



**Healthy London
Partnership**

Making Every Contact Count

A framework for London

Supported by and delivering for:



Public Health
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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 steering group provides a forum for collaboration across a wide partnership including the Association of Directors of Public Health and London Councils, Public Health England, Health Education England and the Healthy London Partnership.

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)

A framework for London

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)

A framework for 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

MECC and health promoting environments

The case for prevention

London has substantial health and wellbeing inequalities and this includes preventable illnesses such as diabetes, obesity and cardio vascular 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

Drivers	Frameworks and guidance
<p>Care Act of 2014 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.</p> <p>NHS Contracts 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.</p> <p>Five Year Forward View 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.</p> <p>Towards a Smokefree Generation – A Tobacco Control Plan for England This Policy Paper outlines the legislation, prevention and stop smoking support plans for eliminating smoking in England.</p>	<p>All Our Health This framework looks at how to maximise the impact health professionals have on improving health outcomes, including Making Every Contact Count.</p> <p>PHE and HEE – Making Every Contact Count (MECC) Implementation Guide This guidance is for professionals to scope, plan and implement MECC.</p> <p>The Health Foundation - Person-Centred Care Made Simple Demonstrates what person-centred care is and how it can be achieved.</p> <p>HEE Health Coaching- A Quality Framework This guidance looks at how to integrate sustainable health coaching within organisations.</p> <p>NICE Guidance – Behaviour Change: general approaches Pulls together evidence and recommendations for implementing behaviour change at an individual, community and population level.</p> <p>RSPH – Every Day Interactions, Measuring Public Health Impact of healthcare professionals. Recommendations on recording and measuring the impact of brief interventions.</p>

MECC and health promoting environments

Why it matters

A report by the National Institute for Health and Care Excellence (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).

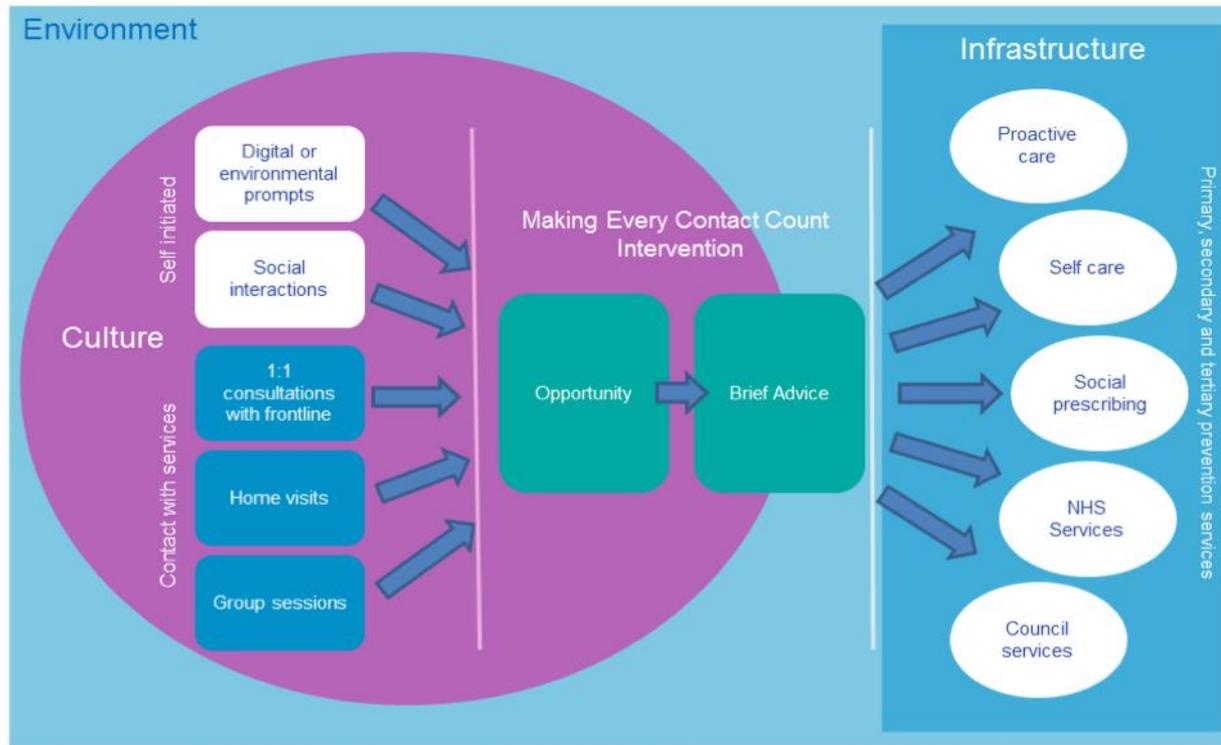


Figure 1. What is making every contact count

MECC implementation framework

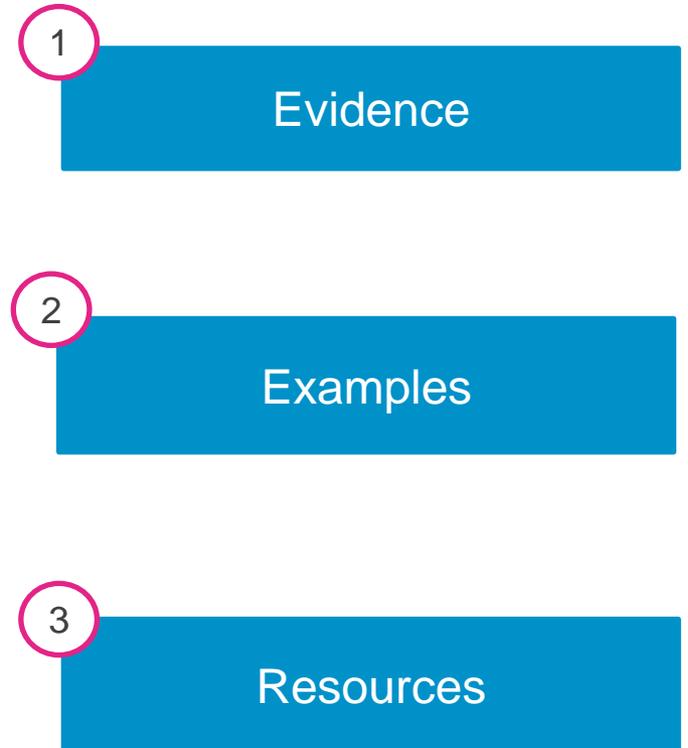
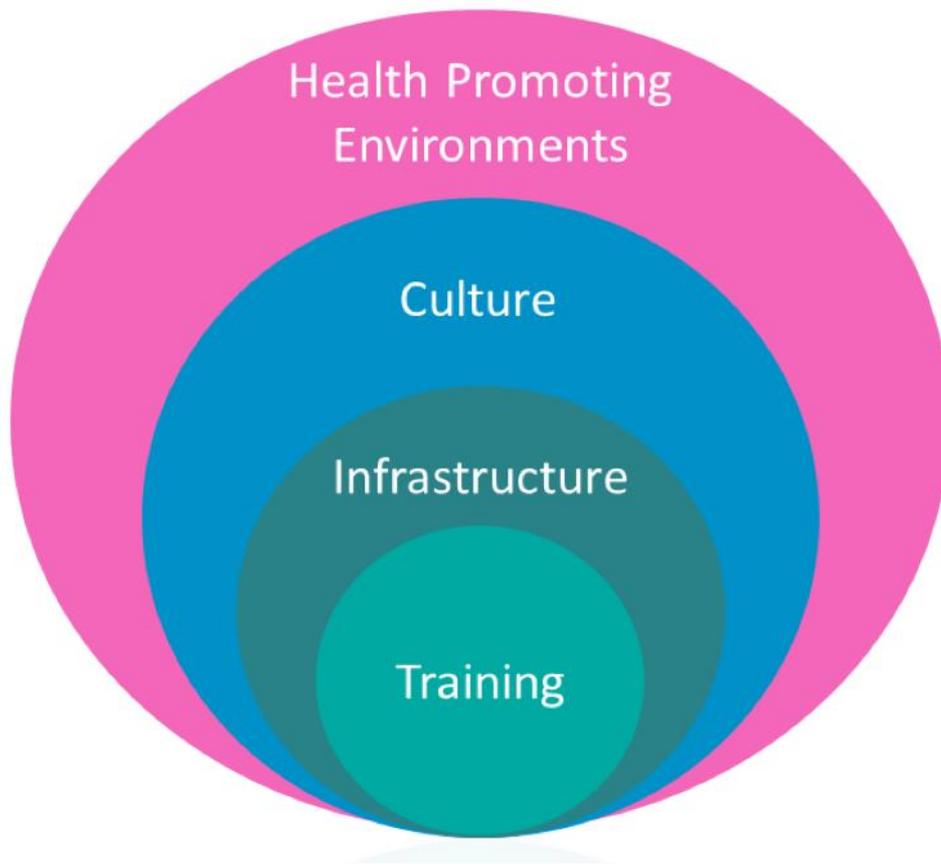


Figure 2. Making every contact count implementation framework

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	Examples	Resources
<p>Smoke free workplaces are effective at reducing smoking prevalence.</p>	<p>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 .</p>	<p>Planning, implementation and assessment standards for health promotion in hospitals.</p>
<p>Prompt posters that highlight positive social norms on stair climbing are more persuasive than information posters.</p>	<p>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.</p>	<p>Information to promote healthy behaviours.</p>
<p>Key tips to promote pro-environmental behaviours that can be utilised for a range of behaviour change topics.</p>	<p>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.</p>	<p>Towards a Smokefree Generation: A Tobacco Control Plan for England</p>
<p>Cycle towns increase cycling and reduce sedentary activity in all social groups</p>		<p>A toolkit for local authorities to encourage healthier 'out of home' food provision.</p>
	<p>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.</p>	<p>Guidance on communicating your health and wellbeing strategies effectively.</p>

Culture

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.

Evidence	Examples	Resources
<p>Workplace health champions are well placed within the NHS as both targets and facilitators of health promotion.</p>	<p>General Practice Health champions in Gateshead support patients, service improvement and connect the practice with community resources.</p>	<p>Putting Person-Centred Care into practice e.g. Experienced-based co-design of care, Hello my name is... and “What matters to me is...”</p>
<p>How to ‘change practice’ by understanding, identifying and overcoming barriers to change through evidenced-based techniques.</p>	<p>Kent Surrey Sussex celebrate success through their Leadership and Innovation Awards, which recognise the work of MECC leaders for Outstanding Achievement.</p>	<p>Ten methods for identifying Opinion Leaders for behaviour change.</p>
<p>The All Our Health Framework presents evidence and guidance for health professionals delivering health promotion.</p>	<p>Derbyshire Community Health Services have trained approximately 100 staff has workplace health champions to get staff thinking about their own health.</p>	<p>Communications toolkit for organisations that are implementing MECC.</p>
<p>Promoting professional behaviour change in healthcare looks at the evidence around culture change towards behaviour change.</p>	<p>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.</p>	<p>MECC Community Facebook group connects people to share and discuss all things related to MECC.</p>

Infrastructure

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](#), [Guidance on how to prepare a resource directory](#)
- 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.

Evidence	Examples	Resources
<p>Milton Keynes found that over two-thirds of staff trained in MECC related the messages to their own health and health behaviour choices.</p>	<p>HEE, PHE & DoH developed universal MECC e-learning that can be completed over four sessions.</p> <p>Camden and Islington e-learning takes approximately 40 minutes and links with ONE you and the wider determinants of health.</p> <p>Haringey e-learning takes approximately 6 hours and is integrated with ONE You.</p> <p>Essex's e-learning is also linked with ONE you and takes 30 minutes to complete.</p>	<p>The HEE and PHE quality marker checklist for training resources can support commissioners and trainers develop their MECC training programme.</p> <p>Coaching For Health Quality Framework: provides commissioning guidance on high-quality behaviour change coaching.</p>
<p>Staff trained in Tower Hamlets are markedly more confident, skilled and knowledgeable in MECC after attending a MECC training.</p>	<p>Short RSPH courses such as 'healthy conversations' can add accreditation for the MECC Train the Trainer programmes. For example: Wessex Train the Trainer programme.</p>	<p>MECC workbooks can be resourced for training materials.</p>
<p>Yorkshire and Humber demonstrate that MECC training encourages staff to promote health behaviours.</p>	<p>MECC in London Community of Practice meet quarterly to share best practice and develop shared working.</p>	<p>The All Our Health outlines how to maximise potential of healthcare professional's practice to promote health and wellbeing.</p>

Pledge

MECC

MAKING EVERY CONTACT COUNT

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

SIGN UP TO THE MECC IN LONDON PLEDGE AND DEMONSTRATE YOUR COMMITMENT TO MAKE EVERY CONTACT COUNT.



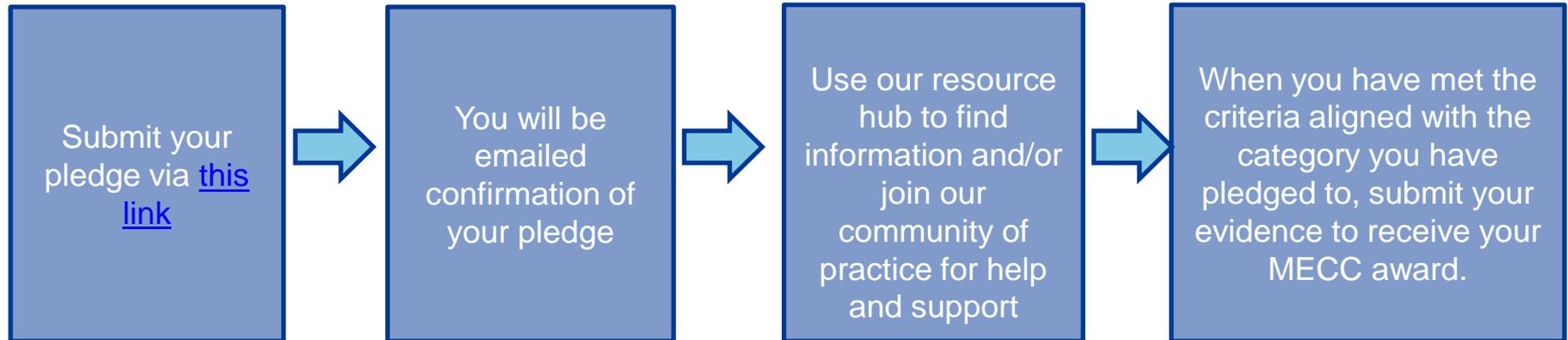
	TRAINING	INFRASTRUCTURE	CULTURE	ENVIRONMENTS
BRONZE	<ul style="list-style-type: none"> ✓ MECC E-learning available for all staff 	<ul style="list-style-type: none"> ✓ Easy access for staff and patients to national and regional resources through the HLP London MECC hub 	<ul style="list-style-type: none"> ✓ Board-level MECC leader ✓ Staff awareness of what MECC is, its importance and availability of training 	<ul style="list-style-type: none"> ✓ Health promotion and signposting posters/leaflets
SILVER CORE REQUIREMENTS (ALL REQUIRED)	<ul style="list-style-type: none"> ✓ Face to face training programme provided for key staff groups 	<ul style="list-style-type: none"> ✓ Up to date directory of local resources and services readily available for staff 	<ul style="list-style-type: none"> ✓ MECC Champions in place 	<ul style="list-style-type: none"> ✓ Smoke free environment ✓ MECC visible across the organisation using the free comms toolkit or organisation's own
PLUS TWO LOCAL IDEAS EACH TO SUPPORT CULTURE AND ENVIRONMENTAL FACTORS			<ul style="list-style-type: none"> ✓ Healthy living ambassadors in place ✓ Active travel schemes such as cycle-to-work 	<ul style="list-style-type: none"> ✓ MECC badges for staff ✓ Healthy vending machines (if applicable) ✓ Health and Wellbeing initiatives for staff
GOLD CORE REQUIREMENTS (ALL REQUIRED)	<ul style="list-style-type: none"> ✓ Train the Trainer programme developed and implemented 	<ul style="list-style-type: none"> ✓ MECC within mandatory training for key staff ✓ Strong engagement and collaborative working with local services included in a job role ✓ MECC metrics identified and routinely collected 	<ul style="list-style-type: none"> ✓ MECC within organisational policies ✓ MECC celebrations and awards 	<ul style="list-style-type: none"> ✓ Signed up to the workplace health charter ✓ Local MECC campaign run using the HLP comms toolkit or organisation's own
PLUS TWO LOCAL IDEAS EACH TO SUPPORT CULTURE AND ENVIRONMENTAL FACTORS			<ul style="list-style-type: none"> ✓ MECC within staff appraisals ✓ Peer support networks for MECC trainees/champions ✓ MECC within standard reporting 	<ul style="list-style-type: none"> ✓ Healthy catering contracts (if applicable)



Healthy London Partnership

What happens when I pledge?

The pledge process



Organisations that have evidenced their achievement of Bronze, Silver or Gold status will receive a MECC in London certificate.

The MECC in London pledge is endorsed by the MECC in London collaborative of Healthy London Partnership, Health Education England, Public Health England, Association of Directors of Public Health, London Councils and the Greater London Authority, and the certificates are signed by Professor Yvonne Doyle, Regional Director for Public Health England, and Statutory Health Advisor to the Mayor of London

November 2017

Healthy London Partnership

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