



Public Health
England

Making Every Contact Count— A MECChanism for change

Simon How Public Health England

With thanks to Mandy Harling and Nigel Smith (PHE)



How we defined MECC

Core definition: Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables 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.



MECC at different levels

- 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.



MECC and the Workforce

Contact is powerful

- The size of the public sector workforce means there are many opportunities on a daily basis to engage the population in healthy conversations

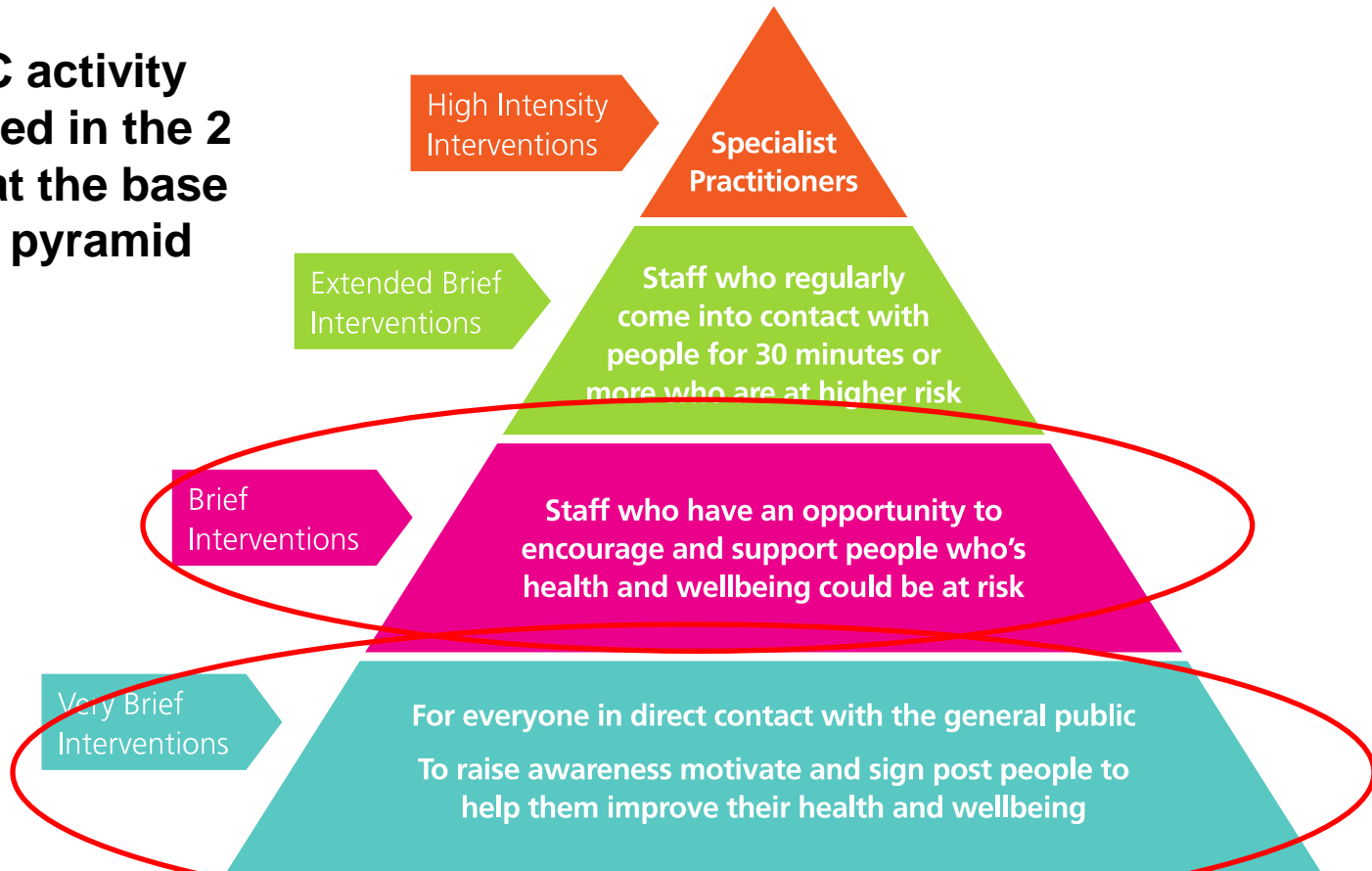


- 1.2 million health-related visits a day to community pharmacies
- the NHS deals with over 1 million patients every 36 hours
- Local Authority Services – millions of contacts daily



MECC Model

**MECC activity
illustrated in the 2
layers at the base
of the pyramid**



Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches

<https://www.nice.org.uk/Guidance/PH49>



MECC and the Workforce

MECC fits with the wider public health workforce

- Radiotherapy appointments, within dental assessments – colleagues in Yorkshire and Humber MECC e-learning package developed for dentists.
- Supporting conversations at scale across populations - Allied Health Professionals e.g. physiotherapists using MECC as fits with their role to prevent ill health.
- Wider workforce – in UK 15 million people, includes Fire and Rescue services. Example: Hertfordshire Fire / West Midlands services are incorporating MECC into Home Safety checks of vulnerable older people. Ambulance Trusts – Public Health strategies



In England

**30% of
adults are
inactive¹**

**65% of adults
are either
overweight or
obese¹**

**1 in 4 people
affected by a
mental health
condition in
their lifetime²**

**17% of
adults still
smoke¹**

**9 million drink above
the recommended
daily limits³**



The evidence base

- **NICE PH49: Behaviour change individual approaches guidance**
Recommendation 9: use a brief (or very brief) intervention to motivate people to change behaviours that may damage their health.
- **BWeL trial: Testing a brief intervention for weight management**
in primary care; delivered at a population level
- **Implementing ‘Making Every Contact Count’: a scoping review.** London South Bank University. Key barriers and levers identified.
- **Wessex MECC Pilot:** Primary Care & Population Sciences, University of Southampton; identified organisational and staff readiness factors.



BWeL Trial results summary: University of Oxford

SECONDS

to carry out
this brief
opportunistic
intervention.

ATTENDED

the weight-loss
programme
they were
referred to.

WEIGHT LOSS

on average after
1 year compared
with 1.04kg in the
control group.

LOST 5%

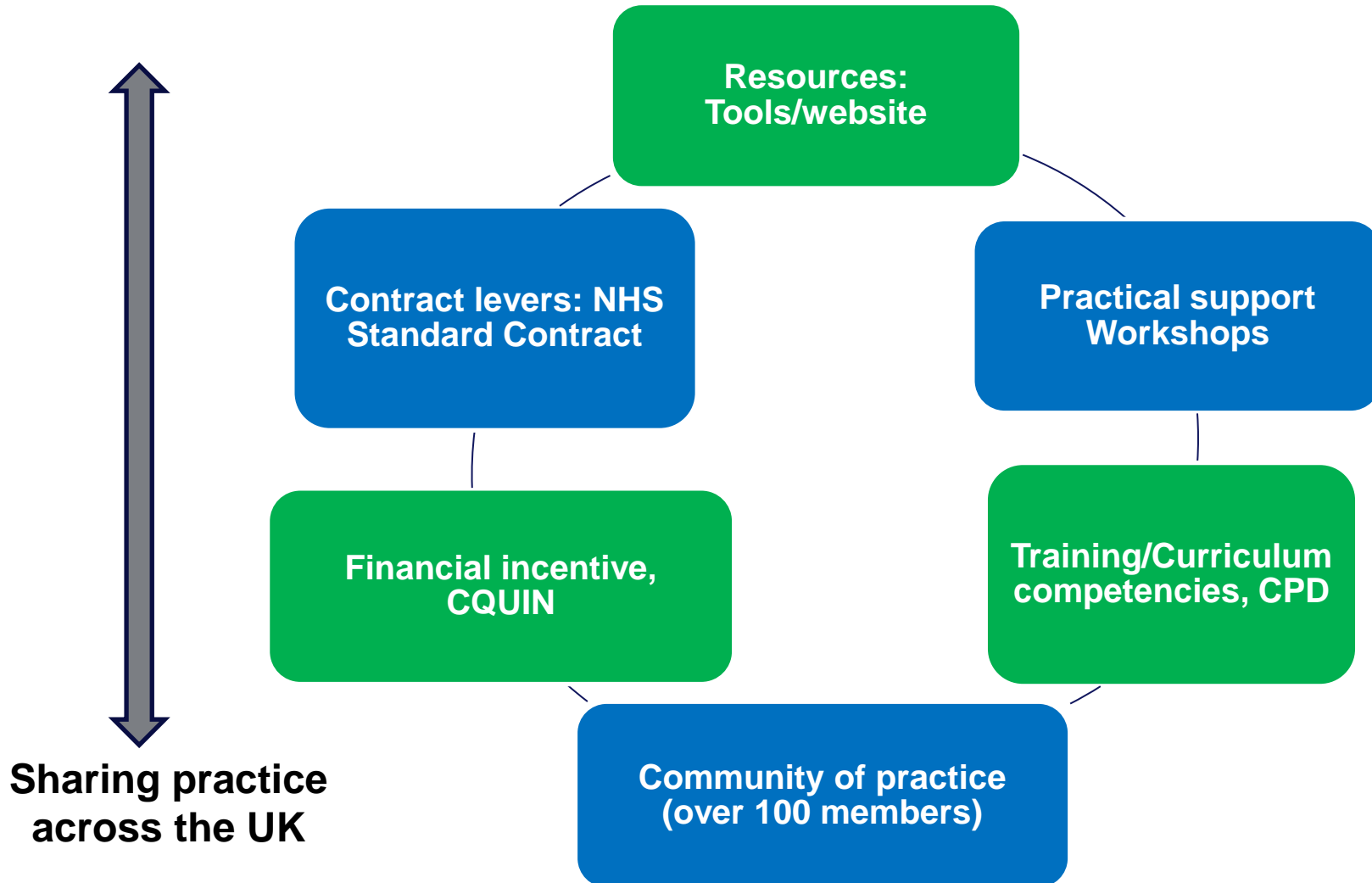
of their
bodyweight
over 12 months.

PATIENTS AGREED

that the conversation
with their doctor
was appropriate
and helpful.



MECC Whole system approach





Strategic Alignment

NHS-E Five Year Forward View- radical upgrade in prevention

- STPs, ACS \ ACOs
- Diabetes Prevention Programme
- Risky Behaviour CQUIN – (Smoking and Alcohol)
- Healthy workforce CQUIN
- Reporting into 5 Year forward view delivery board

PHE Strategic plan for the next four years: Better Outcomes by 2020

- All Our Health
- One You
- Change for Life
- Action on cardiovascular disease: getting serious about prevention
- NHS Health Checks -



National MECC advisory group

- Includes: NHS England Nursing and Medical Directorates; HEE local teams; RCN; RSPH; ADPH; local authority and acute trust leads; Southampton and South Bank Universities; PHE Nursing, Centre Health & Wellbeing, Dental, Pharmacy, Allied Health and Workforce leads.
- Provides advice, information sharing, evidence, suite of tools, national advocacy for MECC
- MECC e-learning resources on HEE's national e-Learning for Health platform
- MECC Community of Practice 300+ members - shared online facility accessible from all devices via app for the network to discuss, share and network ideas on all things related to MECC (now on Facebook)
- 5 Nations MECC network
- If you would like to join the community please e-mail: hee.mecc@nhs.net



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Products

- Definition
- Consensus Statement
- Implementation Guide
- Training Quality Marker Checklist
- Evaluation Framework
- MECC in NHS Standard Contract
- National conference

<http://makeeverycontactcount.co.uk>



Consensus statement

Purpose: to articulate the **What, Who, Why** and **How** of MECC and provide clarity of purpose

- **What** is meant by MECC, clear definition
- **Who:** which organisations are included
- **Why:** alignment with key national strategies and objectives
- **How:** What MECC can help to deliver (Implementation guide, Training Quality marker, case studies etc.)



Consensus Statement signatories





Implementation guide

- **Purpose:** Supports organisational readiness and whole system approach
- **8 step model:** supporting implementation of local MECC delivery
- Questions and prompts support MECC review and action planning
- Activities and tools that have been useful for others



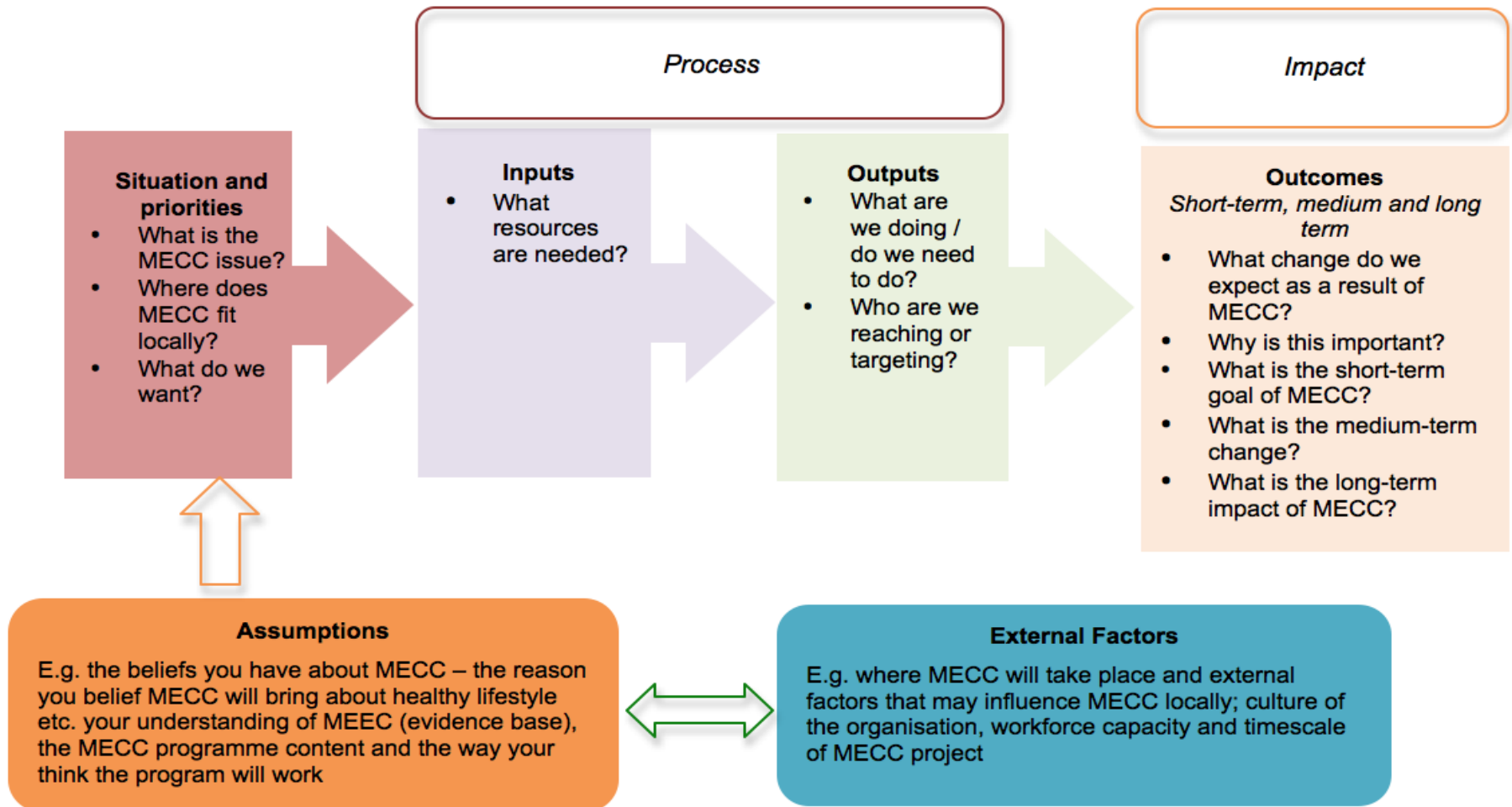
Training quality marker checklist

10 Quality Markers in 3 sections

- Context of the training – Why MECC
 - Skills and Knowledge – How to deliver MECC
 - Evaluation – Is it working
-
- Each quality marker has a set of indicators of what needs to be in place.
 - Self Assessment indicators: **Fully Met, Partially Met, In Development or Not Met**
 - Action plan to meet quality marker
 - Useful links to supporting resources



Evaluation Framework





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e-learning platforms

A wide variety of tools are available ranging from generic tools to specific issue based learning

Alcohol IBA in Primary Care

Alcohol IBA in Community Pharmacy

Alcohol IBA in Hospital Settings

Alcohol



MECC

Making Every Contact Count

Welcome to Sandwell and West Birmingham Hospitals NHS Trust's short online training module on how to give Very Brief Advice (VBA) on Smoking, Weight, Alcohol, and Physical activity – SWAP.



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Thank You

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More evidence

- NICE Behaviour change: general approaches, Public health guideline 6
<https://www.nice.org.uk/Guidance/ph6>
- Clustering of unhealthy behaviours over time Implications for policy and practice, Kings Fund <https://www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time>
- Making Every Contact Count: an evaluation; Journal of Public Health (2013)
[http://www.publichealthjrn.com/article/S0033-3506\(13\)00128-5/abstract](http://www.publichealthjrn.com/article/S0033-3506(13)00128-5/abstract)
- Making every contact count': Evaluation of the impact of an intervention to train health and social care practitioners in skills to support health behaviour change - Journal of Health Psychology (2016) <http://journals.sagepub.com/doi/abs/10.1177/1359105314523304>
- Wessex making every contact count pilot evaluation report, Southampton University 2015
<http://www.wessexphnetwork.org.uk/media/22802/Wessex-MECC-Evaluation-Report-Final-110615.pdf>