

Making Every Contact Count

A Strategy for the South West

2020-23



Health Education England

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Executive Summary

Making Every Contact Count (MECC) is *“an approach to behaviour change that utilises the millions of day-to-day interactions organisations and individuals 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”* (PHE & HEE, 2016).

This strategy has been produced by the South West MECC steering group and aims to provide an overarching approach to implementing MECC across this geographic area. It summarises the current situation, the decisions taken and the direction of travel to achieve the overall vision.

The vision in the South West is that:

“Health and social care organisations and relevant partner agencies will be aware of, adopt and embed the ‘Making Every Contact Counts’ principles. This means that, whenever appropriate, the opportunity to reinforce messages about health and wellbeing and signpost to the relevant services is used.”

This will be achieved by:

- A co-ordinated and consistent approach to MECC across the South West.
- Ensuring organisational readiness to achieve culture change to support and facilitate behaviour change.
- Developing staff readiness to deliver level 1 MECC (healthy conversations) as part of their role.
- Sharing good practice and approaches to evaluation of MECC programmes
- Engage at a strategic level with Education and workforce development leaders to promote down to their workforces

MECC draws on behavioural science approaches such as COM-B and other dual process models, recognising that an individual’s choices are affected by both automatic and reflective aspects of decision making; and that internal and external events can impact on an individual’s decisions and choices, as well as wider determinants of health.

A MECC healthy conversation aims to enable positive change in an individual by increasing their psychological capability to undertake a behaviour change. This may be through increasing their knowledge of the risks for a particular behaviour, such as for smoking or poor diet. Or by helping increase an individual’s motivation to initiate a behaviour change, for example by raising their level of understanding of the positive actions they can take, such as with stopping smoking or eating more healthily, and promoting self-efficacy and individual control in making changes.

1. Why do we need a strategy?

It is recognised that STP/ICSs across the South West are implementing and investing in various behaviour change programmes for workforces, including MECC. However, to ensure there is continued appetite and momentum for the roll out of such programmes, the South West MECC Steering Group, which was formed in late 2015, continue to work collaboratively to share, inform and update each other on progress made in their respective geographical areas.

This strategy has been produced by the South West MECC Steering Group; it aims to provide an overarching vision; highlighting the policy drivers; to encourage a consistent approach to implementing MECC and other behaviour change programmes whilst allowing the flexibility required to meet local needs.

This strategy is a working document and will be updated and reviewed on a regular basis by the South West MECC Steering Group for more information about this group please see the Terms of Reference (Appendix 1)

2. Background

2.1 What is Making Every Contact Count (MECC)?

MECC has been defined as “an approach to behaviour change that utilises the millions of day-to-day interactions organisations and individuals have with other people to support them in making positive lifestyle changes including reducing alcohol use, stopping smoking, eating a healthier diet, becoming more physically active as well as undertaking activities to improve 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” (PHE & HEE, 2016).

Evidence shows that brief interventions on healthy living are cost effective and produce effective behavioural change outcomes (NICE, 2014). MECC is a way of making a difference for the population on a large scale by all frontline staff embedding prevention in their day to day work with clients/patients. Very brief ‘healthy conversations’ with service users by frontline staff could equate to thousands of healthy behaviour change opportunities each year and yet take up very little staff time.

2.2 Benefits of MECC

- Patient / Service user benefits – healthy behaviours lead to longer, healthier lives
- Staff wellbeing – using healthy conversation skills can improve workforce physical and mental wellbeing
- Quality Benefits – Improving quality of services and patient outcomes

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- Efficiency benefits – MECC will build skills in staff to support service users to change their behaviour and stay healthy, reducing demands on health and social care

2.3 Impact of MECC

- Builds competence and confidence to support people
- Supports self-management
- Promotes a person-centred approach
- Enables screening conversations (i.e. Audit-C)
- Enables peer support and encourages staff wellbeing
- Development of transferrable skills to drive quality
- Promotes a solutions focused approach
- Encourages a coaching culture
- Develops skills in communication
- Recognise collective role in prevention

3. Policy and Guidance

Over the years, national policy has seen a shift towards focusing health care models more on prevention and Public Health in order to ensure positive health and wellbeing outcomes for populations. Some key policy drivers (below) highlight that we need to look at what we can do differently and large scale across our services if we are to support and deliver on this agenda:

- **The MECC Consensus Statement** (PHE, 2016) recommends that the MECC approach should be applied across all health and social care organisations. Signed by a wide range of organisations, including Health Education England, Local Government Association and Care Quality Commission, it describes the commitment to the MECC approach as a way of supporting positive behaviour change.
- **NHS Standard Contract 2020/21** (NHS England) SC8.6 states the Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count Guidance.
- **NHS Long Term Plan building on the work in response to the 5 year forward view Incorporate.** Every 24 hours, the NHS comes into contact with over a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan sets out practical action to do more to use these contacts as positive opportunities to help people improve their health.
- **Improving people's health:** Applying behavioural and social sciences to improve population health and wellbeing in England. This strategy discusses MECC and the upstream approach to behaviour change utilising brief interventions on an individual level
- **Behaviour Change Development Framework:** this framework and toolkit assists individuals, managers, and commissioners to identify the most appropriate level of

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behaviour change technique training required according to job role or area of the workforce.

4. Strategy Vision, General Principles and Objectives.

4.1 The Vision

Our vision for the South West is that all health and social care organisations and relevant partner agencies will be aware of, adopt and embed the 'Making Every Contact Count' principles. This means that, whenever appropriate, the opportunity to reinforce messages about health and wellbeing and signpost to the relevant services is used.

4.2 General Principles

- Promoting healthy conversations - focus will be on encouraging everyone being able to deliver level 1: Very brief intervention / healthy conversations.
- To continue to offer flexible training options based on a cascade model of training; to include bespoke offers of training depending on the workforce and their availability.

4.3 Strategy Objectives

To achieve a co-ordinated approach to MECC the South West MECC Steering Group will work across their respective STP/ICSs and regionally to:

- Promote MECC and highlight its relevance in the delivery of both national and local policies
- Encourage the use of implementation plans
- Promote the Behaviour Change Development Framework, and support education and workforce development leads to understand where MECC sits within the framework
- Support trainer networks to ensure trainers remain competent and confident to deliver MECC training
- Share good practice and approaches to evaluation of MECC programmes

5. Achievements to date

5.1 MECC Training

There are different training options in use across the region, Table 1 sets out the number of people who have attended each type of training in 2019/20. Table 2 sets out the number of MECC Super Trainers and MECC Trainers in each region of the South West.

Table 1

Type of Training	Q1	Q2	Q3	Q4	Total
Accredited MECC Training	604	650	444	383	2,081
Half Day Training	77	12	28	63	180
2 hour condensed training	25	40	76	0	141
Bespoke Training	137	185	553	67	942
MECC eLearning	0	0	244	0	244
Total	843	887	1,345	513	3,588

Table 2

STP/ICS area	Super Trainers	MECC Trainers
Bath, Swindon, Wiltshire (BSW) STP	2	53
Bristol, North Somerset, South Gloucestershire (BNSSG) STP	2	30
Gloucestershire ICS	0	3
Somerset STP	2	10
Devon STP	2	93
Cornwall and Isles of Scilly STP	2	17
TOTAL	10	206

5.2 MECC Train the Trainer Evaluation

The evaluation of the train the trainer programme that was carried out in 2018 highlighted that the demand for MECC is increasing and indicated there were a few issues that needed to be addressed; these are listed below along with our response:

1: Access to MECC eLearning, which is hosted on E-Learning for Health web site and required registration to use, causing confusion for non-NHS staff.

ACTION: The eLearning has since been updated and reviewed and is now more easily accessible.

2: Accredited training inflexible with limited delivery options

ACTION: this has now been rectified with a wider range of training available from taster sessions to MECC lite, eMECC (virtual delivery in response to COVID-19)

3: Trained trainers – number of active trainers fluctuates which requires further train the trainer programmes.

ACTION: We now have Super Trainers trained across the South West to enable a more sustainable and responsive model of delivery

4: Competing in the training market with other behaviour change programmes such as health coaching and motivational interviewing

ACTION: HEE has since launched the Behaviour Change Development Framework which should assist and dispel myths around the types of training available and who they are appropriate for.

5: Burden of paperwork involved with the accredited model, collated at region level

ACTION: this has now been streamlined and is now collated in each STP/ICSs via the Local Authority.

6: Continuous Professional Development (CPD) for Trainers - the evaluation highlighted some trainers lacked confidence in delivery and required refresher sessions.

ACTION: Some STP/ICS areas have arranged their own CPD for trainers, and at regional level CPD events were arranged for the north and south of the region.

6. References

Health Education England (2020)

Health Education England (2020), *The Behaviour Change Development Framework*, [Online] Available from <https://behaviourchange.hee.nhs.uk/>

NHS England (2019), *The NHS Long Term Plan*, [Online] Available from

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

NHS England (2020) *NHS Standard Contract 2020/21*. [Online] Available from

<https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2020-21-particulars-service-conditions-general-conditions/>

NICE (2014). *Behaviour change: individual approaches*. Public Health guidance PH49.

[Online] Available from: <https://www.nice.org.uk/guidance/ph49>

Public Health England (2016). *Making Every Contact Count (MECC): Consensus Statement*. [Online] Available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf

Public Health England (2018), *Improving people's lives: applying behaviour change and social sciences*. [Online] Available from:

<https://www.gov.uk/government/publications/improving-peoples-health-applying-behavioural-and-social-sciences>

APPENDIX 1**South West Making Every Contact Count (SW MECC)
Steering Group
Terms of Reference and Membership****Background:**

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

NICE guidance outlines the importance of the role of brief interventions and advice, the principles of which underpin Making Every Contact Count.

The SW MECC Steering Group was established in 2016 following an allocation of funding to roll out MECC across the region; and has representation from each local authority public health team.

Purpose:

The steering group exists to support the roll out of MECC across the SW region and to ensure that each area is kept updated of any changes both regionally and nationally that may impact on their individual MECC programmes.

Responsibilities:

- To share different approaches to delivering MECC across the SW
- Build on existing good practice; allowing for autonomy and sustainability of MECC.
- Support the continuing professional development of MECC Trainers
- To promote MECC across the SW

Frequency of meetings:

Meetings to be held bi-monthly.

Quoracy:

The Chair and 50% of membership will need to be present at meetings for any decisions to be made.

Venue and Times:

HEE SW Population and Public Health Academy to provide venue and/or coordinate Microsoft Teams meetings

Timings of meetings: Bi-monthly for 1.5 hours to be scheduled annually in advance

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Reporting:

- The steering group will report to HEE quarterly via reporting templates until existing funding allocations are used
- The steering group will report to key partners and stakeholders as required

Support for the Group:

Administrative for the MECC Steering Group meetings will be provided by the HEE SW Population and Public Health Academy. This will be for the purposes of minute taking, drafting agendas, arranging, and attending all meetings (Steering group, Task and Finish Groups, Communications)

Chairing Arrangements:

Deborah Lear (Chair), HEE SW Population and Public Health Academy
Natalie Winterton (Deputy Chair) Devon County Council

Membership:

Each Local Authority Public Health Team has provided a MECC Lead listed below.

Name	LA Area	E-mail
Clare Laker	B&NES	Clare_laker@bathnes.gov.uk
Andrea Dickens / Elizabeth Le-Breton	Bristol	Andrea.dickens@bristol.gov.uk Elizabeth.lebreton@bristol.gov.uk
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Michael Rose/Katie Davies	Wiltshire	Michael.Rose@wiltshire.gov.uk Katie.Davies@wiltshire.gov.uk
Deb Lear (Chair)	HEE SW	Deborah.lear@hee.nhs.uk
Kate Jordan/Matt Palmer	PHE SW (optional membership)	Kate.Jordan@phe.gov.uk Matt.Palmer@phe.gov.uk

Additional Membership:

Applicable to STP/ICS where a co-ordinator has been recruited

Name	MECC Co-ordinator	Email
Natalie Winterton (Deputy Chair)	Wider Devon	Natalie.winterton@devon.gov.uk
Sarah Phillips	Cornwall	phillips.sarah@cornwall.gov.uk

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Date agreed – October 2020
Date for review – 12 monthly