Public Health England

Protecting and improving the nation's health

ADPH London

Making Every Contact Count:

A stocktake of Making Every Contact Count (MECC) activities in London

Authors:

Louise Holden and Barbara Czekaj
Public Health England, London Centre & Region
londonworkforce@phe.gov.uk

&

Kate May
The Association of Directors of Public Health for London

November 2016

Acknowledgments

We are grateful to all London boroughs and partner organisations for providing their time and sharing their experiences.

Executive Summary

Progress & achievements so far:

- MECC is being implemented in 14 London local authorities
- A further five local authorities are planning to implement MECC
- MECC e-learning has been developed in five local authorities and being planned in a further three
- MECC has been recognised as a priority in all five London Sustainability and Transformation Plans (STP)
- More than 2000 people have already been trained in MECC and a further 3000 are expected to have been trained by 31st March 2017

Top priorities & actions for the future:

- To be effective, MECC requires a sustainable financial footing by leveraging financial sources from across the system
- Development of a regional MECC strategy, with partners, to support MECC implementation across London
- Establishing a MECC network and setting up forums to share best practice
- Sharing evaluations to assess quality, impact and limitations of MECC programmes. A key question arising was "Which contacts count, by whom and in what situation?"

Support needed:

- Participants who took part in this mapping project welcomed support in the form of:
  - Standardised evidence based guidelines to implement MECC
  - Access to universal, evidence based MECC training
  - Branded toolkits and resources for implementation
  - A mechanism for sharing good practice and networking opportunities
  - Support and guidance on how to evaluate the effectiveness of MECC and return on investment

Recommendations:

- Work with partners to develop a MECC strategy for London
- Implement a consistent approach to access high quality MECC training and resources
- Robust evaluation to assess impact
- Share learning on implementing MECC

Contents

1. Background

As part of the Association of Directors of Public Health (ADPH) London's sector led improvement (SLI) programme, a thematic review of childhood obesity was carried out early 2016. This aimed to:

- Identify local improvement actions for London boroughs to consider;
- Identify where collaborative action can be taken on common issues;
- In the medium to long term improve childhood obesity outcomes.

A number of recommendations for cross-borough action were identified. One of these was to '*map MECC programmes across London with a view to adding value for money by sharing resources*'.

2. Purpose of project

The aim of this project was to map Making Every Contact Count (MECC) activities currently taking place in London and make recommendations to support joint working, the sharing of resources and industrialising MECC.

Our aspirations were to find out:

1. What is the scale of activity promoting MECC in London (e.g. NHS, Local Authorities, Voluntary and Community Sector, MECC in Sustainable Transformation Plans)?

2. What are the priorities for MECC in London and are specific workforces or topic areas targeted?

3. What support do organisations require locally, regionally and nationally to effectively deliver MECC?

4. What are the benefits of working in collaboration (e.g. in training models and publicity)?

3. Project timescales

This project was carried out between August 2016 and October 2016.

4. Limitations

This report provides a snapshot in time and does not encompass the full breadth of MECC related activities in organisations outside of local authority public health teams.

This project has not assessed impact or quality of MECC approaches, training or resources.

5. MECC mapping document

An Excel spreadsheet (correct as of 31 October 2016) accompanies this report which lists the MECC activities identified.

6. Methods and approach

To develop a picture of what is happening in London, the project collected information via a literature review and interviews with key stakeholders.

Publications and resources produced by London organisations were reviewed. This included research, case studies, training courses, websites and any local evaluations of specific activities. See Appendix Ai and Aii for details of documents and resources found.

Interviews were conducted by telephone or open question survey with key stakeholders in London (see Appendix B for interview questions).

Telephone interviews ranged from 30 – 60 minutes in length. Notes were taken at the time of the telephone call and checked back with the interviewee for accuracy.

Where contacts were unavailable to take part in a telephone interview, the interview questions were emailed to them and answers were provided via email.

All London local authority public health teams and the three London local health education teams were invited to take part. Additional snowballing sampling was used to identify further potential contacts in community provider education networks (CPENs), hospital trusts, higher education institutions and other organisations.

When contacting organisations, a definition of MECC was not provided. There is no universally accepted definition for MECC. In April 2016, Public Health England, NHS England and Health Education England released a MECC consensus statement[1]. The consensus statement is already under review and several MECC activities were likely to have started prior to the statement being published (Appendix A provides further discussion on the definition of MECC). Therefore, this project deliberately took a broad focus in order to capture and understand how MECC is being defined in London. All activities that respondents classed as MECC have been included.

All 32 London borough councils plus the City of London responded, although City and Hackney were unable to participate within the data collection timescales of the project. All three Health Education England local offices took part as well as two Community Education Provider Networks (CEPNs). See Appendix C for full list of organisations.

[1] Public Health England, NHS England, Health Education England et al*, Making Every Contact Count (MECC): consensus statement. Available from:* *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf* [accessed October 26, 2016]

7. Key findings

7.1 Definition of MECC

MECC was mainly interpreted as training staff to deliver brief advice or a brief intervention as described within *Behaviour change: individual approaches* (NICE, 2014).[2] Many of the organisations who took part made reference to this guidance to inform the development of their approaches to MECC.

Some organisations were moving away from the phrase MECC. Ealing Council explained that MECC did not make the connection to health explicitly clear and was associated with an internal approach to email etiquette so are using 'brief health chats' to describe their work instead. Greenwich had renamed their approach 'make every opportunity count' (MEOC) to reflect their ambition to support "*their staff to become effective agents of health improvement through their existing roles"* (p.20)[3] as well as recognising the decisions the Council makes, such as commissioning and policy decisions, impact upon health.

7.2 Scale of MECC activity

MECC is being implemented by:

- 14 London local authority public health teams,
- All three Health Education England (HEE) local teams,
- All five Sustainable Transformation Plans (STPs) in London &
- Two Community Education Provider Networks (CEPNs).

A further five local authorities are planning to implement MECC by the end of the financial year.

It is estimated that over 2000 staff employed in those organisations surveyed have been trained to deliver a MECC intervention and they have aspirations for a further 3000 being trained by 31 March 2017. These figures are probably underestimated. We know of at least nine other organisations, (see Appendix C), including Barts Health NHS Trust, implementing MECC activities that we were unable to contact within the project timescales.

The London and South East HEE region has trained 20 staff in MECC as part of their internal health and wellbeing strategy.

See Table 2 for examples of various strategies that have MECC as a priority.

[2] NICE (2014) Behaviour change: individual approaches PH 49 Available from: https://www.nice.org.uk/guidance/ph49 [accessed on October 26, 2016]

[3] Greenwich's Health and Wellbeing Strategy: http://www.royalgreenwich.gov.uk/download/downloads/id/1456/health_and_wellbeing_strategy_2015_to_2018 [accessed October 31, 2016]

Table 2 Examples of strategies that have MECC as a priority

Organisation	Document	Strategic mechanism
Greenwich Council	Greenwich's Health and Wellbeing Strategy: http://www.royalgreenwich.gov.uk/download/downloads/id/1456/health_and_wellbeing_strategy_2015_to_2018	Specific reference to '*Make Every Opportunity Count*'(p.20)
Ealing Council	Ealing has developed a MECC strategy '*Making Every Contact Count Vision 2015-2017*'.	Mechanism of delivery for several priority areas in health and wellbeing strategy
North Central London (NCL) Sustainability and Transformation Plan (STP)	NCL Sustainability and Transformation Plan cites "All 48,000 (NHS and LA) staff across NCL will receive online MECC training, with the 32,000 frontline staff receiving face-to-face training: 6,400 per year, an increase from <2,000 in 2016/17."	Creating a workforce for prevention via STP
North West London (NWL) Sustainability Transformation Plan (STP)	NWL STP group has identified five 'big ticket' items e.g. those that will have the greatest impact on closing the gaps and that can only be delivered fully from working as a collective. MECC is one of those and involve systematic promotion of benefits of healthy living	Prevention and Self–Care, reflecting the need for a step change in behaviour across the system to manage demand
Health Education North West London	Public Health Strategic Plan and Direction for 2016-2017: Making Public Health 'Everybody's Business'	Prioritised MECC activity

Some organisations are supporting MECC activities (e.g. Health Education North Central London local team) or have a MECC implementation plan but no specific MECC strategy (e.g. Enfield Council).

None of the organisations surveyed made reference to using MECC in contracts, incentive schemes such as CQUINS or embedding MECC in quality measures.

7.3 Behaviour change models

Five organisations surveyed cited using a theoretical behaviour change model to guide and frame their MECC programme. Models cited were:

- The trans-theoretical or stages of change model, Prochaska & DiClemente, 1983[4];
- COM-B: capability, opportunity, motivation and behaviour model; Michie et al 2011[5], Michie et al 2014[6]
- Five A's behaviour change model: Assess, Advise, Agree, Assist, Arrange; Glynn & Manley, 1989[7]

[4] Prochaska, J. and DiClemente, C. (1983) Stages and processes of self-change in smoking: toward an integrative model of change. Journal of Consulting and Clinical Psychology, 5, 390–395.

[5] Michie, S., van Stralen M.M. & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science, 6, 42

[6] Michie, S., Atkins, L. & West, R. (2014). The behaviour change wheel: a guide to designing interventions. Silverback Publishing

[7] Glynn TJ, Manley MW: How to help your patients stop smoking: a manual for physicians. NIH Publication 89–3064 edn. 1989, National Cancer Institute, Bethesda, MD

Reference was made by Health Education North Central and East London to the merit of using an insight driven approach (e.g. Burd and Hallsworth, 2016[8]) to understand how people and organisations behave and to strengthen their MECC programmes.

7.4 MECC training

The aim of MECC training is to increase staff competence and confidence to initiate a conversation around healthy lifestyle messages and encouraging people to think about changing their behaviour.

7.5 Approaches to training

Boroughs are adopting a range of approaches to training, including the use of existing training opportunities that are available. Lewisham council explained their MECC approach consisted of PHE's Alcohol Identification and Brief Advice e-learning[9] and the NCSCT Very Brief Advice (VBA) on Smoking module[10].

7.6 Competency frameworks

Eight organisations surveyed used a competency framework to base their training on. Those who cited a competency framework drew on one of the following:

- Levels 1 and 2 in Prevention and Lifestyle Behaviour Change Framework: A Competence Framework (NHS Yorkshire and Humber, 2010)[11]
- Wessex Healthy Conversations Skills Competencies[12]
- Kent, Surrey and Sussex knowledge and skills set for MECC

7.7 MECC e-learning

Eight local authority public health teams surveyed were planning or had developed e-learning MECC training (see Appendix D for details). Making training relevant to the local area was the main reason for developing bespoke e-learning. Development of e-learning was also cited (e.g. by Camden and Islington) as an opportunity to increase public health awareness by working across the council to agree the content.

E-learning was usually the first part of a blended learning package to provide staff with some knowledge and understanding of MECC before attending a practical workshop.

---

[8] Burd, H and Hallsworth, M (2016) Making the change: behavioural factors in person- and community centred approaches for health and wellbeing. The Behavioural Insights Team. Available from: http://www.nesta.org.uk/sites/default/files/making_the_change.rtv_.pdf [accessed October 31, 2016]

[9] PHE Alcohol Learning Resources. *Alcohol IBA e-Learning course.* Available from: https://www.alcohollearningcentre.org.uk/eLearning/IBA/) [accessed on October 26, 2016]

[10] NCSCT National Centre for Smoking Cessation and Training. Very Brief Advice training module. Available from: http://www.ncsct.co.uk/publication_very-brief-advice.php [accessed on October 26, 2016]

[11] NHS Yorkshire and Humber (2010) *Prevention and Lifestyle Behaviour Change: A Competence Framework.* Available from: http://www.makingeverycontactcount.co.uk/docs/Prevention%20and%20Lifestyle%20Behaviour%20Change%20A%20Competence%20Framework.pdf [accessed on October 26, 2016]

[12] Wessex Healthy Conversations Skills Competencies. Available from: http://www.wessexphnetwork.org.uk/media/26782/wessex-making-every-contact-count-toolkit-final.pdf)p.21 [accessed on October 26, 2016]

E-learning was accessible via internal intranet systems with the exception of the e-learning developed by the Islington and Camden public health team, which is open access via an external website.

Three organisations were utilising or planning to use the free, open access e-learning module on Health Education England's e-learning for health website[13]. Available to access here: http://www.e-lfh.org.uk/programmes/making-every-contact-count/.

E-learning was viewed, by some respondents, with scepticism as to the impact it could have without the opportunity to practice the skills and techniques (e.g. communication skills, rapport, asking open questions, making suggestions that are empowering) to hold a MECC conversation.

Haringey Council is exploring the merit of simulation training to strengthen their MECC programme.

7.8 Face to face MECC training

Face to face training was usually a half-day (three hour) practical session and provided the opportunity to practice MECC conversations.

The duration of the training was the result of being pragmatic in managing the challenge of releasing staff and the volume of staff being trained. Westminster Council highlighted that the half day training session was not always practical for staff members to attend and to overcome this, training was delivered via a number of team meetings and tailored to the priorities within the service area. This approach was time intensive but the benefits were perceived to be much higher than a standardised training package.

7.9 MECC training providers

The lack of training providers, the variation in cost and benchmarking quality were raised as areas of concern. The *Making Every Contact Count (MECC): quality marker checklist for training resources*[14] was identified as a useful starting point for planning training but insufficient to assure quality due to the practical nature of the training programme.

Where an external training provider had been commissioned, Social Marketing Gateway has become a dominant training provider in London. See Appendix E for further details of the training providers.

Two organisations (Westminster & Ealing) had recruited a fixed-term MECC project coordinator to manage the programme and to deliver the training. Both organisations were also planning a train the trainer model as a sustainable solution to deliver training.

[13] Available to access here: http://www.e-lfh.org.uk/programmes/making-every-contact-count/ [accessed October 31, 2016].

[14] Available to access here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495086/MECC_Training_quality_marker_checklist_FINAL.pdf [accessed October, 31 2016]

7.10 MECC resources

In addition to the training programmes, organisations surveyed had produced MECC tools and resources. These included:

- signposting resources e.g. a sheet listing top issues and services available
- prompt cards for different behaviours
- video played at staff induction highlighting the importance of MECC

Islington Council has also established a MECC Champions network supported by their training provider, Social Marketing Gateway. The network provides refresher training, support webinars and additional training such as Mental Health First Aid Training, understanding fuel poverty and smoking cessation.

7.11 Target staff groups for MECC training

Local authority front-line employees (e.g. customer service staff and housing officers) were usually prioritised first for MECC training. Some local authorities have prioritised staff working with vulnerable groups e.g. Waltham Forest has prioritised front line staff from the probation team and social care staff who work with troubled families.

All local authority public health teams surveyed have plans (subject to funding) to deliver the training to partner organisations in subsequent cohorts e.g. voluntary sector, healthcare, education services, Job Centre Plus staff, local businesses (e.g. hairdressers), staff at children's centres and leisure centre staff.

7.12 MECC topic areas

Of the 19 organisations implementing or planning a MECC programme, six have adopted a *MECC plus approach* (see Glossary and Appendix A) to recognise a range of factors that impact on health. The additional areas included in their MECC programmes are housing, welfare rights advice, employment support, debt management and immigration services. The remaining 13 organisations focused on a core MECC approach (see Glossary and Appendix A) in the following areas:

- diet and weight
- alcohol
- exercising
- smoking
- mental health

7.13 Sources of funding for MECC programmes

Funding for MECC projects included one or a combination of the following sources:

- Public health ring fenced grant;
- Health Education England local teams;
- Community Education Provider Networks (CEPNs) locality investment fund.

The continuation of funding for the majority of MECC programmes was uncertain beyond 31st March 2017 and many of those surveyed were described as being in a pilot phase (e.g. Enfield Council, Lewisham Council and Tower Hamlets Council). Organisations where MECC had gained momentum were where they had a dedicated coordinator. Adopting a 'train the trainer' model was suggested as one way to support sustainability.

7.14 Support required

Organisations surveyed wanted more support evaluating MECC, establishing a standardised MECC approach and sharing learning.

7.15 Evaluation & impact

MECC was described by an interviewee as "*one cup of water to a sunflower"*. This phrase captures the difficulty isolating and demonstrating MECC's impact on behavioural outcomes, lifestyle changes and maintenance of these changes.

Organisations surveyed used one or more of the following methods to evaluate MECC:

- Pre & post training questionnaires – to assess knowledge and confidence, barriers to delivery
- Developing a LOGIC model based upon the MECC evaluation guidance[15]
- Using the open discovery questionnaire produced by Southampton University[16]
- Changing referral forms to identify the referrals from a MECC conversation

A key question often arising from respondents was "*Which contacts count, by whom and in what situation?*"

7.16 Identifying a standardised approach to MECC

A standardised approach to delivering MECC was suggested by respondents. A MECC equivalent of Public Health England's *One You Campaign*[17] would be welcomed.

Organisations surveyed wanted:

- Standardised evidence based guidelines
- Access to universal, evidence based training
- Branded free resources
- Toolkits for implementation

Although a standardised approach was welcomed, the localism element i.e. signposting to local services, would also need to incorporated at a local level.

---

15 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509272/Making_Every__Contact_Count__MECC__Evaluation_framework_March_2016.pdf [accessed October 31, 2016]

16 Dewhirst, S. and Speller, V. (2015) Wessex Making Every Contact Count (MECC) Pilot Evaluation Report. University of Southampton. Available from: http://www.wessexphnetwork.org.uk/media/22802/Wessex-MECC-Evaluation-Report-Final-110615.pdf [accessed October 31, 2016]

17 https://www.nhs.uk/oneyou [accessed October 31, 2016]

7.17 MECC and self-care

MECC was usually associated with referring or signposting onto a service. With reductions in service provision in a number of areas (e.g. smoking cessation) the role of MECC in self-management and self-care was unclear.

7.18 Engagement with senior staff

Organisations surveyed were keen to engage senior staff within their organisation to embed MECC into organisational culture to make MECC "*the way things are done around here*".

7.19 Aligning MECC with other training

Health Education North West London local team has started working with universities to integrate MECC in undergraduate and postgraduate clinical and medical training. The scale of this work and other related activities was unable to be explored in the timescales of this project.

8. Discussion

The Evidence reviews[18] on MECC have cited the importance of setting a strategic vision and developing a culture for maximising every opportunity to improve health and wellbeing, which several London Boroughs have achieved e.g. ensuring that the contribution of MECC to prevention is a priority in their local joint Health and Wellbeing Strategy).

The potential benefits of having central coordination and a regional HEE strategy was identified by the HEE representatives surveyed as something to explore. The lack of capacity was cited as the reason for not being able to do this at present. However, the newly formed Academy of Public Health for London and the South East may now be able to fill this gap.

This project highlights a number of MECC activities taking place in London local authorities and we know there are MECC activities in other organisations that have not been captured due to project timescales (see Appendix C).

There is a wealth of expertise and learning that can be shared and those surveyed were keen to learn from each other.

[18] NHS East Midlands(2012) Implementation Guide and Toolkit. Available online at http://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf [accessed on October 26, 2016]

9. Recommendations

Recommendation 1	Work with partners to develop a MECC strategy for London
No.	**High Level Actions**
1.1	Work with ADPH London, PHE London, Health Education England, Healthy London Partnership, the Academy of Public Health and other partners to explore the development of a regional multi-stakeholder MECC strategy.
1.2	Explore leveraging financial sources from across the system to ensure MECC is put on a sustainable financial footing.

Recommendation 2	Implement a consistent approach to access high quality MECC training and resources
No.	**High Level Actions**
2.1	Health Education England to quality assure MECC training (e.g. through a Kitemark scheme) as part of its wider quality assurance role in education and training provision.
2.2	Develop a suite of resources to implement MECC and make them accessible.

Recommendation 3	Robust evaluation to assess impact
No.	**High Level Actions**
3.1	Collate evaluation materials and where there are gaps; consider developing a suite of resources to measure the effectiveness and impact of MECC.
3.2	A more systematic approach needs to be put in place to share learning from MECC evaluations. Future commissioning needs to be informed by more information on the impact, quality and value for money of particular approaches and for which groups they are best suited.

Recommendation 4	Share learning on implementing MECC
No.	**High Level Actions**
4.1	Share learning from organisations that have: • used the principles of MECC to support self-care; • attained senior level support e.g. chief executive, elected members, heads of service, senior consultants, board level commitment etc.
4.2	To share experiences and approaches for implementing MECC in undergraduate and postgraduate curriculum.
4.3	The Excel mapping document that accompanies this report should be kept up to date and the information collated (on MECC and related activities) shared widely.

10. Next steps

The report and recommendations will be discussed with PHE London and ADPH London representatives. If agreed, it is proposed that officers from PHE London, ADPH London and other partners form a small working group to consider how to take the recommendations forward over the next 12-18 months.

There is a need for short-term pragmatism whilst developing a longer term approach. The next steps are not intended to duplicate or cut across existing or planned MECC activities. It is recognised that we need to both enable organisations considering a MECC approach to progress whilst working with established MECC programmes to continue at scale and pace.

11. Glossary

Brief Advice (or a very brief intervention)

The term brief advice is used in this document to mean a short intervention (usually from 30 seconds to 3 minutes) which may include verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It is mainly about giving people information or directing them where to go for further help[19].

Brief Intervention[20]

The term brief intervention is used in this document to mean an intervention lasting longer than 3 minutes (usually 5- 10 minutes but can be between 30-60 minutes for extended brief interventions). It involves making the most of an opportunity to raise awareness, share knowledge and get a person thinking about making changes to improve their health and behaviours and usually includes:

- Giving simple opportunistic advice to change
- Assessing a person's commitment to change
- Supplying self-help materials or resources
- Providing specialist support (if suitably trained) or refer or signpost to specialist support
- Offering a follow-up appointment if appropriate
- Recording the outcome of discussion

Core MECC definition[21]

MECC is about supporting organisations and their staff to maximise on the opportunity they have with the public in promoting health and enabling them to make changes to improve their health and wellbeing.

MECC supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations usually in the following areas:

- eating well and maintaining a healthy weight
- drinking alcohol sensibly
- exercising regularly
- not smoking
- looking after their wellbeing and mental health

[19] NICE National Institute for Health and Care Excellence. NICE guidance 2016. Available from: https://www.nice.org.uk/guidance/ph49 [accessed on October 26, 2016]

[20] NICE (2006). *NICE guidance. Lifestyle and wellbeing. Smoking and tobacco* Available from https://www.nice.org.uk/guidance/ph1/chapter/1-Recommendations [accessed on October 26, 2016]

[21] Public Health England, NHS England, Health Education England et al, *Making Every Contact Count (MECC): consensus statement:* *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf* [accessed on October 26, 2016]

MECC plus[22]

This is usually a broader definition for the MECC approach and may include conversations to help people think about wider determinants such as debt management, housing and welfare rights advice and directing them to services that can provide support.

Behaviour change interventions[23]

Behaviour plays an important role in people's health (for example, smoking, poor diet, lack of exercise and sexual risk-taking can cause a large number of diseases). Different patterns of behaviour are deeply embedded in people's social and material circumstances, and their cultural context.

Behaviour change interventions involve sets of techniques, used together, which aim to change the health behaviours of individuals, communities or whole populations[24].

[22] Public Health England, NHS England, Health Education England et al*, Making Every Contact Count (MECC): consensus statement. Available from:* *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf* [accessed on October 26, 2016]

[23] NICE (2007) Behaviour change: general approaches PH 6 *Available from:* https://www.nice.org.uk/guidance/ph6/chapter/1-Public-health-need-and-practice [accessed on October 26, 2016]

[24] NICE (2014) Behaviour change: individual approaches PH49 Available from: https://www.nice.org.uk/guidance/ph49 [accessed on October 26, 2016]

12. Appendices

Appendix A
Definition of Making Every Contact Count

Appendix Ai:
Summary of MECC documents & resources in London via desk research

Appendix Aii:
National resources and further reading

Appendix B:
Interview guide

Appendix C:
Organisations who participated in this MECC mapping project

Appendix D:
E-Learning training developed or in-development by organisations surveyed

Appendix E:
Summary of MECC face to face training

Appendix A: Definition of Making Every Contact Count

The concept of 'Making Every Contact Count' (MECC) was developed in 2009 by NHS Yorkshire and Humber as part of a long term strategy to create a healthier population and reduce the costs to the NHS. MECC aimed to increase the capacity of the NHS workforce to deliver health prevention messages to the public for minimal investment.[25]

There is no universally accepted definition for MECC. MECC is often viewed as an umbrella term encapsulating 'brief advice' or 'brief interventions'. Brief advice and brief interventions are part of the same approach to providing opportunistic health advice with key distinctions being the amount of time spent with a person and the expertise of the individual delivering the intervention[26]. Brief interventions have long been used within healthcare settings particularly in the context of harm reduction for alcohol and drug use.[27]

Public Health England, NHS England and Health Education England released a MECC consensus statement in April 2016.[29] The purpose was to provide clarity regarding what is meant by MECC and to highlight the evidence base and benefits of adopting a MECC approach. The core definition of MECC is outlined in Box 1 below.

Box 1: Core MECC definition[28]

MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations:

- for organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach
- for staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them
- for individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health

[25] Perspectives in Public Health, March 2011 Vol 131 No 2, p.69-70 http://rsh.sagepub.com/content/131/2/69.full.pdf [accessed on October 26, 2016]

[26] Wills J & Ion V (2014) Implementing 'Making Every Contact Count': A Scoping Review

[27] Treatment Improvement Protocol (TIP) Series, No. 34. Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse https://www.ncbi.nlm.nih.gov/books/NBK64942/ [accessed on October 26, 2016]

[28] Public Health England, NHS England, Health Education England et al, *Making Every Contact Count (MECC): consensus statement. Available from:* *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf* p.7 [accessed on October 26, 2016]

[29] Public Health England, NHS England, Health Education England et al, *Making Every Contact Count (MECC): consensus statement. Available from:* *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf* [accessed on October 26, 2016]

The NICE guidance[30] on Individual Behaviour Change identifies four main categories of support for individual level interventions, aimed at changing health-damaging behaviours. They include a range of approaches from single interventions delivered as the opportunity arises, to planned, high-intensity interventions that may take place over a number of sessions.

[30] NICE (2007) Behaviour change: individual approaches PH6 Available from: https://www.nice.org.uk/guidance/ph6 and NICE (2014) Behaviour change: individual approaches PH 49 Available from: https://www.nice.org.uk/guidance/ph49 [accessed on October 26, 2016]

Appendix Ai – Summary of MECC documents / resources in London via desk research

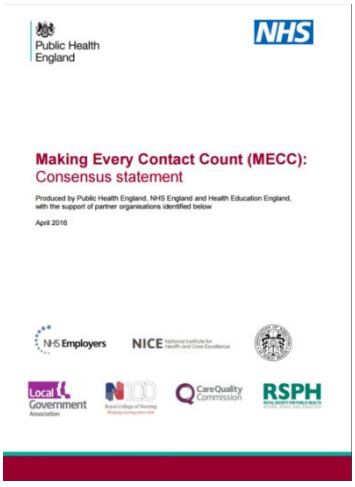
Organisation	Type of resource	Title of document	Brief description	Available from
Camden / Islington Local Authority	E-learning	*Making every contact count*	Open free access for all Council's employees upon registration E-learning, which takes approximately 30-40 minutes to complete. The e-learning provides an introduction to MECC, recognising the various needs of residents and knowledge on where to signpost them for further support.	http://walkgroveonline.com/camdenlms/login.php
Camden / Islington Local Authority	Website	*Making Every Contact Count*	Website provides information about MECC programme and encourages taking part in the training. It also gives access to Learning tools & resources : • Key Messaging and Signposting • Conversational Skills and the art of a good MECC conversation • Brief Advice, Self Care and Signposting • Issues Affecting Wellbeing • Key Behavioural Change Theories and How To Apply Them	www.islingtonmecc.org.uk
Health Education England	E-learning	*eLfH: Making Every Contact Count*	Free open access e-learning to support anyone to increase their knowledge and understanding to make every contact count. There are five topics: • Introduction to Making Every Contact Count • Introduction to Skills • Introduction to Lifestyle Topics • Signposting and Your Organisation	http://www.e-lfh.org.uk/programmes/making-every-contact-count/open-access-sessions/

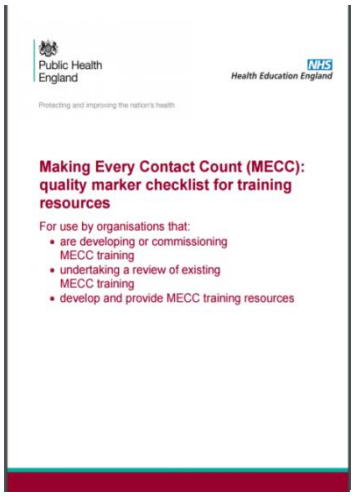
Lewisham	Brochure, promotional materials	*Lewisham Health Improvement Training Brochure April 2016–March 2017*	A training brochure and promotional material has been developed. There are plans to provide a supporting handout to participants to support the training and signposting to local services. Leaflet providing details about the training	https://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/Documents/HealthImprovementTrainingBrochure2016%E2%80%932017.pdf
Hillingdon	Website		Website providing information about how to connect to a specific care and support in Hillingdon. It signposts users to: • Getting information and advice • Sharing information about user's circumstances • Searching for things to do locally • Buying products and services	http://www.connecttosupporthillingdon.org/s4s/WhereILive/Council?pageId=1057&lockLA=True
Great Ormond Street Hospital	Website	*Me first*	**Me** first is an education and training resource that is designed to help healthcare professionals to develop their knowledge, skills and confidence in communicating with children and young people. It does this by encouraging a child-centric mentality in staff, and by providing tools and advice to support this.	http://www.mefirst.org.uk/about/
Hammersmith &Fulham /Kensington & Chelsea / Westminster	Website	*Peoplefirstinfo*	Website filled with information supporting independent living through signposting the users to various services not only health related.	http://www.peoplefirstinfo.org.uk/

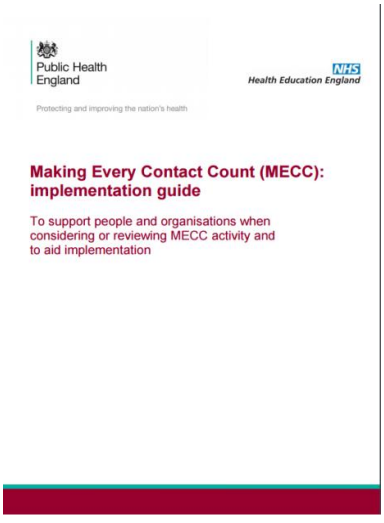
Appendix Aii – National resources and further reading

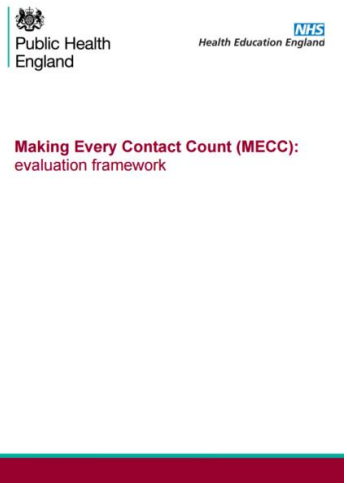
Public Health England (PHE) Health Education England (HEE), NHS England and the MECC advisory group have developed a suite of tools to support delivery of MECC. These include:

- MECC Consensus statement published April 2016 [following sign off and endorsement by the NHS Prevention Board]
- MECC Evaluation framework Published March 2016
- MECC Implementation guide Published: January 2016
- MECC Training quality marker checklist Published: January 2016
- National MECC conference: principles, pathways, partnerships and practice Published: January 2016
- The www.makingeverycontactcount.com website is being refreshed and updated (autumn 2016) to include over 60 case studies from LA, NHS and third sector organisations
- Three MECC e-learning programmes developed by HEE local teams are being made available with an open-access option through the national e-Learning for Healthcare platform.









Appendix B – Interview guide

i. What is the MECC approach being adopted?

ii. What is the delivery model and content of the MECC training or development activity taking place or being planned? Do you have an e-learning module?

iii. Which workforces/services is this activity developed for [please give as much detail as possible e.g. reception staff, all staff at induction, mandatory?]

iv. Why is this workforce/service targeted?

v. What tools, resources and infrastructure do you have in place to support MECC delivery?

vi. How are you evaluating MECC in your area? What impact and outcomes are you expecting?

vii. What further support would you like to effectively deliver MECC in your organisation?

Appendix C: Organisations who participated in this MECC mapping project

Mode of engagement		Organisations known to have MECC interventions or activities but were not contacted within the timescales for this project.
Phone interview	**Questions via email**	
London Borough of Barking and Dagenham	London Borough of Barnet	City and Hackney
London Borough of Camden & Islington	London Borough of Brent	Guy's and St Thomas' NHS Foundation Trust
London Borough of Ealing	London Borough of Haringey	Barts Health NHS Trust
Enfield Community Education Provider Network	London Borough of Lambeth	Brunel University
London Borough of Enfield	London Borough of Hillingdon	Buckinghamshire New University
London Borough of Greenwich	London Borough of Richmond	Bromley Clinical Commissioning Group
London Borough of Hammersmith & Fulham, Kensington & Chelsea, Westminster	London Borough of Croydon	Bexley Clinical Commissioning Group
London Borough of Hounslow	London Borough of Merton	Healthy London Partnership – Prevention Board
London Borough of Kingston	London Borough of Newham	London Clinical Senate
London Borough of Lewisham	London Borough of Southwark	
London Borough of Redbridge	London Borough of Sutton	
London Borough of Tower Hamlets	London Borough of Waltham Forest	
Health Education England North West London	London Borough of Harrow	
Health Education England South London	London Borough of Havering	
Health Education England North Central and East London	London Borough of Wandsworth	

Appendix D: E-Learning training developed or in-development by organisations surveyed

Local authority public health team	Status
Greenwich	Internal access only. Learning and Development team looks after MEOC e-learning system Duration: 2hours 30min Content developed by PH specialist, the style designed by Me-Learning
Camden and Islington	Can be accessed externally- www.islingtonmecc.org.uk - landing page for both face to face and e-learning Duration: 40min Provider: Walkgrove Online
Haringey	Internal access only Duration: 3 hours The tool was developed by Haringey Council and the Health Educators Network
Hillingdon	In development : E-learning will be as a part of a learning pool package developed by Learning and Development team Duration: 20-30min
Lewisham	Internal only. Introductory MECC training programme Duration: 2.5-3hours Links to other e-learning e.g. IBA training: https://www.alcohollearningcentre.org.uk/eLearning/IBA/
Richmond	Internal only. Accessible through the intranet and commissioned on an annual licence. The content developed in-house by the Public Health team. Produced by 'Me-Learning' 4 modules Duration: 15minutes per module
Waltham Forest	In development
Westminster	In development. Likely to be major area of development (either existing or develop a new one).

Appendix E: Summary of MECC face to face training

Organisation or Local Authority	MECC focus (NB see Glossary)	Training provider	Duration of training
Barking & Dagenham	Standard MECC-training in planning phase	N/A	N/A
Barnet	MECC Plus	Social Marketing Gateway	Duration: Half day training. The aim is to train 150 people over approximately 6 months in the first instance (phase one).
Brent	MECC Plus	In house – Public health lead delivering training	3x 2.5 hour sessions
Camden/Islington	MECC Plus	Social Marketing Gateway	half day accredited RSPH training
Ealing Council	MECC	Delivered in-house by fixed-term MECC project manager	3 hours (or whatever time staff can be released for)
Enfield Council	MECC Plus	Social Marketing Gateway	1. Implementation phase 1, Sep 16 – Dec 16: Deliver 15 interactive MECC skills workshops [3 hours/half day] 2. Implementation phase 2, Oct 16– Jan 17: Brief intervention and motivational interviewing (half day)

Greenwich	Making Every Opportunity Count E-learning only Face to face training being planned	N/A	N/A
H. & Fulham K.& Chelsea Westminster *Note work currently going on in Westminster only*	MECC Plus	Central London Community Healthcare & fixed term MECC project manager employed to deliver training	2 day course - 3 times a year Session varied and are bespoke to auidence
Haringey	MECC	Reed Momenta (with sub-contract with Innovative Health to provide the training)	Half day session
Hillingdon	MECC	Early stages - planning now, implementation in Jan 2017	In process but planning to deliver Face to face - 3 hours
Hounslow	MECC Plus	Using the RSPH accredited HEE Wessex model for MECC training (Healthy Conversations package) with plans to deliver train the trainer locally.	2 x 3 hour sessions
Lambeth	Brief intervention to address childhood obesity	N/K	one half-day interactive workshop

Lewisham	MECC	A trained facilitator provides the training in house	MECC training programme -2.5-3hours
Richmond upon Thames	E-learning only	N/A	N/A
Tower Hamlets	MECC	A trained individual –commissioned to deliver the training (psychology background)	1/2 day training – (3hours) commissioned programme to delivery 16 sessions in total including 1 training session per month and 4 refresher sessions
Waltham Forest	MECC	N/K	Face to face - 2hours module
Wandsworth	MECC Plus	Lifetimes (local voluntary sector organisation)	3.5 hours per session
Health Education England North Central and East London	MECC	Delivered by the Health Education Wessex local office	Ten HEE staff trained in MECC via x2 half day face to face training course delivered by the Health Education Wessex local office