MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**12 July 2017**
TYPE	**An open public item**

Report summary table	
Report title	Making Every Contact Count (MECC)
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List of attachments	None
Background papers	LGA. 2014. Making every contact count: Taking every opportunity to improve health and wellbeing. [Online] Available from: https://www.local.gov.uk/sites/default/files/documents/making-every-contact-coun-e23.pdf NICE (2014). Behaviour change: individual approaches. Public Health guidance PH49. [Online] Available from: https://www.nice.org.uk/guidance/ph49 PHE & HEE, (2016). Making Every Contact Count (MECC): implementation guide. [Online]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495087/MECC_Implementation_guide_FINAL.pdf
Summary	Making Every Contact Count (MECC) is about altering how we interact with people through having healthy conversations and learning how to spot opportunities to talk to people about their wellbeing. This paper seeks the approval and commitment from the Board to implementing MECC locally.
Recommendations	The Board is asked to: a. Note the approach to implementing MECC b. Comment on the suggested key principles for local implementation: • A focus on MECC Level 1: very brief intervention / healthy conversations. • Delivering MECC Plus to include the wider determinants • A phased approach with identified target audiences • A model of cascading the training/learning c. Provide high level support and commitment to MECC
Rationale for recommendations	This will provide a consistent and wide spread approach to low level behaviour change through the use of very brief healthy conversations. It provides the opportunity to reinforce messages about health and wellbeing and signpost to the relevant services is used.

Resource implications	Financial resources have been identified and secured from external funding (Health Education South West). Staff time is required to attend and/or deliver training.
Statutory considerations and basis for proposal	The MECC Consensus Statement (PHE, 2016) recommends that the MECC approach should be applied across all health and social care organisations. Signed by a wide range of organisations, including Health Education England, Local Government Association and Care Quality Commission, it describes the commitment to the MECC approach as a way of supporting positive behaviour change.
Consultation	The following have been consulted about the approach outlined in this report: • Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan Prevention and Proactive Care sub group • South West MECC Steering Group • Public Health England • South West Workforce Development Group. •
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. Background

1.2 Making Every Contact Count (MECC) has been defined as “an approach to behaviour change that utilises the millions of day-to-day interactions organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations” (PHE & HEE, 2016).

1.3 MECC encourages organisations and staff to develop a different way of working with people to address health and wellbeing. Telling people what to do is not the most effective way to help them change. MECC is about altering how we interact with people through having healthy conversations and learning how to spot opportunities to talk to people about their wellbeing.

1.4 MECC encourages workforces to:

a. Take a holistic people-centred approach to service delivery.

b. Initiate very brief healthy conversations around core elements of lifestyle behaviours such as stopping smoking, increasing physical activity, reducing alcohol consumption, maintaining a healthy weight and diet and promoting mental and emotional health and wellbeing.

c. Be competent and confident to raise health issues.

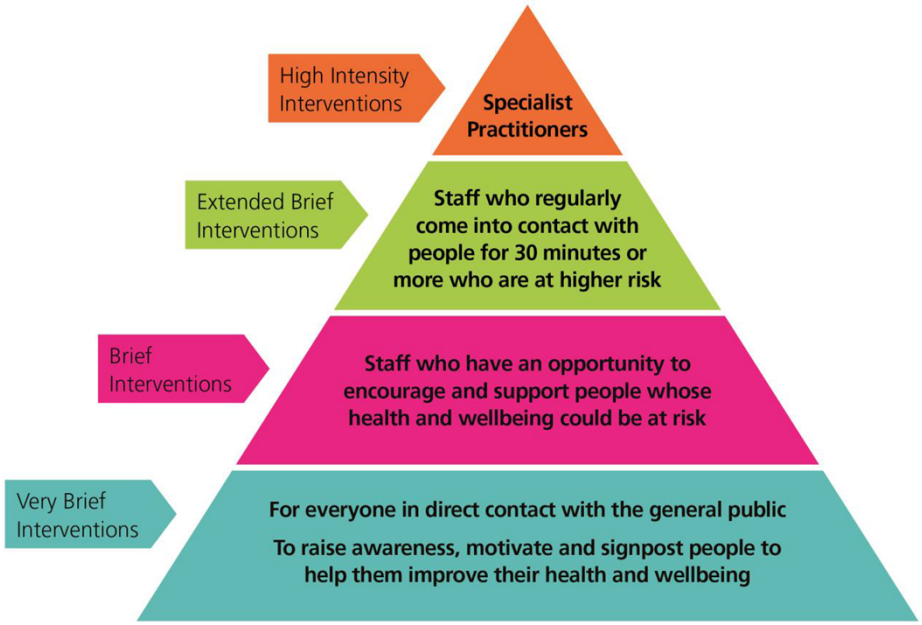
d. Know about local services and how to signpost people to help them to access them, where appropriate.

1.5 To be fully effective, a ‘whole system’ approach is necessary in which all staff working with the public signpost and provide information on a wide range of services that can improve people’s health. These include leisure and recreation, welfare benefits advice, housing, social care, routes to employment, education and training, home safety and so on (LGA, 2014).

1.6 Evidence shows that brief interventions on healthy living are cost effective and produce effective behavioural change outcomes (NICE, 2014). MECC is a way of making a difference for the population on a large scale by all frontline staff embedding prevention in their day to day work with clients/patients. Very brief healthy conversations with service users by frontline staff could equate to thousands of healthy behaviour change opportunities each year and yet take up very little staff time.

1.7 Very brief healthy conversations form the bottom layer of the behaviour change intervention pyramid (see figure 1) and is sometimes referred to as MECC level 1. MECC can also take place at the next level up on the pyramid where more of a brief intervention takes place.

Fig 1: Behaviour change intervention pyramid.



Behaviour change interventions mapped to NICE Behaviour Change: Individual approaches/PH49
Behaviour change interventions diagram by Health Education England – Wessex Team

1.8 MECC Level 1: Very brief intervention / Healthy conversations is a very brief intervention can take from 30 seconds to a couple of minutes. It enables the delivery of information to people, or signposting them to sources of further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change.

1.9 MECC Level 2: Brief intervention involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up. It may also involve a referral for further interventions, directing people to other options, or more intensive support.

1.10 MECC Plus: It is recognised that partner organisations such as local authorities may adopt a broader definition the MECC approach, which we have referred to here as MECC Plus. This may include conversations to help people think about wider determinants such as debt management, housing and welfare rights advice and to direct them to services that can provide support.

1.11 A South West review showed that commitment to MECC was not universal and several areas had no activity (Kelly and Wills, 2015). It was evident that there was widespread training in behaviour change interventions for particular workforces. For example those who may work with individuals with drug and alcohol problems, as part of smoking cessation or weight management pathways, for specialist community public health nursing teams and pharmacists.

1.12 The review recommended that a brief introduction to MECC should be a mandatory part of induction for all staff to raise awareness of the importance of key public health messages and highlight the importance of prevention.

1.13 The vision now in the South West is that all health and social care organisations and relevant partner agencies will be aware of, adopt and embed MECC principles. This means that, whenever appropriate, the opportunity to reinforce messages about health and wellbeing and signpost to the relevant services is used.

2 LOCAL IMPLEMENTATION

2.1 Bath and North East Somerset, Swindon and Wiltshire (BSW) are working together across the Sustainability and Transformation Plan (STP) footprint to roll out MECC to ensure a consistent and system wide approach. Using national evidence and local learning we will be working with partner organisations to implement MECC in an effective and sustainable manner.

2.2 The suggested general principles for the implementation are:

a. Promoting healthy conversations - Focus will be on everyone being able to deliver MECC Level 1: Very brief intervention / healthy conversations.

b. Delivering MECC Plus – the wider determinants of health will be included in delivery.

c. A phased approach with identified target audiences - Focus on MECC engaging with older people (aged 65 and over) as a targeted population group initially with flexibility to widen this focus locally to meet local need. The second phase will extend the target audience to those age 40-64 and linking to the One You campaign. Local areas may choose to focus on additional population groups.

d. Offering flexible training options based on a cascade model of training

2.3 MECC training will be cascaded (see figure 2). A small number of people will be trained as MECC trainers and accredited. They will deliver training to identify MECC champions. These champions will act as main points of contact about MECC in their organisations and cascade the information to colleagues and these champions will cascade in-house MECC training.

Fig. 2: Cascaded MECC training

2.4 To fully embed MECC so that it is effective and sustainable we ask that all participating organisations identify suitable people to champion the intervention and to cascade the MECC learning. These staff will receive MECC training and support.

2.5 Organisations may also wish to identify staff to become MECC trainers. The MECC train-the-train course consists of two half days and one full day of training and will be free to participating organisations.

3 SUPPORTING RESOURCES

3.1 Funding has been made available from Health Education South West until March 2018 for each Sustainability and Transformation Plan footprint to implement MECC. Locally this funding will pay for a MECC co-ordinator, a small grant scheme for the voluntary and community sector and additional MECC train-the-trainer course

3.2 A MECC Co-ordinator will be in post from September 2017 and will cover the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan area. They will work with twelve large organisations across the area to support and assist with embedding MECC within organisations to ensure efficient and effective implementation and delivery. They will be able to deliver MECC training and support in-house trainers and champions.

3.3 A small grant scheme will be available to the smaller voluntary and community sector organisations to assist with implementing MECC. This is aimed at removing some of the potential barriers for these particular organisations and may be used to back-fill staff, pay travel expenses or room hire for training. The grants will be available from the end of the summer.

3.4 There is currently a small pool of MECC trainers who can cascade the training to MECC champions. Additional MECC train-the-trainer courses will be ran in the autumn of this year. There is also a free e-learning package which all staff can access.

4 MEASURING SUCCESS

4.1 A South West evaluation of MECC implementation will take place between September 2017 and June 2018. Evaluation findings will inform the future implementation of MECC.

5 RECOMMENDATIONS

5.1 The Board is asked to:

a. Note the approach to implementing MECC
b. Comment on the suggested key principles for local implementation:
    - A focus on MECC Level 1: very brief intervention / healthy conversations.
    - Delivering MECC Plus to include the wider determinants
    - A phased approach with identified target audiences
    - A model of cascading the training/learning
c. Provide high level support and commitment to MECC

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