Making Every Contact Count (MECC) - the public health role

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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.
How we defined MECC

• Brief or very brief interventions in **routine appointments**
• Enables individuals to **engage in healthy conversations**
• Supports individuals in making positive changes to physical health and emotional wellbeing
• Provides opportunity for the delivery of consistent and concise healthy lifestyle information
• Enables conversations about health to take place **at scale** across populations and organisations
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.
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

• As public health people we have an opportunity to reach those workforces
MECC and the Workforce

MECC fits with many different specialities

- 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.
MECC Model

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

- **Very Brief Interventions**
  - For everyone in direct contact with the general public
  - To raise awareness, motivate and signpost people to help them improve their health and wellbeing

- **Brief Interventions**
  - Staff who have an opportunity to encourage and support people who’s health and wellbeing could be at risk

- **Extended Brief Interventions**
  - Staff who regularly come into contact with people for 30 minutes or more who are at higher risk

- **High Intensity Interventions**
  - Specialist Practitioners

Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
https://www.nice.org.uk/Guidance/PH49
Why is it important?
In England

- 30% of adults are inactive
- 65% of adults are either overweight or obese
- 17% of adults still smoke
- 1 in 4 people affected by a mental health condition in their lifetime
- 9 million drink above the recommended daily limits

1 PHOF; 2 No Health Without Mental Health, 2014; 3 Alcohol Concern
DALYs attributed to largest risk factors, by gender, 2013

40% of the UK’s disability adjusted life years lost are attributable to the use of tobacco, hypertension, alcohol, being overweight or being physically inactive.
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
Case study

Lancashire Care NHS FT

- 56% of their 6,800 staff undertook a level one e-learning package + supplementary face to face training
- Reporting system to record ‘health chats’ established
- Supporting communication plan to engage staff
- Second stage of the project saw trust staff developing 5 level 2 specialist e-learning modules on subjects including domestic abuse and ACE’s

Staff reported outcomes:

- Improvements in knowledge about behaviour change, alcohol, health eating, physical activity and smoking
- Increased confidence around delivering ‘healthy chats’
- Increased self awareness about their own behaviours
- Still some confusion about how MECC related to their role

National action
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 advise, 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
Products

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

http://makingeverycontactcount.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.)
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
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

**Situation and priorities**
- What is the MECC issue?
- Where does MECC fit locally?
- What do we want?

**Inputs**
- What resources are needed?

**Outputs**
- What are we doing / do we need to do?
- Who are we reaching or targeting?

**Impact**
**Outcomes**
- Short-term, medium and long term
  - What change do we expect as a result of MECC?
  - Why is this important?
  - What is the short-term goal of MECC?
  - What is the medium-term change?
  - What is the long-term impact of MECC?

**Assumptions**
E.g. the beliefs you have about MECC – the reason you believe MECC will bring about healthy lifestyle etc. your understanding of MEEC (evidence base), the MECC programme content and the way your think the program will work

**External Factors**
E.g. where MECC will take place and external factors that may influence MECC locally; culture of the organisation, workforce capacity and timescale of MECC project
A wide variety of tools are available ranging from generic tools to specific issue based learning.
More evidence


- Clustering of unhealthy behaviours over time Implications for policy and practice, Kings Fund [https://www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time](https://www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time)


What are the challenges to implementing MECC in your organisation?

What are the opportunities?

What do you need?