes i.e. Heart Failure, Diabetes, COPD and Asthma so H&W is integrated into the models of care

5. Develop a generic pathway for the major cardiovascular, respiratory diseases and diabetes in conjunction with Clinical Programmes including Chronic Disease Prevention

6. Provide Public Health Expertise, Flow analysis and modelling for unscheduled care programmes and Flow Integrated Care Programme
## Average Health Service Contacts in a Year

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.59 million</td>
<td>People live in Ireland</td>
</tr>
<tr>
<td>3 million</td>
<td>Have a consultation with a clinician</td>
</tr>
<tr>
<td>5 million</td>
<td>Public Health Nursing contacts</td>
</tr>
<tr>
<td>1.8 million</td>
<td>Have a Medical Card</td>
</tr>
<tr>
<td>1.43 million</td>
<td>People receive either inpatient or day case treatment</td>
</tr>
<tr>
<td>68,000</td>
<td>Babies born</td>
</tr>
<tr>
<td>20 million</td>
<td>Prescriptions filled</td>
</tr>
<tr>
<td>1.3 million</td>
<td>Dental Visits</td>
</tr>
<tr>
<td>1.2 million</td>
<td>Patients seen in an Emergency Department</td>
</tr>
</tbody>
</table>
Proposed Model for HBC

Level 5
Specialist Interventions

Level 4
Extended BI

Level 3
Brief Intervention

Level 2
Very Brief Intervention

Level 1
Brief Advice

Adapted from NHS Yorkshire & Humber Prevention & Lifestyle Behaviour Change Competence Framework
Proposed Model for HBC

Level 4 H.Prof. who have the opportunity to see a service user on a regular basis and have the time to carry out this more intensive intervention such as:
- CNS in relation to their speciality;
- Dietitian in relation to H. Eating;
- Smoking Cessation Counsellors/ Officers in relation to smoking.
- P.N. seeing high risk clients with multiple morbidity issues

Level 3 Health Professionals who have the opportunity to see a service user on a regular basis such as GPs; PHNs; Comm RGNs; Comm MHN; AMOs involved in Growth Monitoring Projects; Practice Nurse; Specialist OPD clinics (i.e. Diabetic Clinics) RehabProg.: General, Cardiac, Pulmonary; Day Hospital; Physios; SLT for Specialist clients; Healthcare Assistants.

Level 2 Very Brief Intervention
Health Professionals who have knowledge of where to refer clients for additional support, such as; Staff in E.D.; Inpatient & Day Wards; General OPD; M.A.U. Pre-Assessment Units; AMOs; OTs

Level 1 Brief Advice All Health Professionals, Healthcare support staff with regular & extended client contact such as HCA; OT/ Physio Assistants

Level 5 Specialist Interventions
H.Prof. Who have attended intensive / specialist training and /or have a recognised Qualification in the relevant areas such CBT; MI; SFT; Counselling

Adapted from NHS Yorkshire & Humber Prevention & Lifestyle Behaviour Change Competence Framework
# Health Behaviour Change Terms

<table>
<thead>
<tr>
<th>What is it</th>
<th>Brief Advice</th>
<th>Very BI</th>
<th>Brief Intervention</th>
<th>Extended BI</th>
</tr>
</thead>
<tbody>
<tr>
<td>A short intervention which is normally focused on a service user’s reason for seeking help.</td>
<td>Is about giving people information and/or directing them where to go for further help.</td>
<td>Brief intervention aims to equip people with tools to change attitudes and handle underlying problems. It involves discussion, negotiation and/or encouragement with or without follow-up.</td>
<td>An extended brief intervention is similar in content to a brief intervention but usually lasts longer and consists of an individually-focused discussion.</td>
<td></td>
</tr>
</tbody>
</table>

| Aim of the intervention | Raise awareness of lifestyle issues. | To raise awareness of the risks associated with the behaviour | To raise awareness of the risks associated with the behaviour and equip people with the skills to change | To raise awareness of the risks associated with the behaviour. To equip people with the skills to change and explore the ambivalence about changing. |

| Key Components | - Ask about behaviour - Advise re behaviour change | - Ask about behaviour - Advise re behaviour change - Assist with referral to additional support (3As) | - Assess readiness to change - Offer options for change - Use a client centred, discussion - Motivational techniques used - May involve referral to more intensive support. - (5As used in smoking- Ask; Advise,; Assess; Assist with quitting; Arrange referral) | - Assess readiness to change - Offer options for change - Use a client centred, discussion - Motivational techniques used - May involve referral to more intensive support. |

<table>
<thead>
<tr>
<th>Typical no of sessions</th>
<th>Opportunistically</th>
<th>Opportunistically</th>
<th>Opportunistically or planned</th>
<th>Single – multiple sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>30sec – 2/3 mins</td>
<td>30sec – 2/3 mins</td>
<td>3-20mins</td>
<td>30*mins</td>
</tr>
<tr>
<td>Who gets the training</td>
<td>Brief Advice</td>
<td>Very Brief Intervention</td>
<td>Brief Intervention</td>
<td>Extended Brief Intervention</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>--------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>All Health Professionals Healthcare support staff with regular and extended patient contact such as HCA; OT/ Physio Assistants;</td>
<td>In the case of smoking All Health Professionals. In the case of other topics Health Professionals who have/ will have knowledge of where to refer clients for additional support, such as: Staff in E.D.; Inpatient and Day Wards; General OPD; M.A.U. &amp; Pre-Assessment Units; AMOs; OTs;</td>
<td>Health Professionals who have the opportunity to see a service user on a regular basis such as: GPs; Primary Care Teams; PHNs; Comm RGNs; Comm MHN; AMOs involved in Growth Monitoring Projects; Practice Nurse; Specialist OPD clinics (i.e. Diabetic Clinics) Midwives; Rehabilitation programmes: general; cardiac, pulmonary; Day Hospital; Physios; SLT for specialist clients; Healthcare Assistants.</td>
<td>Health Professionals who have the opportunity to see a service user on a regular basis and have the time to carry out this more intensive intervention such as: - CNS in relation to their speciality; - Dietitian in relation to H. Eating; - Smoking Cessation Counsellors/ Officers in relation to smoking. - Practice Nurse seeing high risk patients with multiple morbidity issues</td>
<td></td>
</tr>
<tr>
<td>Who gets the intervention</td>
<td>All Service Users</td>
<td>All Service users who access E.D.; Inpatient and Day Wards; General OPD; M.A.U. &amp; Pre-Assessment Units;</td>
<td>Service users who are referred from the lower levels. Services users who access GP surgeries; Primary Care Teams; Pregnant Women; Community Nursing Service; Specialist OPD clinics; General/ Cardiac &amp; Pulmonary Rehab programmes; Day Hospitals.</td>
<td>Those who have not responded to interventions at the lower levels or who are ambivalent about change High risk clients with multiple morbidity issues</td>
</tr>
<tr>
<td>Key training requirements</td>
<td>Simple effective comm. skills Awareness of the risks associated with continuing the behaviour</td>
<td>Simple effective comm. skills Awareness of the risks associated with continuing the behaviour Signposting to additional support services</td>
<td>Knowledge &amp; policy context of behaviour change Theoretical context for BI &amp; HBC BI approach including assessment &amp; screening Signposting &amp; referral to support services Knowledge of specific health behaviour³</td>
<td>Knowledge &amp; policy context of behaviour change Theoretical context for BI &amp; HBC BI approach including assessment &amp; screening Signposting &amp; referral to support services Knowledge of specific health behaviour³</td>
</tr>
</tbody>
</table>
Developments to date

- Review of current practice in terms of Health Behaviour Change carried out in Spring 2015
  - 7,229 people have been trained in some form of HBC training over the past 5 years.
  - 5,256 of these trained in Brief Interventions, mainly smoking & alcohol.
  - 910 staff trained in motivational interviewing

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Health Behaviour Change</th>
<th>Brief Intervention</th>
<th>Motivational Interviewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Nurses</td>
<td>1,519</td>
<td>1,364</td>
<td>59</td>
</tr>
<tr>
<td>Community Nurses</td>
<td>856</td>
<td>614</td>
<td>96</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>1,439</td>
<td>806</td>
<td>213</td>
</tr>
<tr>
<td>Support Staff</td>
<td>792</td>
<td>556</td>
<td>152</td>
</tr>
<tr>
<td>Doctors</td>
<td>171</td>
<td>153</td>
<td>12</td>
</tr>
<tr>
<td>GPs</td>
<td>127</td>
<td>118</td>
<td>4</td>
</tr>
<tr>
<td>Practice Nurses</td>
<td>109</td>
<td>91</td>
<td>15</td>
</tr>
<tr>
<td>Other staff groups*</td>
<td>2,216</td>
<td>1,554</td>
<td>359</td>
</tr>
<tr>
<td>Total Number Trained</td>
<td>7,229</td>
<td>5,256</td>
<td>910</td>
</tr>
</tbody>
</table>

* Social Workers are part of the AHP group; Social Care Workers are part of the Support Staff group
Next Steps

- Position Paper regarding Evidence of Effectiveness
- Proposed Health Behaviour Change Model developed with the aim of *Make Every Contact Count*
- Consultation with Key stakeholders to commence in Oct / Nov regarding the model
- Framework for Health Behaviour Change developed by end of 2015
Making Every Contact Count (MECC)
Carlow Kilkenny Pilot Project

- The purpose of this study is to identify the current levels of recording of risk factors including obesity, smoking, alcohol and blood pressure in a General Practice setting.
- The study will also examine the feasibility of recording these risk factors for all adult patients.
- The study will also assess the current use of brief interventions when these risk factors are identified and it aims to assess the feasibility of improving the use of brief interventions in the General Practice setting.
Implementation
Healthy Ireland in the Health Services

Sarah McCormack
Other contacts/networks

- HSE is a key stakeholder in community development and LECP planning process – opportunity for joined up planning across shared priorities including improved Health and Wellbeing

- Department of Public Health H&WB have produced “County Profile” data which will be published online shortly
HI in The Health Services
Implementation Governance Structure

- Director General & Leadership Team
- National Implementation Oversight Group
  - Hospital Groups
    - Hospital Implementation Teams
  - CHO's
  - National Services & National Divisions
    - Network Area Implementation Teams
  - Partner Organisations
    - Local Implementation Teams
Next Steps

- Hospital Groups and CHOs develop Local Implementation Plans

- Progress the development of national deliverables i.e. National Behaviour Change Model, Activity Based Funding, etc
Healthy Ireland

Social Workers in Primary Care

Making Every Contact Count

How many contacts each day, week, year?

Your role in Healthy Ireland?

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