

**MECC****MAKING
EVERY
CONTACT
COUNT****LET'S GET LONDON HEALTHIER,
ONE CONVERSATION AT A TIME**

Ealing Council MECC Programme

Background

The Ealing Making Every Contact Count Vision 2015-2017 laid out the rationale and intentions for a Making Every Contact Count programme in Ealing from 2015-2017. This attracted investment from Health Education North West London and Ealing CCG, and the programme has since been extended until March 2018.

MECC in Ealing is integral to the delivery of significant national and local initiatives and strategies:

- The NHS Five Year Forward View, which argues that 'the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness.'
- NICE Behaviour Change Guidance
- MECC is written into the NHS Standard Contract:
'8.6 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.'

Any provider of healthcare services, including the independent sector e.g. care homes and the third sector, commissioned under an NHS Standard Contract is eligible for the NHS England CQUIN. CQUIN is a financial incentive designed to support the ambitions of the Five Year Forward View and drive transformational change across the healthcare system. Included in the 2017-19 CQUIN are two targets specifically relevant to MECC.

- Improving Staff Health and Wellbeing
- Preventing ill health by risky behaviours – alcohol and tobacco

Ealing's Health and Wellbeing Strategy 2016-2021 aims to increase the use of 'Making Every Contact Count', which contributes to all four long-term ambitions within it:

- Create and sustain good mental and physical health for children and adults at every stage of life
- Reduce health inequalities by improving outcomes for neighbourhoods and communities experiencing poor health
- Enable people of working age to participate as fully as possible in working life, to improve the health and economic outcomes for them and their families
- Enable everyone to be healthy and independent for as long as possible, helping to prevent or delay the need for social and acute care

And it contributes to other work streams, most notably:

- a. Reduce smoking prevalence
- b. Increase physical activity
- c. Help improve people's mental health
- d. Reduce alcohol admissions

MECC contributes to Future Ealing priority 4: Residents are physically and mentally healthy, active and independent.

MECC is a cost-effective method of embedding prevention in everyone's business. It empowers residents to take control of their lifestyles and make healthier choices.



MECC

MAKING EVERY CONTACT COUNT

LET'S GET LONDON HEALTHIER, ONE CONVERSATION AT A TIME

Approach

The Ealing Making Every Contact Count Vision 2015-2017 intentions were:-

- To focus on 'Core MECC' i.e. very brief interventions about the topics of smoking, alcohol, healthy eating, physical activity and mental wellbeing.
- To develop and deliver a two-hour training session focusing on:
 - Key facts on each of the topics, why they are of concern in Ealing, what the national guidance recommends and how an individual can lead as healthy a life as possible
 - How to provide a brief intervention with a member of the public on each of the topic areas

Many of Ealing Council's over 3,000 employees interact with residents, and each interaction can influence people's lifestyle choices. It is our responsibility to ensure these interactions are empowering, encourage independence, boost people's mental and physical wellbeing, and that they encourage and enable people to make healthier choices. MECC works from evidence of what works in individual behaviour change, and where appropriate builds this into every possible interaction.

The long-term vision is for everyone in Ealing – employers, employees and residents – to facilitate improvements in lifestyle behaviours – Making Everyone a Catalyst for Change. This will empower Ealing residents to live longer and healthier lives by changing the way we all talk about lifestyle behaviours.

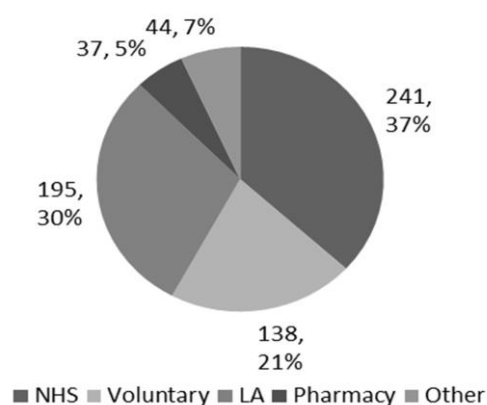
In the medium term the council wants everyone that works with Ealing residents to confidently ask about lifestyle behaviour, and if appropriate, and with consent, to offer some brief advice and assistance.

In the short term the plan was to provide MECC training to at least 660 staff by April 2018, focusing on community health professionals, primary care staff, adult social care staff, and voluntary sector staff and volunteers. The training was also offered to anyone else working with the public from the NHS, Council, Voluntary Sector, and provider services. The training target has been exceeded: 66 courses were delivered in the 15 months from October 2016-December 2017, and 665 people have participated in MECC training.

Additionally, healthier food options have been introduced into Vending machines, a healthy workplace charter has been implemented, healthy signposts on stairwells and folding bikes made available to staff.

66 courses were delivered in the 15 months from October 2016-December 2017. These were a mixture of in-house training for individual teams, open multidisciplinary sessions and sessions that were integrated into a larger Motivational Interviewing course for Adult Social Care.

665 people participated in MECC training - 241 NHS; 138 Voluntary Sector; 37 Pharmacies; 195 Local Authority and 44 Other (see chart).



Many of Ealing Council's over 3,000 employees interact with residents, and each interaction can influence people's lifestyle choices.



Challenges

Some organisations have limited capacity to release staff for 3 hour training. This is particularly true in GP surgeries and pharmacies. This has been overcome by delivering in-house training during allocated learning times, offering split sessions (two x 1½ hours) and offering evening and weekend sessions. It can also be overcome by encouraging organisations to make MECC training mandatory.

It was not possible to develop an E-learning tool for Ealing area (for April 2018), as resources and capacity were not available. Instead people were signposted to the E-learning for Health online MECC training, which is high quality but difficult to monitor in terms of uptake, outcomes and impact.

Evaluation

The training has received a high satisfaction rating with participants rating the training on average 9.3 out of 10. Participants were surveyed immediately after the training, and to gain a view of longer term impact, after three and six months. The results in Figure 1 show that the estimated number of MECC conversations exceeded the target by almost 30% at 3-6 months and by 60% at 6-9 months. The number of people trained making lifestyle changes exceeded target with over half (≥ 51%) at 3-6 months, and two thirds (67%) making lifestyle changes at 6-9 months.

Figure 1 Training Outcomes to December 2017

	At end of course ¹ (actual/target)	At 3-6 month follow up (actual/target) ²	At 6-9 month follow up ³ (actual/target)
Number of staff improving against identified Learning Outcomes	95%/80%	79%/80%	79%/80%
Proportion of those followed up who report having had MECC conversations at least monthly	-	79%/50%	100%/40%
Proportion of those followed up who report that the MECC training influenced their own lifestyles	-	≥51%/25%	67%/25%

Estimated MECC conversations exceeded target by almost 30% at 3-6 months and by 60% at 6-9 months.

Over half (≥ 51%) of people trained make lifestyle changes at 3-6 months, and two thirds (67%) make lifestyle changes at 6-9 months.



Return on investment

Figure 2 Return on Investments Estimates

	Number of MECC conversations per year	Number of lifestyle changes per year	Cost per lifestyle change (£)
HEENWL Target	300	88	571.43
CCG Target	700	233	215.05
Extrapolation from 105 3 month follow-up survey respondents	74,052	38,094	2.63

Ealing's output and outcome to provide a model of how many MECC conversations might be occurring and how many of these are effective, i.e. resulting in some kind of behaviour change. Figure 2 shows that Ealing have calculated that the MECC programme will deliver an estimated 74,000 MECC conversations and an estimated 38,000 lifestyle changes per year at an estimated cost of under £3 per change.⁴

¹ From Sept 2016-Feb 2017 evaluations (n=544)

² From 105 responses to 3 month follow-up survey of trainees from Sept 2017 onwards

³ From 25 responses to 3 month follow-up survey of trainees from Sept 2017 onwards

Recommendations

- On-going funding can enable MECC training to continue to be delivered, reaching an ever-wider potential public health workforce. This can also help develop a 'Training the Trainers' programme, thus developing future MECC trainers. Finally, additional resources can enable and monitor uptake of either MECC training, or development of a local online MECC training.
- Organisational embedding can be aided by making MECC training mandatory and including MECC as a standing item in supervision, appraisals, team meetings and in job descriptions, person specifications and commissioning agreements.
- Further work is required on monitoring and evaluation of the MECC programme. This will help determine the longer term impact of the programme and to what degree it is achieving its aspiration of reducing preventable ill-health.

⁴ The following rough calculation (with a very wide margin of error) was used:
 $C = ((365D + 52W + 12M + Y) / 100) \times P$ C = Number of MECC conversations per year
 D = percentage of participants who report at follow-up that they are using MECC every day
 W = percentage of participants who report at follow-up that they are using MECC a few times a week
 M = percentage of participants who report at follow-up that they are using MECC a few times a month
 Y = percentage of participants who report at follow-up that they are using MECC less than a few times a month
 P = number of participants in training
 $N = C \times (I / 100)$
 N = Number of lifestyle changes per year
 I = percentage of participants who report at follow-up that the training has influenced their own lifestyle
 (N.B. D, W, M and Y are likely to lead to underestimate, whereas I is likely to lead to overestimate. These are likely to balance each other to some degree).
 Cost per lifestyle change = N / investment in training

CONTACT

For further information please contact:

Nell Blane, Health Training Co-ordinator (MECC),
 Public Health Department, London Borough of Ealing
 Perceval House, 2nd Floor, 14-16 Uxbridge Road, London, W52HL
 Email: blanen@ealing.gov.uk Tel: 0208 825 5683

For more information on the Pan-London MECC Programme:

Email: Meccinlondon@nhs.net <https://www.healthylondon.org/resource/mecc/>

MECC programme estimated to deliver 74,000 MECC conversations with 38,000 lifestyle changes per year costing under £3 per change.

