

# Using every opportunity to achieve health and wellbeing: A toolkit for Making Every Contact COUNT



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# Foreword

All organisations responsible for people's health, wellbeing, care and safety have the opportunity to impact on a person's mental and physical health and wellbeing. With increased pressure on organisations to reduce costs and increase quality and productivity, services can no longer be focused on symptoms or single issues in isolation. There is need for systemic change towards proactive prevention and a greater emphasis on addressing the wider determinants of health. Treating people without identifying and changing what makes them unwell is costly to the service provider and the service user. Our service users and staff may have adopted unhealthy lifestyle choices such as smoking, too little exercise, too little healthy food or excessive alcohol intake, or indeed a combination of these.

The promotion of health and wellbeing should be at the core of an organisation's design and service culture, which is why one of the five ambitions for NHS Midlands and East is to '*Make Every Contact Count, by using every opportunity to deliver brief advice to improve health and wellbeing*'. NHS Midlands and East was formed from NHS East of England, NHS East Midlands and NHS West Midlands.

Many organisations are already supporting people to make and maintain positive lifestyle behaviour change.

This toolkit is designed to help organisations to deliver MECC systematically. It is a means of achieving long-term behaviour change for better health and wellbeing among service users and staff; building an organisational culture and operating environment that supports continuous health improvement and reduces health inequalities. We need staff at all levels, from boards and commissioners to management and frontline service providers, to support this approach and to integrate it into everyday business.

Organisations that commit to and support MECC will see improved health and wellbeing of the population they serve and the staff that deliver that service.

**Tbc**

*Every day colleagues across Derbyshire Community Health Services care for and support more than 5,000 people in our local community. This gives us an unparalleled opportunity in 'Making Every Contact COUNT' by giving them the skills, knowledge and confidence to talk to people about their health and work with them to access the right lifestyle advice and support to take control and make the changes they can to improve their health.*

*We have committed to developing our workforce to be able to seize this opportunity and help achieve our aim of providing community based health services that enrich the lives of people in our local communities and make the biggest difference to health and wellbeing that we can.*

**Tracy Allen, Chief Executive, Derbyshire Community Health Services**

# What is included in this toolkit?

This *Using Every Opportunity to Achieve Health and Wellbeing a Toolkit for Making Every Contact COUNT (MECC)* is designed to help all organisations responsible for the health, wellbeing, care and safety of people to implement and deliver MECC systematically. This toolkit will help you and your organisation by providing you with a thorough understanding of why MECC is needed and all that you require for successful implementation:

- **Section 1** - What MECC involves and implementation requirements
- **Section 2** - The evidence base for MECC drawing on insight work from practice and an understanding of some of the potential barriers to implementing MECC
- **Section 3** - The implementation approach for *Using Every Opportunity to Achieve Health and Wellbeing*, of which MECC is the first stage, and an overview of the behaviour change care pathway that underpins implementation
- **Section 4** - The benefits of implementing MECC
- **Section 5** - What MECC means in broad terms for commissioners and for provider organisations at 3 core levels
- **Section 6** - An overview of the implementation process to achieve sustainable change
- **Section 7** - Tools and resources including examples from practice
- **Sections 8 and 9** - The toolkit concludes with a list of references and acknowledgements

When reading this toolkit and preparing for implementation, you may find it helpful to consider how the approach should be applied in order to achieve maximum health gain for service users and be most relevant for your organisation. It is alright to tailor implementation to suit your needs, priorities and contractual requirements so long as the core components of the approach are preserved.

The tools and resources section has been categorised, however there will be overlap in how these can be used to support you so you may wish to look at them all. An Implementation Lead for MECC within an organisation will need to familiarise themselves with all of the tools and resources offered and consider how best to use them, if appropriate.

This toolkit is a reiteration, following the development and testing of the East Midlands Behaviour Change Guidance with 7 Pilot Sites and utilises insight, tools and resources across the Midlands and East SHA Cluster.

# Section 1: What is Making Every Contact COUNT?

Making Every Contact COUNT is about encouraging people to make healthier choices to achieve positive long-term behaviour change for better health and wellbeing among patients / service users and staff themselves. To do this organisations need to build a culture and operating environment that supports continuous health improvement to help to reduce health inequalities. Any implementation model to make this happen needs three core components: organisational readiness; staff readiness and enabling and empowering the public.

## What could Making Every Contact COUNT achieve?

An example:

- Within the NHS across the Midlands and East of England there are 288,000 staff who have millions of contacts with service users a year in primary and secondary care
- If each staff member uses every opportunity to achieve health and wellbeing by Making Contacts COUNT just 10 times each year that is **2.88 million opportunities to change lifestyle behaviour every year**
- If 1 in 20 of these people quit smoking, a total of 144,000 people would have quit

With even more staff working outside of the NHS across a range of other health and social organisations, including voluntary and community sectors, the potential is even greater.

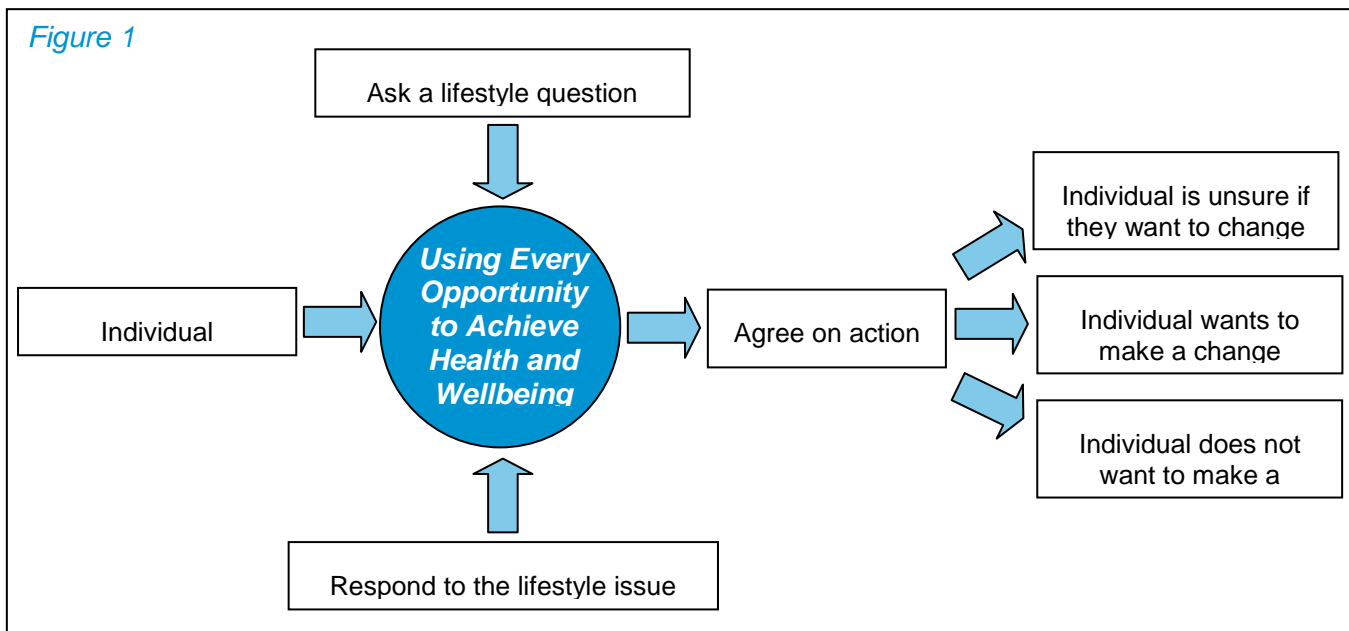
Every day your organisation has millions of opportunities to improve the health and wellbeing of service users, the public and colleagues by Making Every Contact COUNT (MECC), as shown in Figure 1 which involves:

- Systematically promoting the benefits of healthy living across the organisation
- **Asking** an individual about their lifestyle and if they want to make a change
- **Responding** appropriately to the lifestyle issue/s once raised
- Taking the appropriate **action** to either give information, signpost or refer service users to the support they need

Most commonly a lifestyle issue will be about encouraging people to:

- Stop Smoking
- Eat Healthily
- Maintain a Healthy Weight
- Drink alcohol within the recommended daily limits
- Undertake the recommended amount of physical activity

However, to truly make contacts COUNT the contact should focus on the service user and their needs which may involve lifestyle areas such as sexual health, or being immunised. It will also involve ensuring service users can access services to support their emotional wellbeing and wider determinants e.g. housing or financial support, which may be preventing people from making healthy lifestyle choice.



This toolkit and the training provided in section 7 will show how staff need to be able to respond appropriately to the potential outcomes from MECC. A Behaviour Change care pathway has also been provided to articulate ways in which to facilitate access to the necessary support.

Using every opportunity to achieve health and wellbeing by MECC needs:

- A culture oriented to promoting prevention and improving the mental and physical health and wellbeing of service users and staff
- Organisations to offer staff a suitable environment and the appropriate skills and knowledge to deliver MECC
- To enhance and develop existing functions and service delivery. Each organisation has its own strengths, challenges and diversity in its service users and staff and therefore successful implementation must be driven by local context, culture and processes
- To support staff to improve their own health and wellbeing
- To make the benefits of healthy living visible and accessible to service users and staff to empower them to raise healthy lifestyle issues

- To understand individual needs in the right way; to identify the right course of action at the right time. Everyone is different with multiple and complex needs so the contact needs tailoring accordingly
- To offer consistency in the information and messages given and the support provided
- To go beyond single health issues – it is about seeing people’s health and wellbeing in the context of their wider influences and when appropriate to pick up on these:

### Pilot Site Case Study: Sports Partnerships

Active Together, which aims to encourage adults to become more active more often, made contact with over 30,000 individuals in the last year and created over 117,000 opportunities for individuals to participate in sport.

*“While attending these sport sessions, participants often talk about problems/issues they may have and we can use these contacts as broader opportunities to signpost them to services available to provide support in making positive lifestyle changes. This is why we became one of the pilot sites for using every opportunity to achieve health and wellbeing through MECC.”*

### What MECC is not

MECC is not about:

- Adding another job to your already busy working day
- Becoming a specialist in a certain lifestyle area
- Becoming a counsellor or providing ongoing support to particular individuals
- Telling somebody what to do and how to live their life



## Section 2: The Evidence Base

MECC has been taking place in practice for a number of years now in many different organisations and in different ways. Insight from this work has shown that:

- **Service users expect to be asked** about their health and want advice to be structured and focused
- In order to have true engagement from **staff they need ownership of the implementation process**
- **Full support** from management and the organisation is essential
- Service users often have **multi complex psycho-social needs**
- Using **face to face training** better supports staff to overcome some of the barriers to talking to people about their lifestyle and increase their confidence and competence by learning from colleagues, discussing opportunities for MECC and practicing
- **Barriers** to implementation include: how staff feel about their own health and wellbeing; lack of leadership and organisational support; lack of easy access to health improvement information and services; the environment; workforce time and capacity; time at which MECC takes place for the individual

The Implementation Approach described in the next section has been designed around this insight and helps overcome the barriers and offers an effective approach to implementing MECC supported by practical solutions in section 7.

The following table attempts to illustrate how core factors can impact on how service users might engage with MECC:

Factor	Unlikely to Engage	Likely to Listen	Likely to Act
Time	Feel it is a tick box exercise	Delivered with credibility in a structured way	Delivered in a structured way and backed up with action
Staff training	With non trained staff	To trained staff	Someone who has built a relationship
Staff lifestyle	Staff who appear unhealthy	Staff who appear healthy	Staff who have made a change themselves
Crisis	If feeling healthy or in crisis	If having health problems	If suffering from lifestyle problems
Environment	If unsuitable e.g. to public	In a more structured environment	In a structured environment

This insight mirrors findings from the NICE Public Health Guidance: Behaviour Change at population, community and individual level and The National Support Team (NST) Health Gain Programme (HGP) for frontline staff to address lifestyle issues. NICE Guidance states that behaviour change interventions should take a systematic, coherent and evidence-based approach and recommends the following:

- *Work in partnership with individuals, communities, organisations and populations to plan interventions and programmes to change health-related behaviour*
- *Identify and attempt to remove social, financial and environmental barriers that prevent people from making positive changes*
- *Provide training and support for those involved in changing people's health-related behaviour so that they can develop the full range of competencies required*
- *Select interventions that motivate and support people*

The NST HGP which was built on insight from work taking place across England, highlighted that NHS and health and social care providers are not systematically offering lifestyle support to all those who could benefit from it, and as a result the potential population health benefits are not being achieved.

They stated that only with systematic, scaled and sustainable approaches will such activity contribute to measurable change and reduced mortality at population level. The NST HGP highlighted the importance of:

- Leadership
- Coordination
- Workforce development
- Responsive services to support service user need

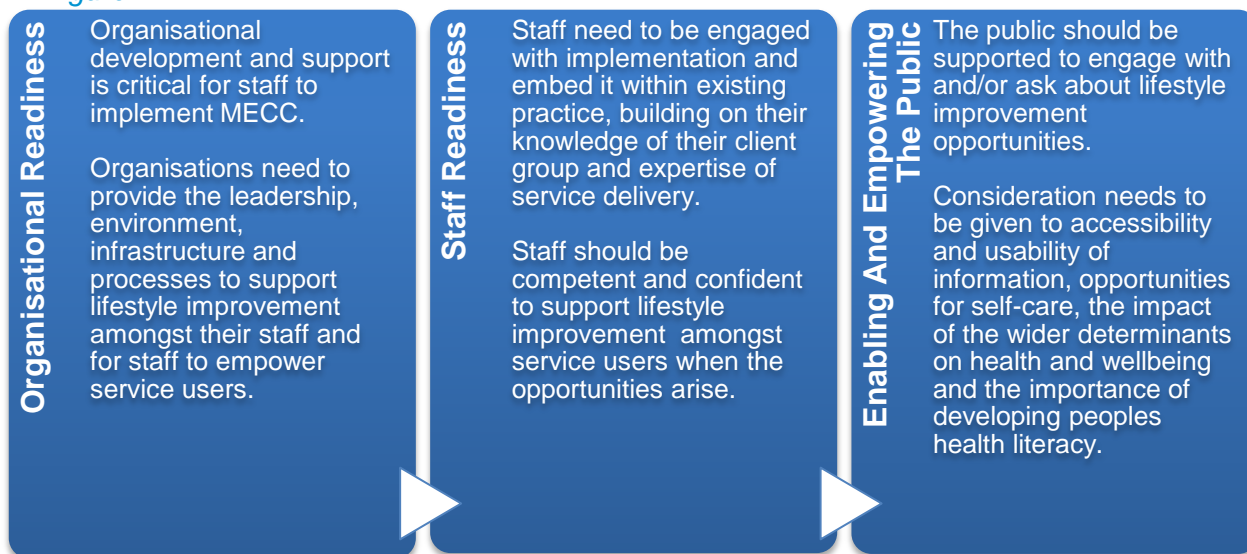
Further evaluation has shown that:

- 1 in 8 people respond to brief advice about alcohol intake by reducing their drinking behaviour by one level e.g. from increasing risk to lower risk
- 1 in 20 people go on to quit smoking following brief advice. A study in the East of England found that when brief advice was linked to the NHS Health Check 1 in 6 went on to quit. The higher response is probably due to the salience of the message being delivered during the health check.

## Section 3: The Implementation Approach

The approach Using Every Opportunity to Achieve Health and Wellbeing takes, of which MECC is the first stage, is based upon three core components as described in Figure 2. These components are grounded in the evidence of what works best in practice when trying to achieve sustainable change and improvement throughout all levels of the organisation are deemed essential from insight work.

Figure 2:



### Organisational readiness

You should now have a good understanding as to why organisational support is vital. The organisational readiness approach advocates the importance of an organisation being ready to implement and support the delivery of MECC by creating a suitable culture and environment. The approach uses an adapted version of The NHS Sustainability Model (a diagnostic tool designed to predict likelihood of sustainability) so that it can be used specifically to help you assess your current position as a health promoting organisation and analyse areas that may require change or enhancements to achieve improvements. The model helps organisations implement and sustain effective improvement initiatives that will help increase the quality of services provided and improve service user experience at lower cost.

It sets out three key areas to be assessed - staff, process and organisation:



The organisational tools and resources provided in section 7 will support you with implementation at a strategic level and help you monitor your position as an organisation that is truly making contacts COUNT.

## Staff readiness

The staff readiness component encourages a team approach to training and implementation to enable your organisation to build MECC into existing service delivery effectively. This is essential as each team within your organisation will have different roles and functions which will impact on how best they can use every opportunity to achieve health and wellbeing through MECC.

Using a team approach to implementation also has the benefit of the team:

- Identifying development needs
- Learning from one another
- Determining when it is most appropriate to raise health and wellbeing issues
- Knowing how best to engage their service users and meet their needs
- Capturing any impact and learning building on existing data collection and feedback routes

Training materials are available in section 7 to support staff to gain the competence and confidence they need to deliver along with a number of other practical tools and resources.

## Enabling and empowering the public

MECC is the gateway to behaviour change for many individuals and the route they take along their behaviour journey and how they engage will vary. This toolkit offers a Behaviour Change Care Pathway for this.

The care pathway is based upon the behaviour change journey service users may take and the support they may need in order to make and maintain a lifestyle improvement. The approach recognises MECC as the first stage in that journey, which is the focus of this toolkit and is the responsibility of your organisation and all staff within your organisation.

All organisations implementing MECC need to understand the support service users need to improve their lifestyle as you will need to facilitate access to, or offer, this if a contact is to truly COUNT.

The success of MECC is engaging your service users. The outcome of that engagement could be providing them with information, signposting them to further support, referring them into a lifestyle service or even just listening to whether or not they are ready to make a change.

Once the first stage is in place within your organisation the foundations should be established for implementing further stages, if appropriate, to meet service user needs.

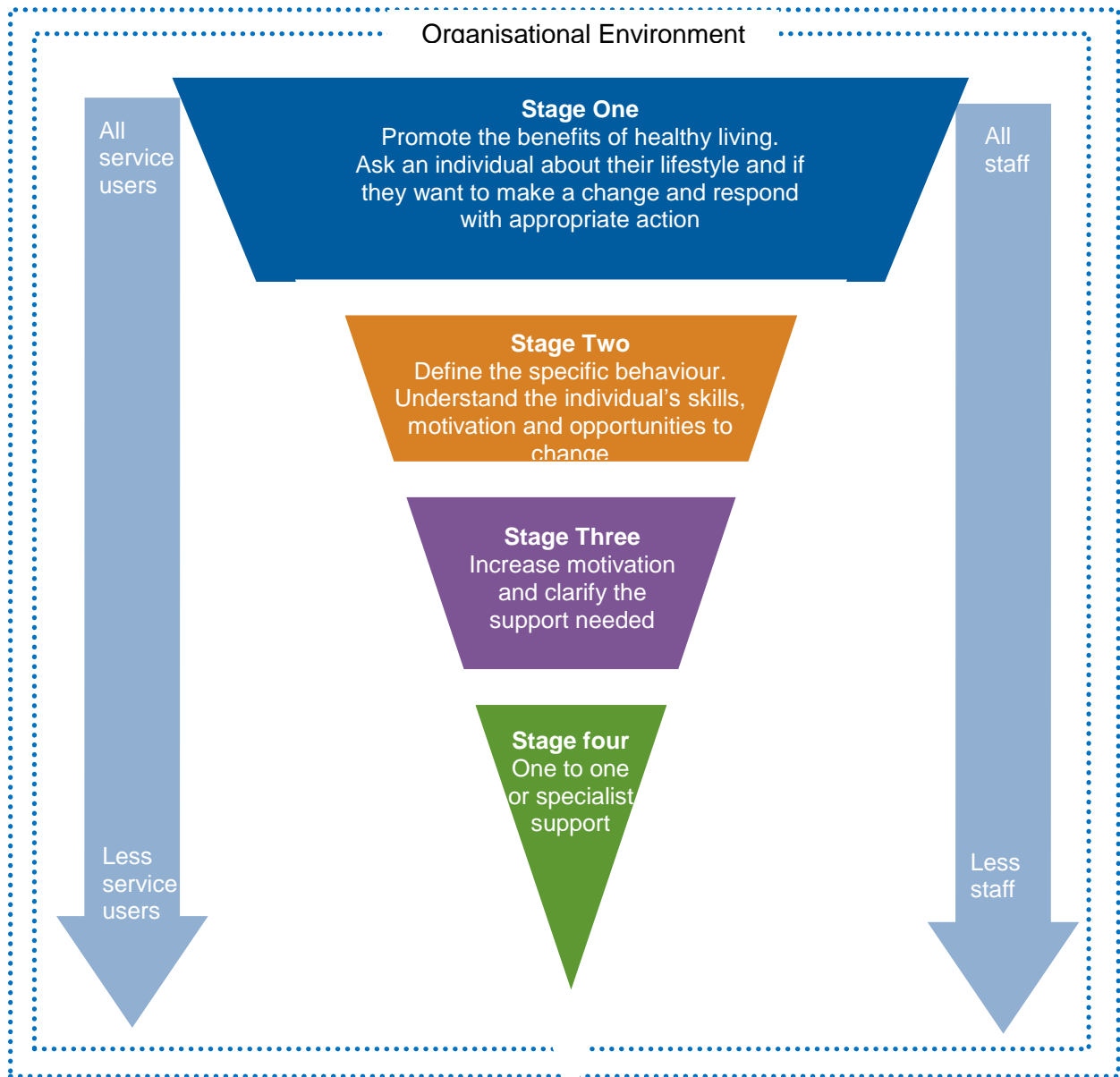
It is also important to understand the role of your workforce within the behaviour change journey as you may already have staff delivering the stages after MECC. Your organisation has an opportunity and responsibility to consider how MECC can be built into those roles and how those roles can support services users who require further support following a contact.

Figure 3 summarises the Care Pathway and identifies the types of support that might be needed. Although described separately the stages are not fixed as it will not be a linear process for many service user as they will opt in and out at various stages. The Care Pathway articulates the potential complexities and direction an individual's behaviour change journey could take.

As the intensity of intervention and support increases, the number of those in the workforce carrying out the intervention decreases, and the behaviour change skills and competence required for this increases.

The number of service users requiring support from each stage is also likely to decrease as they may opt out or use information given to self-care.

Figure 3:



## Section 4: Who benefits from MECC?

### The benefits from Making Every Contact COUNT?

MECC will benefit any organisation that has a responsibility to improve the health and wellbeing of its service users and staff. It spans commissioning, strategic planning and operational practices within organisations so will provide benefits across the whole organisation and beyond.

#### Benefits to your organisation

- A **high quality service** that contributes to quality requirements as outlined by the Care Quality Commission
- Improvements in **service user and staff health and wellbeing**
- Improvements in **staff retention**
- **Fewer sick days** due to improved staff health and morale
- Increased **productivity**
- **Less inappropriate and inefficient** use of services
- **Cost savings** through a reduced burden on services
- **Contribution to the achievement** of a number of **national and local initiatives**

#### Benefits to service users

- **Better health** and wellbeing, **quicker** treatment outcomes
- Personal, tailored **support** in making positive change
- Increased **confidence** and **motivation to change**
- Feeling **empowered** and **supported**
- Contribution to the **reduction of health inequalities**

### Case Study: Mental Health Foundation Trust

The Trust agreed to be a pilot site for MECC as it identified numerous benefits the programme could provide for the organisation, staff and service users. These included:

- **Organisation:** The recommendations helped the Trust implement a number of national strategies including QIPP (Quality, Innovation, Productivity and Prevention), CQC (Care Quality Commission) and in particular the Department of Health's 2010 *No Health Without Mental Health*. The strategy has a specific objective to improve the physical health of people with mental health problems
- **Staff:** Staff benefit by developing new skills and knowledge in health promotion as well as, hopefully, their own health. The Trust hope to see some of the benefits reflected in the NHS National Staff Survey results
- **Service users:** Service users also see the benefit of staff having greater understanding of their personal needs and providing support to improve their health and wellbeing.

#### Benefits to staff

- **Real improvements** to service users' health and wellbeing
- **Increased awareness** of their own health and wellbeing
- Increased health and wellbeing **knowledge** and **confidence**
- Feeling **empowered** and **motivated**
- Feeling **supported** and **valued**
- Better **morale** and part of a team **making a difference**

## Section 5: What does MECC mean to me?

To deliver MECC systematically it is essential organisations build a culture and operating environment that supports continuous health improvement and reduces health inequalities. To enable contacts to truly COUNT your organisations needs to offer a suitable environment for MECC and support staff to enable and empower the public to improve their health and wellbeing. The responsibility for MECC therefore spans a range of strategic and operational roles within commissioning and provider organisations.

### **Provider Organisations:**

#### **Head of the organisation (*Chief Executive Officer (CEO) / Board Members*)**

At CEO / Board Level it is important that you set the vision and lead the organisation's culture of maximising every opportunity to achieve health and wellbeing.

You have the opportunity to:

- Commit organisational support and identify a Board level champion and implementation lead
- Include MECC in the vision and values of the organisation
- Support the sustainability of MECC by embedding it within organisational policies and procedures
- Include MECC in appropriate organisational forums for discussion
- Include the progress and achievements of MECC work in organisational communications e.g. annual report
- Interpret the opportunity for MECC as set out in this toolkit for your organisation

#### **Senior and middle managers**

At this level, the emphasis is on leading operational staff, and embedding awareness of and commitment to MECC throughout the organisation. Regardless of whether or not you are directly (e.g. an implementation lead or manager of a team/s

delivering MECC) or indirectly involved you will need to:

- Commit to the organisational vision and values for MECC
- Offer leadership to MECC and support frontline staff in its delivery
- Interpret the opportunity for MECC as set out in this toolkit for your organisation
- Identify the best mechanism for implementing MECC within your organisation
- Identify the opportunities for embedding and supporting MECC within your role
- Provide time and resources for staff to deliver MECC and gain the competence and confidence they need for delivery
- Keep staff motivated and support their ideas for implementation
- Identify other mechanisms to support staff through changing the organisational environment
- Identify appropriate mechanisms to support and empower staff that may want to make a change to their lifestyle

For senior and middle managers with the role of implementation lead for MECC the implementation process and tools and resources offered within this toolkit will support you with this.

## Frontline staff

As frontline staff you have the ability to recognise appropriate times and situations in which to engage with service users and help them on the pathway to improving their health which is crucial in making MECC successful.

As frontline staff you have a responsibility to:

- Commit to the organisational vision and values for MECC
- Attend MECC training and ensure you feel confident and competent to deliver MECC
- Identify opportunities to build MECC into your existing practice with your team and support each other
- Identify opportunities when it is appropriate to raise lifestyle issues and how best to engage your service users
- Identify ways in which your organisational environment, systems and process can support you to deliver MECC
- Go beyond isolated health issues
- Reflect on your own lifestyle choices and experiences

## Commissioning Organisations

### Commissioners

Commissioners have a major role in the implementation of MECC. As a commissioner, you have the opportunity to:

- Ensure that the health burden of lifestyle related disease is included in the Joint Strategic Needs Assessment for your area
- Ensure that the contribution of MECC to reducing this burden is included as a priority in the Health and Wellbeing Strategy for your area
- Complete modelling work to understand unmet need and unarticulated demand with regard to uptake of healthy lifestyle services
- Consider contingency plans to increase service capacity in the short-term, including increasing capacity through different commissioning arrangements such as tariff systems
- Make full use in contracts of any incentive scheme such as CQUINs related to MECC implementation
- Commission a single point of access for healthy lifestyle services, so as to simplify the signposting task, and improve access for patients
- Ensure that MECC training requirements are embedded into workforce strategies
- Develop implementation of MECC as part of all provider contracts, and consider the potential to embed this in contract quality measures



## Section 6: How can I achieve sustainable change?

All organisations are individual. Your organisation will be at a different stage and have different experiences of managing contacts with service users and in MECC compared to other organisations. This is why your organisation will need to follow a flexible implementation process, drawing on a number of practical tools and resources and examples of practice. Regardless of the type and size of your organisation you should be able to use the implementation process and tools and resources in a way that is meaningful and relevant to truly make contacts COUNT.

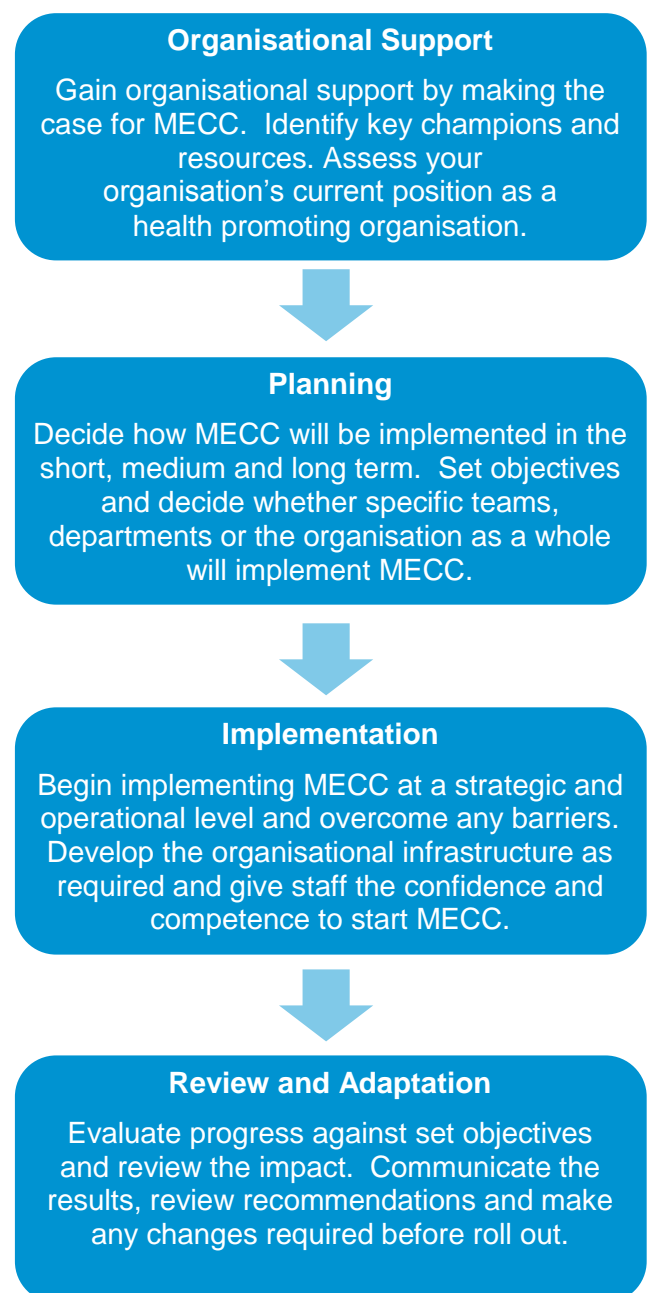
### The Process for Implementation

The summary opposite shows an overview of the process for implementing MECC within your organisation. A more detailed breakdown of the process, the action to be taken, how you might approach these, and the tools available that you can tailor to meet your needs is available in section 7.

### Key Principles

The following principles are integral to the implementation process and will help you to action it effectively:

- **Get senior managers** on board – their support is crucial
- **Build a culture and infrastructure** that is supportive of lifestyle improvement
- Take a systematic response to **service and workforce development to appropriately support service users to improve their health and wellbeing**
- **Take a team approach** to implementation and training
- **Have processes and systems** that support implementation and capture progress
- **Consider the wider determinants** of health, health literacy and self-care to enable the public to engage
- **Consider the role of staff health and wellbeing** in achieving the goal MECC



## Section 7: Tools and Resources

A number of tools and resources, referred to within previous sections, have been designed to assist your organisation in using every opportunity to achieve health and wellbeing by Making Every Contact COUNT.

These tools are exemplar tools, many of which, you can modify to meet the needs of your organisation and team requirements, and where possible, guidance on doing this has been offered within the tool. You will no doubt have other tools and resources available to you locally that you may wish to draw upon.

### Implementation process

This is aimed primarily at those who will have a responsibility for implementing MECC within an organisation and provides you with a step by step guide for doing this and links you to all the other tools and resources described in this section.

### Organisational readiness

The organisational tools and resources provided will support you with implementation at a strategic level within your organisation and help you monitor your position as an organisation that is truly MECC. These include:

- Organisational assessment tool
- Making the case presentation
- Links to policy drivers and initiatives

### Staff readiness

A number of tools and resources are provided to give staff the confidence and competence to deliver MECC, these include:

- Training materials
- Behaviour change care pathway
- Prompt and health benefits cards
- Individual/team assessment tools
- Example data capture forms

### Enabling and empowering the public

It essential you have local tools and resources that enable and empower your service users to engage with MECC such as:

- Posters, leaflets
- Information on self-care or how to access further support

### Commissioning

These tools and resources will support commissioners that want to guide providers by contracts and incentives to implement MECC.

### Examples from Practice

As referred to throughout the document much work is already underway across local health and wellbeing communities to embed MECC. A number of case stories to give you practical examples from settings that have already built health improvement into their organisation highlight some of the key learnings and benefits. Settings include:

- NHS provider organisations
- Local authorities
- Mental health
- Acute Trusts
- Community organisations
- Sports partnerships

## Section 8: References

The development of this Toolkit has taken into consideration a number of national and local documents relating to policy and practice, and existing insights on behaviour change, including the following:

### National policy / documentation

- Health Inequalities National Support Team How to Develop a Health Gain Programme for Frontline Staff to address lifestyle issues (Department of Health 2011)
- Healthy Lives, Healthy People: our strategy for public health in England (Department of Health, November 2010)
- Securing good health for the whole population: Final report - February 2004 (Department of Health / HM Treasury, 2004)
- Transforming Community Services - demonstrating and measuring achievement: community indicators for quality improvement (Department of Health, 2011)
- NHS Future Forum, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132114.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132114.pdf)

### Behaviour change guidance

- National Institute for Clinical Excellence public health Toolkit 6: Behaviour change at population, community and individual levels (NICE, 2007)
- Nudge: Improving decisions about health, wealth and happiness (Richard H Thaler & Cass R Sunstein, 2008)
- Communications and Behaviour Change (COI / GCN 2009)
- MINDSPACE: Influencing behaviour through public policy (Cabinet Office / Institute for Government, 2010)
- The National Social Marketing Centre – achieving behaviour change through social marketing [www.thensmc.com](http://www.thensmc.com)
- Using Every Opportunity to Promote Health and Wellbeing: Guidance to support positive lifestyle behaviour change in the East Midlands Behaviour Change Guidance

### Intervention guidance

- Improving Health: Changing Behaviour - NHS Health Trainer Handbook (Department of Health / The British Psychological Society, 2008)
- National Institute for Clinical Excellence public health Toolkit 1: Brief interventions and referral for smoking cessation in primary care and other settings (NICE, 2006)
- National Institute for Clinical Excellence public health Toolkit 2: Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling (NICE, 2006)
- National Institute for Clinical Excellence public health Toolkit 24: Alcohol-use disorders - preventing the development of hazardous and harmful drinking (NICE, 2010)

### Workforce skills and competence

- Prevention and Lifestyle Behaviour Change: A Competence Framework (NHS Yorkshire and Humber, 2011)
- Mapping of the NHS Yorkshire and the Humber Prevention and Lifestyle Behaviour Change – A Competence Framework (Skills for Health, 2010)
- Competences and National Occupational Standards, Skills for Health

### Organisational assessment

- Sustainability Model and Guide (NHS Institute for Innovation and Improvement, 2010) [http://www.institute.nhs.uk/sustainability\\_model/general/welcome\\_to\\_sustainability.html](http://www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html)

## Section 9: Acknowledgements

This toolkit is a reiteration, following the development and testing of the East Midlands Behaviour Change Guidance with 7 Pilot Sites and utilises insight, tools and resources across the Midlands and East SHA Cluster.

The authors would like to thank all of the contributors of the original Guidance<sup>1</sup> and this reiteration.

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<sup>1</sup> Using Every Opportunity to Promote Health and Wellbeing: Guidance to support positive lifestyle behaviour change in the East Midlands Behaviour Change Guidance <http://www.tin.nhs.uk/local-networks/influencing-behaviour-change>