A WHOLE SYSTEM APPROACH TO MAKING EVERY CONTACT COUNT – PLANNING AND EVALUATION TOOL

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Healthy London Partnership
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GUIDE TO USING THE WHOLE SYSTEM APPROACH FOR PLANNING AND EVALUATING MECC

The Whole System Approach to MECC is designed to provide an easy to follow guide to carefully thinking through the design and most importantly suggested evaluation criteria at each stage of evaluation. Thinking carefully through what you are trying to achieve through implementation of MECC right from the beginning of your programme, and hence what your evaluation criteria will be, will ensure that funding is used effectively, training is tailored and targeted appropriately, and methods for data capture and evaluation are built into the design of your programme.

The front sheet sets out the Rationale, Process and Impact of the proposed MECC programme. These are then divided into Why and Situations and Priorities, Inputs and Activities, and Outputs and Outcomes.

The model flows from Rationale, to Process to Impact.

Behind the model there is a separate table for each of the four ambitions:

- To achieve positive cultural change across organisation in relation to healthy lifestyles
- To meet financial/CQUIN targets
- To encourage healthy behaviour of target group
- To improve the health and wellbeing of staff and their families

There is also a table for the Barriers and Enablers identified at the bottom of the model.

Each table provides more detail about the individual components with suggestions for evaluation criteria where appropriate. These criteria consist of a range of qualitative and quantitative measures. These are by no means exhaustive but provide some examples of what could be measured. Using mixed methods will provide robustness to the overall evaluation.

While it may not be feasible to implement all the evaluation metrics, as a suite, they are designed to serve as a measure of progress in the implementation process and to provide a final overview of the relative success of the programme. It is recognised that measurement of the overarching outcomes of increased population health and well-being and reduced ill health is unfeasible at a programme level, however, a robust evaluation of each stage of the programme will provide proxy measures for a contribution to wider health behaviour change.
A WHOLE SYSTEM APPROACH TO IMPLEMENTING AND EVALUATING MECC

**Rationale**

**Why**
1. To achieve positive cultural change across organisation in relation to healthy lifestyles
2. To meet financial / CQUIN targets
3. To encourage healthy behaviour of target group
4. To improve the health and wellbeing of staff and their families

**Situation and priorities**
1. Engagement of management and staff
   - Environment conducive to delivering MECC
2. Funding available and outputs fit with organisational ambitions and strategy
3. Improve target populations’ awareness of health behaviour change benefits and support
4. Staff sickness levels and absenteeism and increase the credibility of the MECC messenger

**Inputs**
1. Awareness of the benefits of MECC and skills to implement it
   - Appropriate environment
2. Identify type and level of activity needed. Identify how activity meets strategy objectives
3. Produce staff training resource for HBC and MECC, identify appropriate staff, delivery plan for training

**Actions**
1. Presentation to all appropriate staff
   - Review of environment
2. System in place to record and evaluate activity and map to strategy objectives
3. Deliver staff training and awareness raising around health behaviour change and MECC. Identify target groups

**Outputs**
1. Increase in awareness of MECC benefits
   - Review of policies
2. Delivery, recording and evaluation of MECC interventions
3. Increase in staff awareness of health behaviour change and in engagement with target groups

**Outcomes**
3. MECC delivered, recorded and evaluated. Increase in healthy behaviours by target groups
4. Increase in staff health and wellbeing

**Barriers**
- Environment unsupportive of MECC and positive behaviour change
- Lack of staff engagement
- No support for staff delivery of MECC
- Lack of quick and easy recording system

**Enablers**
- Organisational culture supportive of MECC
- Environment conducive to positive interventions
- Staff training and management support
- Integrated system for recording MECC
- Staff engaged with outputs and outcomes of MECC
In order to embed MECC within the routine working of the organisation, it is essential to achieve a cultural shift so healthy lifestyle behaviours are considered the norm and endorsed and aspired to by all levels of staff.

This will require engagement at board level, with support at all levels of management. This is important both in terms of prioritising the MECC activity and in management facilitating staff time to undertake and record MECC interventions.

It will also require an environment conducive to the delivery of MECC and health behaviour change interventions. (see Barriers and Enablers.)

<table>
<thead>
<tr>
<th>Input</th>
<th>Actions</th>
<th>Outputs</th>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Awareness of the benefits of MECC</td>
<td>Presentations on the rationale for and benefits of MECC at:</td>
<td>Increase in management and staff awareness of the benefits of MECC to the organisation</td>
<td>Increased staff engagement around healthy lifestyles and health behaviour change</td>
</tr>
</tbody>
</table>
| Resource: Making Every Contact Count – Health Education England | • Board level  
• Senior management teams  
• Departmental level  
• Team / Ward level | Evaluation criteria: presentations on the rationale delivered across the organisation – number delivered | Evaluation criteria: increased awareness of the organisational benefits of MECC – post presentation |

| Environment conducive to delivery of MECC | Review whether or not the environment in which MECC will be delivered supportive of positive behaviour change around healthy lifestyles | Review of all relevant organisational policies  
Appraisal of policies for robustness  
Review of current enforcement of policies  
Any necessary steps taken to address areas of weakness | Environment in which MECC is delivered is supportive of healthy lifestyles |
| Evaluation: full suite of relevant organisational policies, robustly enforced. Audit developed and conducted to assess positive and negative environmental cues |

MECC resources website

http://www.makingeverycontactcount.co.uk/
Comprehensive and effective implementation of MECC can contribute to the achievement of financial/CQUIN targets. In addition to funds available for achieving CQUINs, funding is available through a variety of sources for the implementation of MECC. A MECC consensus statement recommends that the evidence-based Making Every Contact Count approach should be applied across all health and social care organisations. It has been signed by:

- Public Health England
- NHS England
- Health Education England
- Royal Society for Public Health
- National Institute for Health and Care Excellence
- Association of Directors of Public Health
- NHS Employers
- Royal College of Nursing
- Local Government Association
- Care Quality Commission
- NHS Improvement

The statement underlines the signatories’ support for organisations adopting the MECC approach. [https://www.england.nhs.uk/publication/making-every-contact-count-mecc-consensus-statement](https://www.england.nhs.uk/publication/making-every-contact-count-mecc-consensus-statement)

Funding, either internal or via a grant, is available for implementation of MECC.

MECC outputs and outcomes fit with organisational ambitions and strategy.

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<tbody>
<tr>
<td>Identify relevant financial targets/CQUINs and type and level of activity needed.</td>
<td>System in place to record and evaluate activity</td>
<td>Delivery, recording and evaluation of MECC interventions</td>
<td>Financial targets/CQUINs met</td>
</tr>
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| Organisational or grant funding to implement MECC secured | Identify financial targets/CQUINs which can be achieved /supported by MECC  
Identify type and level of activity needed for each CQUIN. | Recording of contribution to relevant identified targets | Evaluation criteria: Financial/CQUIN targets met and funding secured |
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<tbody>
<tr>
<td>Identify how the proposed activity meets the organisational strategy and /or objectives</td>
<td>System in place to map to organisational strategy and /or objectives</td>
<td>Contribution to delivery of organisational strategy and / or objective</td>
<td>Contribution to delivery of organisational strategy and / or objective</td>
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The aim of implementing MECC is to encourage and increase healthy behaviour, contributing to an increase in health and wellbeing across the population.

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<th>Input</th>
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<tbody>
<tr>
<td>Identify target population groups for MECC</td>
<td>Identify target population groups for MECC</td>
<td>Target groups for MECC interventions clearly defined with appropriate messaging incorporated into training</td>
<td>Appropriate groups receive MECC interventions with appropriate and acceptable messaging</td>
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<tr>
<td></td>
<td>Assess acceptability of MECC to target group and appropriate type of messaging</td>
<td></td>
<td>Increased awareness of healthy lifestyle with clients/patients and public</td>
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<td></td>
<td>Training for all appropriate staff</td>
<td></td>
<td>Evaluation criteria: Qualitative evaluation with public who have received MECC</td>
</tr>
<tr>
<td></td>
<td>Identify staff groups who are most appropriate to deliver MECC interventions to target population</td>
<td></td>
<td>Increased staff awareness of, and engagement with health behaviour change overall</td>
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<tr>
<td></td>
<td>• Identify number of staff to be trained</td>
<td></td>
<td>Evaluation criteria: Pre-and post-implementation staff questionnaire to assess the above</td>
</tr>
<tr>
<td></td>
<td>Design/source training programme for HBC and MECC</td>
<td></td>
<td>Increase in staff engagement with target groups</td>
</tr>
<tr>
<td></td>
<td>• Engage management support for staff release for training</td>
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| (Interim evaluation metrics: delivery of all the above) | • Set up training timetables  
• Deliver training  
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<tr>
<td>Evaluation criteria: Increase in healthy conversations held by staff eg. number of healthy conversations held, baseline, 3, 6 and 12 months post training</td>
<td>Implement positive feedback loops to aid staff maintenance of and enthusiasm for MECC</td>
<td>Evaluation criteria: feedback loop in place and evidence of staff being updated on successful outputs</td>
</tr>
<tr>
<td>Increased and sustained engagement of healthy conversations by staff</td>
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The health and wellbeing of staff and their families is fundamental to a happy and productive work force. MECC training is underpinned by increasing staff knowledge of healthy lifestyles which is key to achieving this.

A healthier workforce and their families will lead to a reduction in staff sickness levels and absenteeism

It will improve the role modelling of healthy lifestyles by staff making them both more confident and likely to raise healthy living in conversations. It will also increase their credibility with the target population groups when using MECC.

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</table>
| Produce and deliver staff training resource for Health Behaviour Change and MECC, identify appropriate staff, delivery plan for training | Identify appropriate staff groups  
Evaluation criteria: Staff groups identified | Increase in staff awareness of health behaviour change and in knowledge needed to engage confidently with target groups | Healthier lifestyles for staff and increased engagement with target groups |
| | Produce staff training resource  
Evaluation criteria: Presentation produced | | |
| | Deliver staff training and awareness raising around health behaviour change and MECC. | | |
| | Evaluation criteria:  
- Number of training sessions delivered  
- Number of staff trained  
- Evaluations of training | Improvement of staff health and wellbeing and reduction in staff sickness  
Evaluation criteria: reduction in staff sickness | Increased staff attendance reducing use of bank staff and resulting costs (Evaluation criteria: reduction in back staff and costs) |
| | | Increased credibility of the role model for healthier lifestyles provided by staff | Increase in credibility of the ‘messenger’ in delivering MECC interventions |
Making Every Contact Count is about utilising day to day contact to start conversations about healthy lifestyles and behaviour change. These will include:

- Smoking
- Healthy weight
- Physical activity
- Alcohol harm

In order for these conversations to be taken seriously and the message received and internalised by the target population, both the messenger and the environment in which the message is delivered will need to be credible. A client/patient, relative or other visitor to a health setting is unlikely to take seriously advice from a member of staff who clearly does not have a healthy lifestyle themselves, in fact a degree of scepticism and negative reinforcement is likely to be generated instead. The staff members are likely to feel less confident in raising issues that are contradictory to their own lifestyle.

The organisation needs to have a top down commitment to MECC and to changing the organisational culture in order to embed it. Staff need to understand the reasons for implementing MECC and to feel engaged and supported in the process. Support for staff health behaviour change is necessary to achieve this along with quality training which will provide the knowledge and skills necessary to empower staff to deliver MECC interventions.

In order to achieve organisational goals and targets such as CQUINS accurate recording of MECC interventions needs to be embedded in routine systems. This will enable staff to easily and accurately record activity increasing the likelihood of accurate recording.

<table>
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<tr>
<td>Environment unsupportive of MECC and positive behaviour change</td>
<td>Health care setting grounds where smoking is apparently tolerated by the organisation/Trust undermine any message around smoking and exposure to second-hand smoke. Where clients/patients, visitors and staff walk past smokers in the grounds and through clouds of cigarette smoke to enter the building of a supposedly smokefree site, to be told that they should give up smoking, the message is clearly undermined by the environment in which it is being delivered. It is also unlikely to be taken seriously where the messenger is clearly a smoker themselves, which is</td>
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<td></td>
<td>Environment conducive to positive interventions</td>
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<td>Robustly enforced, comprehensive smokefree policy. Pro-active support for staff to quit smoking with access to cessation support in work time with NRT provided for an initial period.</td>
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<td>Frequently evidenced after cigarette breaks by the smell of tobacco smoke lingering on clothing or on the breath or staff seen smoking in uniform.</td>
<td>Staff smoking in work time or in uniform forbidden.</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Clients/patients, visitors and staff need to have easy access on site to nicotine replacement or vaping products to provide an alternative option for smokers.</td>
<td>Nicotine replacement and vaping alternatives to smoking available on site.</td>
</tr>
<tr>
<td>Promotion of unhealthy food and snack options within the organisation/Trust buildings will undermine any messages about healthy eating and healthy weight. Where clients/patients, visitors and staff have to walk past concessions selling high fat, high calorie food and drink options, the opposite to a healthy lifestyle is being promoted. Vending machines are another source where the only options are likely to be unhealthy.</td>
<td>Vaping permitted in designated areas of the organisation/Trust grounds.</td>
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<tr>
<td>Staff who are clearly overweight are less likely to be credible messengers for MECC healthy lifestyle interventions. Healthy food and snack options need to be readily available on site to support staff in making the necessary lifestyle changes to achieve a healthy weight.</td>
<td>Promotion and availability of healthy food and snack options. Contracts for concessions should include some degree of agreement about the prominent display of healthier options and, if the removal of unhealthy ones is not possible, their active promotion should at least be discouraged.</td>
</tr>
<tr>
<td>Stress is often cited by staff as a reason for unhealthy lifestyles. This will undermine any ambition to improve their health.</td>
<td>Vending machines should be installed to make healthy snack and drink options available and those which do not meet the criteria should be removed.</td>
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<tr>
<td>Employers should provide support to staff to help manage stress around workloads and appropriate breaks.</td>
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Franchise given to fruit and veg stall situated outside entrance (E.g. Queen Elizabeth Hospital Birmingham)

Staff canteens should offer a healthy range of menu options for both meals and snacks. The prominent placing of unhealthy ones such as biscuits and bars of chocolates should be actively discouraged.
| Lack of staff engagement | Staff disengaged with the concept and process of MECC.  
Lack of understanding of the aims and potential outcomes of MECC | Organisational culture supportive of MECC | Staff informed of the organisational ambitions around MECC and the potential health benefits.  
Regular feedback to staff on the outputs and outcomes of MECC. |
|--------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------|
| No support for staff delivery of MECC | Existing workload does not allow sufficient time for MECC.  
Training does not provide the necessary skills e.g. online training provides information about health behaviour change but does not increase skillset around communicating this to others. | Staff training and management support | Management support in work allocation to allow time for delivering MECC routinely.  
A combination of e-learning and face to face training to equip staff with the necessary knowledge and practical skills required. |
| Lack of quick and easy recording system | Recording of MECC activity an additional administrative burden which is then either inconsistently or inaccurately done. | Integrated system for recording MECC | MECC activity recording incorporated into existing systems, either computerised or paper, to reduce additional work in completing it. |
| Timescales – staff availability for training | Staff unavailable for training because of peak workloads such as the increase experienced in the winter in acute trusts.  
Training an option for staff where sufficient cover is not provided to release them from regular duties. | | Implementation of MECC timed to allow capacity for training to be undertaken.  
Staff supported to take time for training through provision of cover. |