

MECC

MAKING
EVERY
CONTACT
COUNT

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

Tower Hamlets Together (THT) MECC Programme

Tower Hamlets in east London has high rates of smoking, obesity, alcohol drinkers with potentially harmful drinking patterns, common mental health disorders, and sexually transmitted infections, alongside low rates of physical activity¹.

MECC is built on a broad evidence base around behaviour change and the use of the 'wider workforce' to deliver population health outcomes. The delivery of very brief or brief interventions and signposting by frontline professionals has been shown by NICE to be both effective and cost-effective in supporting people to reduce their tobacco and alcohol use, and in improving their physical activity levels and diet.

NHSE's Five Year Forward View calls for a radical upgrade in prevention and the importance of increasing the support available to help people to manage and improve their own health and wellbeing. Ensuring that behavioural interventions are available for patients, service users and staff to support them to understand the impacts of smoking, alcohol, weight and diet and activity levels on their health and to make changes (NHS, 2014). MECC is a tried and tested intervention to support frontline staff to support their clients and themselves to make changes to lead healthier lives. The Local Government Association has also acknowledged the important role local authorities have in supporting the implementation of MECC.

The East London Health and Care Partnership (NE London STP) Delivery Plan requires an increase of very brief and brief interventions through the delivery of MECC by 2020/21 and sees MECC as a ROI opportunity in building a workforce for prevention (NELSTP, 2016).

Tower Hamlets Together (THT)¹ is a partnership of health and social care organisations including the voluntary and community sector in Tower Hamlets. MECC forms a prominent strand of both the THT population health approach³ and Organisational Development (OD) Workstream and has been endorsed as a local priority for the THT partnership. MECC also aligns to a number of outcomes in the THT Outcomes Framework⁴, in particular supporting residents to make healthy choices.

¹ Tower Hamlets Joint Strategic Needs Assessment Summary Document, 2016) https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA_Summary.pdf

² <https://towerhamletstogether.com/>

³ Kings Fund. 2015. Population Health Systems: beyond integrated care. <https://www.kingsfund.org.uk/publications/population-health-systems>

⁴ <https://towerhamletstogether.com/project/frameworks/>

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MECC is a tried and tested cost-effective intervention to support frontline staff to help clients, residents and themselves make changes to lead healthier lives.



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Approach

MECC has been running in Tower Hamlets since the start of 2015, firstly commissioned by the London Borough of Tower Hamlets (LBTH) and since 2016/17 through the THT Vanguard programme. The training has been delivered by an external provider with logistical support provided by LBTH Public Health Department and latterly the Community Education Provider Network (CEPN)⁵. It is run as a half-day training session to support frontline staff to pick up on conversational cues to address the issues that people themselves want to make changes on. It gives staff:

- the tools to spot when an issue can be addressed
- the knowledge and confidence to engage on the issue
- information about where people can be signposted for further support

The training is available to all staff who work with residents in Tower Hamlets and is delivered in a multi-professional way to ensure a shared culture and foster an understanding between services and organisations. The training is marketed through a variety of communication channels across THT and other organisations.

Alongside the delivery of the training itself, an aim of the programme is that MECC will be embedded in all THT partner organisations through their organisational development and HR processes. This will include staff inductions, job descriptions and staff training of frontline staff and client management systems (in the larger THT organisations). Progress has been made in a number of organisations, but there is more work to be done to fully embed the programme. A logic model and project plan has been developed to chart progress.

MECC has been built into some service contracts e.g. Community Health Services, Sexual Health Services and Social Prescribing. Particular community organisations have been very engaged in the programme, for example, housing associations and a local homeless charity. The Police and Fire Service have also shown interest in building the MECC approach within their work.

A community of practice⁶ is being developed to support MECC-trained staff to keep their skills current and for further information and related training opportunities.

A steering group oversees the programme and is made up of public health colleagues from the THT partnership and the Local Authority, the THT Organisational Development lead and CEPN lead.

⁵ Training can be booked at <http://thcepn.com/making-every-contact-count>

⁶ www.towerhamletstogether.com/mecc (in development)

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Implementation

- 1,000 frontline staff have been trained from across 90 local organisations
- Further 600 approximately will be trained by the end of 2018.

Challenges

Embedding MECC into an organisation can be very time-consuming. Changing systems and processes to incorporate the training is complex. Getting key enthusiasts on board early is useful and getting high level buy-in from organisations is key. Signposting/referral services details can change and it is essential to keep this information up to date.

Evaluation

Data on the impact of MECC is currently collected in two ways: using a pre- and post-course questionnaire and an evaluation questionnaire, conducted between 6-8 weeks after training. An overview of these impacts is provided in **Figure 1**.

The majority of staff reported improved knowledge and skills around lifestyle risk factors and behaviour change, as well as improved confidence to engage service users in lifestyle issues and a willingness to do more health promotion.

In most cases this was maintained beyond the immediate post-training period. Almost half (49%) reported making a change to their own lifestyle or that of their friends and family, for example improving their diet or increasing their levels of physical activity. 68% had made changes in the way they work, for example in the way they engage with clients around their health, and 58% had made at least one onward referral as part of a MECC conversation. Nearly a third (29%) had undertaken some further training in one of the topics covered by MECC and/or training in motivational interviewing, health coaching or health promotion and behaviour change in general.

Figure 1: Impact of MECC training

Reported outcomes	Immediate post-session ⁷	6 to 8 week follow up ⁸
Increased confidence	95%	90%
Increased skills and knowledge	93%	95%
Promoting health more often	95%	Not asked
Made personal lifestyle changes	N/A	49% ⁹
Made changes in a professional capacity	N/A	68% ¹⁰
Undertaken further training ¹¹	N/A	29%

⁷ Based on 355 respondents, 95% of cohort trained between February 2017 and August 2017

⁸ Based on 96 responses to evaluation survey, 12% of cohort trained between January 2015 and July 2017

⁹ For example 14% respondents had increased their exercise and 11% had made changes to their diets

¹⁰ For example 15% had changed the way they engage with clients about health issues

¹¹ For example training on one of the topic areas covered by MECC

High level buy-in and enthusiasts on board from organisations are key aspects to making a change.

Evaluation showed that staff reported improved knowledge and skills and also reported making a change to their own lifestyle.



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Recommendations

Gain senior buy-in within your target organisations and report achievements at this level

- Work with and through HR colleagues to embed the programme through staff induction and training
- Develop a solution to record MECC activities on local patient/client systems
- Develop and maintain a relationship with an experienced trainer
- Include MECC for staff when re-commissioning front-line services
- Ensure local education providers are involved to ensure alignment with any further relevant local training available for MECC graduates.

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CONTACT

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