

**ROTHERHAM BOROUGH COUNCIL – REPORT TO  
HEALTH AND WELLBEING BOARD**

<b>1.</b>	<b>Meeting</b>	<b>Health and Wellbeing Board</b>
<b>2.</b>	<b>Date</b>	<b>10/04/2013</b>
<b>3.</b>	<b>Title</b>	<b>Making Every Contact Count</b>
<b>4.</b>	<b>Directorate</b>	<b>Public Health</b>

### **5. Summary**

Making Every Contact Count (MECC) is a programme that has been developed in the NHS to give staff the skills to talk to individuals about their health and wellbeing. MECC was developed in 2009 by NHS Yorkshire and the Humber and has been adopted in other NHS regions.

Frontline staff are trained to raise healthy lifestyle issues opportunistically in a conversational manner. It involves giving information about the importance of behaviour change and simple advice and sign posting to appropriate lifestyle services for support.

MECC can be supported by advice on healthy lifestyles and how to access services on routine written information.

### **6. Recommendations**

- **That all Health and Wellbeing Board members commit their organisations to adopting the MECC principals and**
- **That all Health and Wellbeing Board members include MECC e-learning in mandatory training for staff**
- **That all Health and Wellbeing Board members commit to including the requirement for MECC in service specifications and contract documentation**

## 7. Proposals and details

Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. MECC helps staff take the right approach, at the right time, to the right person to engage in healthy chats. We recognise that many services are already delivering MECC. This paper proposes sustainable 'industrial scale' delivery across all services and workforces.

MECC most commonly raises a lifestyle issue, encouraging individuals to:

- stop smoking
- eat healthily
- maintain a healthy weight
- drink alcohol within the recommended daily limits
- undertake the recommended amount of physical activity
- improve their mental health and wellbeing.

However, the wider social determinants of health are core to the MECC approach as the intervention starts from where the person is rather than dealing with a condition, illness or a label. It can therefore also support individuals to access services such as housing or financial support, which may be barriers to making a healthy lifestyle choice.

MECC is *not* about:

- adding another job to already busy working days
- staff becoming specialists or experts in certain lifestyle areas
- staff becoming counsellors or providing ongoing support to particular individuals
- staff telling somebody what to do and how to live their life.

Training in MECC focuses on the competences required to raise lifestyle issues with individuals in an opportunistic way and can therefore be applied to issues beyond the health sphere, such as to encourage increased recycling. It is based on Skills for Health competences and has been mapped against National Occupational Standards (NOS). It is not health-specific and is transferable across sectors, providing a common language across services, workforces, organisations enabling public health to be everyone's business.

To date training has been delivered face to face using a cascade training model, known locally as healthy chat training. E-learning is in development, providing training at level 1 (brief advice), and is scheduled to go live at the end of March 2013, alongside an electronic self-assessment tool. In addition to this e-learning, staff will need to have details of referral routes to local lifestyle services, in order to signpost appropriately.

MECC has been piloted and subject to informal (case-study based) and formal evaluation. An evaluation of the pilot study was published in February 2012 (<http://www.yorksandhumber.nhs.uk/document.php?o=8594>) and a final evaluation report of the region's implementation is due to be published shortly. Interim results indicate positive benefits for staff completing the training/e-learning (increased knowledge of lifestyle issues and services, more effective conversations with

patients, families and friends, job enrichment), organisations (better communications between colleagues, increased competence of the workforce as a whole) and patients (improved health and health outcomes). Whilst developed for use in the NHS, it has already been implemented in non-NHS settings, including Leeds City Council where staff were encouraged to have healthy chats with friends and family members.

The face-to-face healthy chats can also be supported with opportunistic written advice, such as the inclusion of health advice or information about lifestyle services on routine communications. For example, fixed penalty notices for littering are frequently given to people discarding cigarette ends and these could include information about stop smoking services on the reverse of the notice. Existing examples of this approach have been seen in the inclusion of lifestyle information services on payslips and promotion of the library service on RMBC headed paper.

The MECC approach has the potential to reach large numbers of individuals and provide new opportunities to change behaviour. If 1,000 public-facing staff delivered MECC only 10 times each year, this would lead to an extra 10,000 opportunities for behaviour change. If we trained 10,000 staff this becomes 100,000 additional opportunities each year.

### 8. Risks and uncertainties

The success of MECC implementation is linked to organisational and structural support for the approach and to individual competence and training.

<b>Factor</b>	<b>Individual unlikely to engage</b>	<b>Individual likely to listen</b>	<b>Individual likely to act</b>
<b>Time</b>	Staff member feels MECC is a tick-box exercise	MECC is delivered with credibility in a structured way	MECC is delivered in a structured way and backed up with action
<b>Staff training</b>	MECC is delivered by staff who are not trained	MECC is delivered by trained staff	MECC is delivered by somebody who has built up a relationship with the individual
<b>Crisis</b>	MECC is delivered when the individual is in crisis	MECC is delivered when the individual is contemplating change in health behaviours	MECC is delivered when the individual recognises lifestyle change will be beneficial
<b>Environment</b>	MECC is delivered in an unsuitable environment – eg too public	MECC is delivered in an environment that offers opportunities for change	MECC is delivered in an environment that supports change

## **9. Policy and Performance Agenda Implications**

MECC provides a structured framework that supports the Health and Wellbeing Strategy themes of early intervention and prevention, dependence to independence and healthy lifestyles.

## **10. Background Papers and Consultation**

<http://www.yorksandhumber.nhs.uk/document.php?o=8594>

<http://learning.nhslocal.nhs.uk/feature-list/making-every-contact-count>

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