Making Every Contact Count

A framework for London

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

SUPPORTED BY

MAYOR OF LONDON

London’s NHS organisations include all of London’s CCGs, NHS England and Health Education England
Our partners

Members of the Making Every Contact Count Steering Group


The group will provide a forum where key stakeholders and experts across London can better enable prevention activities through interventions such as Making Every Contact Count (MECC) to address health inequalities and improve health and wellbeing through effective, collaborative working.
Making Every Contact Count (MECC) has been identified as an integral part of delivering the prevention agenda. It forms a core part of the Five Year Forward View, Health Education England Mandate, Local Government Association Priorities and is in the NHS Standard Contract. It is included as a priority in all sustainability and transformation partnerships (STPs) across London.

MECC in London supports organisations to develop Making Every Contact Count programmes to support all frontline staff to have access to the right skills and to initiate positive conversations about health and wellbeing. Additionally local and regional organisations will be supported to think more broadly about MECC approaches including how health promoting conversations fit within a model, pathway or place.

MECC is not a new concept. It has long been recognised in the public sector as a simple, cost-effective behaviour change approach. As such, there has been much research conducted and guidance developed to support its implementation. However, it is now recognised that in order to make MECC sustainable, and for it to sit alongside training, there is a need to support organisations to value and promote health and wellbeing. The purpose of this framework is to highlight what has already been achieved and what can be developed or strengthened within the environments, culture and health promoting infrastructures to help MECC leaders make it as impactful, cost-effective and sustainable as possible.

As such, this is the first time one framework has brought together the information and guidance for all of the key elements required to support MECC. It aims to build on and optimise the behaviour change frameworks which currently exist and provide a one stop hub where organisations can find (and contribute to) the relevant evidence, good practice and resources (both nationally and local off the shelf tools) required to effectively implement MECC. It is designed to help organisations who are thinking about implementing MECC or are already doing so, to improve their practice. The framework is intended to be a live document which will continually evolve via an improvement collaborative approach ensuring the most up to date evidence, resources and good practice cases studies are captured and shared across London.
Making Every Contact Count (MECC) is about upskilling the workforce to recognise and act on all opportunities to support individuals improve their health and wellbeing.

MECC is a behaviour change approach that encourages positive health and wellbeing choices through individual, organisational and environmental interactions. It is a brief intervention tool, based on a quick conversation, that can impact on an individual’s attitude to change and to provide them with the opportunity to make change by signposting them to the support they need.

MECC in London is bringing together the MECC programmes and the tools and resources they use into one e-Hub so that organisations have one place to access everything they need to develop a robust MECC programme.

This framework will sit at the centre of the e-Hub to provide structure and context to the resources for MECC training and the organisational infrastructures, culture and environments that support MECC programmes.

Additionally, this framework outlines how to become a MECC in London organisation and how to achieve Bronze, Silver and Gold certification.

This is an evolving framework. Contributions are welcomed to the framework with any evidence, resources, good practice or case studies. Please visit our wiki site, get involved and submit comments, information and suggestions: https://wiki.healthylondon.org/Making_Every>Contact_Count
London has substantial health and wellbeing inequalities and this includes preventable illnesses such as diabetes, obesity and cardiovascular disease (CVD). We need to support Londoners to make healthier choices to reduce these and address the wider determinants of health that can impact them.

These inequalities are not only determined by health choices but the wider determinants of health. Wider determinants of health are factors that are often outside of an individual’s control yet directly impacts on their health, life expectancy, health choices and behaviours. These wider determinants include; debt, employment, education, domestic abuse, fuel poverty and poor housing.

Behaviour can have a significant impact on health outcomes and mortality. For example, a person who smokes has a much higher risk of developing cancers, CVD, chronic obstructive pulmonary disease (COPD) and early death compared to someone who doesn’t smoke. An individual with a sedentary lifestyle is at greater risk of developing diabetes and musculoskeletal problems. A combination of smoking, drinking excessively, inactivity and low consumption of fruit and vegetables can lead to a 14-year reduction of life expectancy (Buck & Frosini, 2012).

There are still 1.2 million smokers in London, with 8,400 deaths and 51,000 hospital admissions a year attributable to smoking (London Health Commission, 2012). More than half of the entire adult population are overweight or clinically obese (Health Survey for England, 2015). Physical inactivity and poor nutrition are fueling the rise in diabetes, metabolic cancers, dementia, hypertension, coronary heart disease and their corresponding health costs. One in four Londoners will have a mental health problem in their lifetime (The London mental health fact book, 2015). Binge and high-risk drinking is now concentrated in particular areas of London that also have the highest alcohol related admissions to hospital.

The cost to the NHS for treating conditions associated with risky health behaviours is estimated at a cumulative £11 billion each year (PHE, 2016), almost a fifth of the annual NHS budget.
MECC and health promoting environments

Making person-centred care and prevention everyone’s business

There is a wealth of evidence which demonstrates the effectiveness of prevention interventions focused on supporting healthy behaviour change and creating supportive health promoting environments.

Frameworks and guidance support organisations to develop robust ways of delivering behaviour change in times of increased pressure and reduced resources.

See table 1 page 7.
Table 1: Making person-centred care everyone’s business

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Frameworks and guidance</th>
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<tr>
<td><strong>Care Act of 2014</strong>&lt;br&gt;Local authorities have a responsibility to promote health and wellbeing and ensure people have access to the information and advice they need to make decisions about their care and support.</td>
<td><strong>All Our Health</strong>&lt;br&gt;This framework looks at how to maximise the impact health professionals have on improving health outcomes, including Making Every Contact Count.</td>
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<td><strong>NHS Contracts</strong>&lt;br&gt;NHS providers must ensure that staff use every contact they have with service users and the public as an opportunity to maintain or improve health and wellbeing and empower them to access the health and wellbeing resources available to them.</td>
<td><strong>PHE and HEE – Making Every Contact Count (MECC) Implementation Guide</strong>&lt;br&gt;This guidance is for professionals to scope, plan and implement MECC.</td>
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<td><strong>Five Year Forward View</strong>&lt;br&gt;This emphasises the importance of doing more to ‘support people to manage their own health’ – staying healthy and making informed choices about their risky health behaviours such as smoking, alcohol, weight management and physical activity.</td>
<td><strong>The Health Foundation - Person-Centred Care Made Simple</strong>&lt;br&gt;Demonstrates what person-centred care is and how it can be achieved.</td>
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<tr>
<td><strong>Towards a Smokefree Generation – A Tobacco Control Plan for England</strong>&lt;br&gt;This Policy Paper outlines the legislation, prevention and stop smoking support plans for eliminating smoking in England.</td>
<td><strong>HEE Health Coaching- A Quality Framework</strong>&lt;br&gt;This guidance looks at how to integrate sustainable health coaching within organisations.</td>
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<td><strong>NIC E Guidance – Behaviour Change: general approaches</strong>&lt;br&gt;Pulls together evidence and recommendations for implementing behaviour change at an individual, community and population level.</td>
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<td><strong>RSPH – Every Day Interactions, Measuring Public Health Impact</strong> of healthcare professionals.&lt;br&gt;Recommendations on recording and measuring the impact of brief interventions.</td>
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MECC and health promoting environments

Why it matters

A report by the National Institute for Health and Care Excellance (NICE) has found that patients and service users expect to be asked about their health and want this advice to be structured and focused, yet health and social care services are not yet offering this systematically (clinical guidance CG138).

NICE guidance recommends that staff who regularly come into contact with people whose health and wellbeing could be at risk are encouraged to provide brief health behaviour change interventions.

The making every contact count approach has been shown to have great potential in encouraging staff to promote health behavior changes with patients and clients. For example:

- Brief advice on alcohol has been shown to reduce alcohol consumption for 1 out of 8 people.¹
- Economic modelling shows 12,000 hospital admissions and 270 deaths could be prevented with £21m in savings potentially made achieved over 5 years with alcohol identification and brief advice (IBA) delivered as part of the NHS Health Check programme.¹
- Brief advice on smoking significantly increased the quit rate of smokers with COPD by 66%.²
- Brief advice on physical activity has been shown to moderately increase physical activity in adults and older adults.
- Evaluation has also shown that 65% of staff trained in MECC have improved their own health behaviours and 50% have practiced their skill with family and friends, showing a benefit for staff and population health as well.³

¹ Our ambitions for the NHS in the Midlands and East, 2013
² Mowls et al, 2014
³ The Arden Strategy, 2012
What is Making Every Contact Count?

Encouraging behaviour change

Making every contact count is a behaviour change approach that encourages positive health and wellbeing choices through individual, organisational and environmental interactions. It is a brief intervention tool based on a quick conversation that can impact on a client’s attitude to change and provides them with the opportunity to make that change by signposting them to the support they need and where it can be found (see figure 1).

Figure 1. What is making every contact count
Figure 2. Making every contact count implementation framework
Health promoting environments

Health promoting environments are places and surroundings that mirror the health messages we are promoting. Smoke free hospitals are an example of this; they play an important role in enabling healthy choices for everyone. Health promoting environments can also act as environmental prompts or reminders for both staff and patients, to increase the likelihood and opportunity of health behaviour conversations.

### Evidence

- **Smoke free workplaces** are effective at reducing smoking prevalence.

### Examples

- **East Sussex Healthcare NHS Trust** will be incorporating MECC within their ‘health promoting hospitals’ model to embed prevention in the role of every member of staff.

### Resources

- Planning, implementation and assessment standards for health promotion in hospitals.

### Evidence

- Prompt posters that highlight positive social norms on **stair climbing** are more persuasive than information posters.

### Examples

- **Norwich Mental Health Trust** went smoke free in 2003. This has prompted staff to revise clinical protocols on the effects of smoking and stopping smoking on medications.

### Resources

- Information to promote healthy behaviours.

### Evidence

- Key tips to promote pro-environmental behaviours that can be utilised for a range of behaviour change topics.

### Examples

- **Healthier Catering Commitment** for London was launched in 2012. It is a voluntary scheme for food outlets to make small changes, and was developed by the Chartered Institute of Environmental Health (CIEH) along with Alehm and the GLA.

### Resources

- Towards a Smokefree Generation: A Tobacco Control Plan for England

### Evidence

- **Cycle towns** increase cycling and reduce sedentary activity in all social groups.

### Examples

- **Lewisham and Greenwich NHS Trust** have implemented the “Hello my name is…” campaign to improve rapport with patients and ensure patients know the name of everyone involved in their care.

### Resources

- Guidance on communicating your health and wellbeing strategies effectively.
The culture of an organisation is the shared values and beliefs that can govern how staff view their role in promoting health. Successfully implementing strategic change often requires getting individuals to change their behaviours. Leaders can enhance the results of change by working to develop general expected norms and making the change part of everyone’s daily business. Organisations that embrace health and wellbeing can foster a culture where staff at all levels are empowered to Making Every Contact Count whether it be through MECC champions, healthy living ambassadors or through celebrating success.

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<th>Evidence</th>
<th>Examples</th>
<th>Resources</th>
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<tr>
<td><strong>Workplace health champions</strong> are well placed within the NHS as both targets and facilitators of health promotion.</td>
<td><strong>General Practice Health champions</strong> in Gateshead support patients, service improvement and connect the practice with community resources.</td>
<td>Putting <strong>Person-Centred Care</strong> into practice e.g. Experienced-based co-design of care, <strong>Hello my name is…</strong> and “What matters to me is…”</td>
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How to ‘change practice’ by understanding, identifying and overcoming barriers to change through evidenced-based techniques.

- **Kent Surrey Sussex**, celebrate success through their Leadership and Innovation Awards, which recognise the work of MECC leaders for Outstanding Achievement.
- **Derbyshire Community Health Services** have trained approximately 100 staff has workplace health champions to get staff thinking about their own health.
- **Communications toolkit** for organisations that are implementing MECC.

The **All Our Health Framework** presents evidence and guidance for health professionals delivering health promotion.

- **Cambridge University Hospital** use on promotional campaigns to increase awareness of project and embed into the Hospital’s culture e.g. Staff newsletters, hospital radio, Staff lanyards.
- **MECC Community Facebook group** connects people to share and discuss all things related to MECC.
Making it as easy as possible to direct people to health and wellbeing services after a MECC conversation is key to its success. Developing the infrastructure to enable frontline staff to signpost and also easily record those conversations within existing processes and systems will enable staff to understand any impact, develop their practice and feedback what is working well. This includes utilising the IT systems, enablers and pathways within an organisation.

### Evidence

- Cambridge University Hospital used an electronic referral system for the local Stop Smoking Service and linked their stop smoking MECC programmes with local stop smoking campaigns. As a result they achieved a high number of stop smoking referrals.

- **North and East Hertfordshire** found that by including MECC in their CQUINS they achieved senior leadership buy-in, an increase in total number of brief interventions, 50% increase in alcohol referrals, 600+ weight management and 700+ smoking referrals.

### Examples

- **Walsall** use electronic counting of referrals and referral cards that can track intervention back to team. Additionally they can track outcomes of referrals via specialist services.

- Camden and Islington local authorities achieved substantial increase in referrals to their housing and debt management resources following launch of training. They tracked this through close engagement with external services.

- **St Andrew’s Healthcare** adapted many structures which raised the profile of MECC and enabled staff to implement it: eg they added a MECC question to annual health checks for patients, co-produced a vision statement with service users, included MECC within the intranet site, updated weight management care pathway and produced signposting resources and tools.

### Resources

- Policy Guidance: [NICE Guideline [NG13]].
- [Workplace health: management practices](#).
- [Making Every Contact Count: Implementation toolkit](#).
- [Health Matters](#).
- [Calls to action: Everyday interactions](#).

- Referral resources: [NHS Go One You Shine London](#).

- Evaluation guidance: [Everyday Interactions: Measuring the public health impact of healthcare professionals](#).
Training

Making Every Contact Count (MECC) is a simple and quick conversation that enables effective signposting. Yet it is an acquired skill that encompasses listening, understanding behaviour change, very brief advice and knowledge of relevant and available services for signposting. MECC training programmes range from 15 minutes e-learning to 1½ day face-to-face enhanced training. Training is bespoke to the needs of the organisation and the population it serves. The success of MECC programmes relies on the quality of staff training.

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<td><strong>Milton Keynes</strong> found that over two-thirds of staff trained in MECC related the messages to their own health and health behaviour choices.</td>
<td><strong>HEE, PHE &amp; DoH</strong> developed universal MECC e-learning that can be completed over four sessions. <strong>Camden and Islington</strong> e-learning takes approximately 40 minutes and links with ONE you and the wider determinants of health. <strong>Haringey e-learning</strong> takes approximately 6 hours and is integrated with ONE You. <strong>Essex’s e-learning</strong> is also linked with ONE you and takes 30 minutes to complete.</td>
<td><strong>The HEE and PHE quality marker checklist</strong> for training resources can support commissioners and trainers develop their MECC training programme. <strong>Coaching For Health Quality Framework</strong>: provides commissioning guidance on high-quality behaviour change coaching.</td>
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<td>Staff trained in Tower Hamlets are markedly more confident, skilled and knowledgeable in MECC after attending a MECC training.</td>
<td>Short RSPH courses such as ‘healthy conversations' can add accreditation for the MECC Train the Trainer programmes. For example: <strong>Wessex Train the Trainer programme</strong>.</td>
<td>MECC <strong>workbooks</strong> can be resourced for training materials.</td>
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<td><strong>Yorkshire and Humber</strong> demonstrate that MECC training encourages staff to promote health behaviours.</td>
<td>MECC in London Community of Practice meet quarterly to share best practice and develop shared working.</td>
<td>The <strong>All Our Health</strong> outlines how to maximise potential of healthcare professional’s practice to promote health and wellbeing.</td>
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Signing up to the London MECC pledge is the first step in demonstrating your commitment to building the training, infrastructure, cultural and environmental enablers needed within your organisation for staff to Make Every Contact Count. There are three levels to the MECC in London pledge. These are the enablers you can build to achieve Bronze, Silver and Gold status. What have you already achieved? What are your next steps?

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<th>Training</th>
<th>Infrastructure</th>
<th>Culture</th>
<th>Environments</th>
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<tr>
<td><strong>Bronze</strong></td>
<td>MECC E-learning available for all staff</td>
<td>Easy access for staff and patients to national and regional resources through the London MECC hub</td>
<td>Identify a board-level MECC leader</td>
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<td><strong>Silver</strong></td>
<td>Face-to-face training programme provided for staff groups</td>
<td>Directory of local resources and services readily available for staff</td>
<td>Active travel schemes such as cycle-to-work</td>
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<td>MECC Champions in place</td>
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<td>Healthy living ambassadors in place</td>
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<td>MECC within staff appraisals</td>
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<td><strong>Gold</strong></td>
<td>Action learning sets for MECC trainees/champions</td>
<td>MECC within mandatory training</td>
<td>Health promotion within organisational policies</td>
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<td></td>
<td>Train the Trainer programme developed and implemented</td>
<td>Strong engagement and collaborative working with local resources and services</td>
<td>MECC within standard reporting procedures</td>
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<td>Routine data capture of MECC conversations</td>
<td>MECC celebrations and awards</td>
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What happens when I pledge?

We will support organisations to develop their action plan for Making Every Contact Count:

1. Submit your expression of interest through the MECC in London Website
2. MECC in London will support you to develop and submit your action plan
3. We will review your action plan and provide feedback within four weeks
4. Once approved you will receive MECC in London support to implement your programme and recognition

Organisations that sign-up will receive:

- Support from the MECC in London steering group to implement their programme and apply for Bronze, Silver or Gold status
- An Invitation to join our Community of Practice
- Recognition in our MECC in London Resource Hub

Organisations that have achieved their Bronze, Silver or Gold status will receive a MECC in London certificate and will be recognised at our annual MECC in London celebration event.
