

Making Every Contact Count

Examples from Practice





AIMS

- To embed health promotion into routine practice at Birmingham Children's Hospital (BCH), ensuring staff were competent and confident in delivering brief advice

ACTIONS

- Every Contact Counts training delivered to staff
- Health promotion questions in admission documentation
- Audited progress
- Clarified pathways for referral
- Developed staff health initiatives
- Worked with internal colleagues (e.g. catering providers)
- Improved relationships with community colleagues
- Raised the Health Promotion profile in a variety of ways using media, IT, posters and events
- Key senior staff informed with progress

KEY LEARNING

- MECC was part of an organisational change process that took time and will continue to develop. There was no quick fix!
- Lots of people have a vested interest in the agenda; you just need to find them and then work together to achieve goals
- Staff health and well being is important to the patient health and well being agenda

OUTCOMES

- We have board level commitment that makes a real impact
- Over 120 staff have had training which evaluated positively showing improved knowledge and confidence in giving brief advice
- Most staff involved in face to face training engaged in discussion about staff health as a secondary outcome
- We have small numbers of referrals to external lifestyle services but this is beginning to increase
- We have also seen increased demand and uptake of lifestyle services for staff

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AIMS

- To create an environment and culture in Addenbrooke's that supports a healthy lifestyle
- To enable people to make healthy lifestyle changes through the provision of brief advice
- To enable staff to identify smokers and make brief advice interventions to inform and enable people to quit
- To increase the number of smokers being referred by staff to Stop Smoking Services from Addenbrooke's

ACTIONS

- Commissioner secured the support of a senior manager and key clinicians to implement project
- Funded Project Co-ordinator recruited from existing Addenbrookes' staff
- Steering Group established - focussed approach adopted targeting key areas with high prevalence of smoking related conditions
- Electronic referral system established to interface with local Stop Smoking Service
- Staff trained in making brief advice interventions and network of champions established
- Ongoing campaign to engage senior level clinical and management support
- Ongoing promotional campaign to increase awareness of project and embed into the Hospital's culture e.g. Staff newsletters, hospital radio, Staff lanyards
- Feedback and evaluation process

KEY LEARNING

- Corporate support essential - both management and clinical, ideally at Board level
- Requires a persistent, committed and tenacious Project Co-ordinator/Champion
- Staff champions help to increase support
- Flexible training programme needed
- Good communications essential
- Focused and incremental approach needed
- Organisations require incentives to adopt e.g. funded post
- It is a long process!

OUTCOMES

- Increasing senior level support i.e. CEO, Chief Nurse, Senior Consultants
- Training for giving a very brief advice intervention included in Trust induction
- 250 staff trained since July 2010
- 50 smoking champions recruited since July 2010
- 569 referrals to Stop Smoking Services from January 2010 until January 2012
- Staff and patient drop-in clinic
- External press coverage No Smoking Day with TV celebrity

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AIMS

- To roll out MECC across the whole system in Coventry (NHS and partner organisations)
 - across the NHS System: Coventry & Warwickshire's three Clinical Commissioning Groups and four Trusts
 - across the City Council (various directorates) and Wider Partnerships (Fire, Housing, Voluntary sector, Sports Foundation, Carers)
- To Promote the e-learning in the first instance, topped up with face to face training

ACTIONS

- Focused on securing 'buy in' by engaging the leadership within all the organisations involved, attending various forums and meetings i.e.; Clinical senate, LMC, LPC, LDC, NHS trust boards, CCGs, Clinical services for the NHS
- For wider partners engaged Local Strategic Partnership, Public Service Board, LA service directorate teams, social care provider forum and voluntary sector
- Messages were conveyed via MECC strategy, Launch event, Co-ordinating group, network group
- Training plans agreed with all organisations, train the trainers trained and face to face training commissioned
- Various delivery methods used; i.e. Embedded in induction, incorporated into existing training, incorporated delivery in local pathways, included in the quality schedules
- Resources were developed using different methods to convey the MECC messages; i.e. conversation cards, z-cards, banners pens, public facing posters, flyers, briefing with demographics, display stands
- Communication strategy developed inclusive of all agencies, with consistent messages and clear branding
- Monitoring and Evaluation - organisations were assessed for readiness to proceed, pre and post surveys used, questionnaires issued to capture experience, smoking cessation referrals and number of quits collected

KEY LEARNING

- Dedicated co-ordination time- vitally important
- Localise approach -embed in pathways and use levers i.e. Quality schedules to sustain 'Health Promoting and Prevention' improvement culture across organisations
- Engage key leaders and leadership groups
- Resources valued by staff with consistent messages, clear branding, inclusive of all agencies
- Coordination and network groups add value
- Variable engagement across primary care
- Monitoring is challenging!
- Great buy across the whole system – Shows it can be done and you can make it happen!!!

OUTCOMES

- Staff trained includes: E-Learning: 351 + more, Train the trainer: 73, Face to Face: 1136
- Smoking cessation Referrals – 4201, Successful quitters -1807
- Total successful outcomes: Over 7568
- Successfully secured and implemented the MECC innovation bid with UHCW to capture patient experience via the 'Impressions Survey'

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AIMS

- Ensuring every contact made by all staff is seen as an opportunistic moment to promote positive healthy lifestyle choices

ACTIONS

- Originally a one year pilot project jointly funded with NHS Derbyshire County Public Health
- Developed from three workshops, attended by staff members who were nominated by heads of services, and focus groups, attended by patients and carers
- Training undertaken initially with two services: the Specialist Wheelchair Services and the Intermediate Care Team
- A task and finish steering group established, chaired by Tracy Allen, Chief Executive to ensure the successful rollout of this project to all appropriate frontline staff
- Health and wellbeing of patients and staff is now an important part of the organisational ethos. 'Making Every Contact Count' is embedded into working practice and is incorporated into the strategic plan

KEY LEARNING

- Information gathered from staff, patients and carers was invaluable in the development of training
- Training teams of staff together ensures that confidence and motivation is maintained
- Case studies and stories keep the initiative interesting and relevant

OUTCOMES

- Board level commitment achieved and health and wellbeing champions identified. Reporting systems direct to Board through the People Committee and the Organisational Effectiveness and Change group. Strategic plans now refer to the promotion of health and wellbeing at every opportunity
- Evaluation showed positive outcomes with an improvement in confidence levels
- The majority of staff report that the promotion of health and wellbeing is part of their role
- Staff members are now knowledgeable about local healthy lifestyle support services and the referral process
- Staff more aware of their own health and wellbeing with plans to support staff health and wellbeing being developed

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AIMS

- To develop staff skills, knowledge and confidence in delivering the health promotion agenda therefore improving the quality of services
- To inform and support staff to improve their own health and wellbeing by enabling a greater understanding of health promotion and how this can be used to support colleagues and improve staff health
- To empower service users to have an increased awareness of healthy lifestyles and support to enable change

ACTIONS

- Training sessions delivered (reduced from 90 minutes to 60 minutes)
- Whole multidisciplinary teams trained and staff health addressed
- Classroom training adapted to a more interactive workshop approach
- Staff identified as champions to help lead the work forwards
- Use of prompt cards with contacts for signposting
- Pre and Post training evaluation forms used to show staff confidence and progression
- Staff attending training were asked to log healthy lifestyle activity

FOLLOW ON ACTIONS

- Report from pilot to be discussed at Trust Board with recommendations to inform implementation plan for roll out of MECC
- Use of “productive care Pathways” to embed the MECC approach

KEY LEARNING

- Healthy Lifestyle behaviour change is a value based topic which cannot simply be taught through a training package. Give people information to make informed choices rather than placing own value judgements on those choices
- Staff health is closely related and interlinked with how health messages are portrayed. Messages about staff health need to work in conjunction with the patient approach
- Whole team approaches relevant to the setting work well so that topics can be discussed appropriately according to an individuals’ readiness to change and depending on their stage of recovery
- There needs to be a flexible approach delivered in different ways across the organisation. This should be through individual learning methods as well as team based approaches in order to embed the MECC philosophy
- Pathways need to be developed and embedded into current practice, and not seen as an add on

OUTCOMES

- Raised awareness of healthy lifestyles and behaviour change across the site and at senior managerial level
- CQUIN (2012/13) introduced to ensure the trust develops an implementation plan for delivering MECC
- Report from the pilot will inform the MECC plan and inform the Health inequalities and REGARDS agendas

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AIMS

- To increase the number and quality of referrals made to Hertfordshire Stop Smoking Service (HSSS)

ACTIONS

- Smoking Cessation was a CQUIN (Commissioning for Quality & Innovation payment framework) for 10/11 and included in the quality schedule for 11/12
- The PCT smoking cessation steering group was the hub through which all three providers communicated and shared best practice
- The provider Trusts were required to have frontline staff trained to be able to give brief intervention advice on smoking cessation
- Delivery groups were set up in two provider Trusts (an acute and a community trust) and an existing forum took responsibility for delivery of the CQUIN in the second acute trust and
- Leads were appointed for each trust and Champions were identified for each clinical area, with a focus on cardiac, respiratory, out patients, elective surgery and maternity services
- Smoking status was recorded on all patient notes and smokers were given brief intervention advice and offered a referral to HSSS (on an opt out basis)
- In the absence of a clinical system that could record referral activity and a clinical coding system that wasn't unified, a traffic light system (label) was used to remind staff to complete the BI advice and referral, and record the outcome
- The community provider trust used their clinical systems to ensure that mandatory fields on smoking status, BI advice and referral were completed
- The delivery groups ensured that their own organisations were aware of the importance of this activity and encouraged and promoted staff training (up to 45mins) which was provided by HSSS
- HSSS provided weekly performance reports which helped to drive this activity. Each organisation, by department, was given the breakdown on the number of referrals made to HSSS
- Bespoke client facing materials were provided for each organisation
- HSSS attended team meetings and gave brief reports to each organisation on performance throughout the life of the CQUIN
- Smokers referred to HSSS were given further motivational support by telephone and offered a range of stop smoking services to choose from

KEY LEARNING

- The success of this project was launching it as a CQUIN and having the senior level support and commitment of each organisation including the Primary Care Trust
- The ongoing success and continued increase in referrals in 11/12 is in part due to the initial success and the demonstrable effects that each department is having on referral numbers – so timely and accurate feedback is important
- There is an element of competition between organisations and having specific targets to achieve (numbers of staff trained, numbers of smokers identified, percentage of smokers referred) has promoted activity
- The training has been well received and increases confidence of staff to raise the topic of smoking in a positive way and without fear of jeopardising the patient relationship
- During the course of 11/12 a 'Stop before the Op' initiative was implemented: All people requiring elective/non urgent surgery across Hertfordshire are expected to be below pre-determined BMI levels and to lose weight to reduce their surgical risk, and to have been given smoking cessation advice and referral as appropriate
[Improvements to be made](#)
- Develop e-learning tools to enable a wider audience of staff to access training
- Develop electronic referral pathways to streamline referrals

OUTCOMES

- The PCT supported the CQUIN and operational management was led through the PCT smoking cessation steering group
- Staff training, and senior and front line managerial commitment, was crucial to the delivery of the outcomes
- Streamlining referral processes and having sufficient resources and local stop smoking services to cope with the increase in demand was a prerequisite for this work
- Overall, there was a 440% increase in the number of referrals from 09/10 to 10/11
- The number of referrals for 11/12 is already ahead of last year
- Building on the success of Smoking Cessation, Making Every Contact Count is being rolled out as a CQUIN across all provider Trusts to include Brief Intervention (BI) advice and referral on smoking, alcohol (using the AUDIT C tool) and weight management. A training option using: www.education.nhslocal.nhs.uk or the Royal Society of Public Health (RSPH) level 2 award in Understanding Health Improvement or equivalent has been recommended, but face to face BI training will also be offered

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AIMS

- Implement effective health improvement initiatives which in turn will benefit the organisation by reducing chronic health complaints of both staff and patients thus having a substantial cost saving

ACTIONS

- 45 minutes targeted training sessions were delivered to nurses, which included information on statistics, health inequalities etc.
- Ongoing evaluation of progress (staff were asked to log contacts)
- Ongoing encouragement to staff from the implementation lead

FUTURE ACTIONS

- Delivery of 15-30 minute training sessions on the key factors of MECC included in the mandatory training programme
- Use of health promotion notice boards and resource folders in staff areas, to give staff information about local services and resources available (staff feel this will help with skills and confidence to signpost effectively)

KEY LEARNING

- Training needs to be tailored to suit different staff groups with different background knowledge bases
- The main barrier we had to overcome was staff time to attend training session. This emphasises the point that the training needs to be offered in a flexible way

OUTCOMES

- Training sessions gave nurses a gentle reminder, and an extra boost of confidence to show, that they are in the most privileged position to assist patients to think about their behaviours
- Data collection ongoing
- The nursing teams are regularly signposting and referring patients to other areas for continuing support in changing lifestyle behaviours. For instance the referral rate to the Stop Smoking service has increased over the past months

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Active Together

Leicester-Shire & Rutland Sport



AIMS

- Active Together is redesigning its offer of physical activity to further reduce health inequalities
- We will reach out further to those that have been less motivated to do physical activity and who will require additional support to make related lifestyle changes
- Our aim is support our workforce to broaden their skill base in order for them to support lifestyle change. This, in turn, will benefit our participants as we will be able to provide them with the relevant support to enable lifestyle behaviour change
- Integrate MECC into our work by adapting forms, adapting information etc.

ACTIONS

- Provide MECC Training to Active Together Physical Activity Development Officers across Leicestershire
- Integrate MECC into the Active Together Project by:
 - Adding a MECC question to our registration form and sending information to participants if requested
 - Including wider health discussions in Activity Clinics and Health Assessments
 - Taking wider health information (not just based on physical activity) when attending fairs/fetes/workplaces

KEY LEARNING

- It is important to add a local element when selling the concept to the officers that will be implementing the programme i.e. adapt presentations, include additional information to show how things will be implemented locally
- Buy in from Line Managers was important to ensure they supported officers to implement the guidance
- It was found that a number of officers were already providing health promoting messages in their roles. This guidance, and training, allowed us to see how we could do this in a uniformed way across our project. It was also a refresher as to why it is important to sell healthy lifestyles as a whole package rather than one area in a silo

OUTCOMES

- 20 officers received MECC training and additional training which increased knowledge and confidence in discussing health issues
- New registration form designed integrated the MECC Question
- During two months 314 registration forms (with the MECC question) were collected and health information was sent to 134 participants. In addition 108 participants were seen at health assessments and 76 received further health information
- Some districts integrated the MECC principle into other projects

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AIMS

- To gain commitment from NHS providers to embed MECC across organisations
- To work in partnership and develop a system wide approach to MECC across Lincolnshire

ACTIONS

- Negotiated a CQUIN for 12/13 with the three main NHS providers (LPFT, LCHS, ULHT) – this used the performance monitoring recommendations available at <http://nhs.lc/makeeverycontactcount>
- Have a quarterly development sessions for the implementation managers and the Board Leads from the three NHS Trusts (they agreed this would be useful)
- Held a Communication Lead meeting where we explained the importance of MECC communication and having a coordinated approach as well as individually tailored activity across the three Trusts
- Agreed one overall communication lead across the three organisations to ensure activity is coordinated
- Held a 'provider or receiver organisation' awareness session so all the main services who were likely to receive a MECC related referral were aware of MECC. We also asked them to help us measure the impact of MECC from their perspective
- Sustainable plans put in place in all organisations—including training roll out and communication strategies

KEY LEARNING

- We do not think we would have got this off the ground with our Health Trust's if it hadn't been a CQUIN and it has helped develop relationships particularly with our acute trust and our mental health trust

OUTCOMES

- Implementation and Communication Leads across organisations work well together
- The programme has moved onto other providers such as District Councils and Community Pharmacy and we hope to ensure it is a major part of Promoting Healthier Life Styles in the future
- MECC is mentioned in Lincolnshire's Joint Health & Wellbeing Strategy
- Good practice being shared across organisations
- 171 staff trained in the initial two months
- We have negotiated a second year of MECC CQUIN to ensure further role out and to support sustainability

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Northamptonshire Healthcare

NHS Foundation Trust – Sure Start Children’s Centre

AIMS

- Improve health and wellbeing and promote positive lifestyle behaviour through face to face and group work

ACTIONS

- Organisational, team and individual readiness elements of MECC were broken down and communicated to teams in three bite size chunks
- The MECC training stages were likewise broken down and communicated to the whole staff team in bite size chunks
- We devised a data collection sheet and trained staff to use these in day to day practice
- All staff undertook the RSPH Level 1 Health Awareness and Level 2 Health Improvement awards
- When communicating/training, team group size and skill mix varied so the delivery approach was tailored according to size and level of understanding of promoting health

KEY LEARNING

- Teams and individuals have different knowledge and expertise but also be aware that staff vary in their levels of confidence in communicating messages
- Training and messaging needs to be tailored and broken down in to workable components for different staff groups
- It is important to consider organisational fit, team readiness and individual skills level when implementing MECC
- There is a need to fully embed each stage of implementation at a time and learn from the process of practicing MECC before planning the next stage
- Having regular communication with key stakeholders ensures clarity about the projects objectives
- Having set Key Performance Indicators (KPIs) for this pilot, and having analysed the MECC contacts to date, it is clear that measuring productivity, and tracking MECC to outcomes, will influence ongoing performance improvements in line with the QIPP agenda (Quality, Innovation, Productivity & Prevention)
- Deep level discussions need to be held with partner practitioners to ground referral pathways and data share before some stages can be implemented
- Implementing MECC takes time and planning helps to ensure that teams receive and understand the underpinning principles of the initiative, which in effect, increases staff motivation and provokes a sense of excitement and enthusiasm
- It is important to have a strong, central lead for implementation

OUTCOMES

- Teams are actively and successfully holding conversations and supporting or referring parents, carers and children to activities and services that promote health and social care
- The MECC framework used highlighted that data capture, collection and sharing can be much improved and as such, can improve evidence of productivity converting into outcomes

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AIMS

- To introduce the concept of MECC to Cardiac Rehab, the Falls and Bones Health team and the Musculoskeletal unit (MSK) to increase knowledge and confidence to raise health and wellbeing issues on a day to day basis

ACTIONS

- Our approach was not direct as we know that staff could see this as yet another task on top of their current workload which could cause resistance. Following a meeting with each team manager, we made the initial session more of a consultation and ensured staff feedback influenced future developments to implement MECC. This generated some really good ideas on how to improve the engagement with clients
- It was only possible to spend a minimum amount of training time with the staff in the three teams involved in the Pilot (usually 30/45 minutes). This was usually during their regular team meeting to guarantee the presence of most staff. It also guaranteed the Managers were also in attendance and actively gave their support

KEY LEARNING

- Staff are committed to the MECC concept but require additional support to ensure outcomes which are measurable
- Time is required to implement staff training effectively. We found that asking staff what they thought would help MECC was very effective
- Each of the three teams we worked with believed a contact sheet and prompt cards (about different lifestyle issues) for staff to use would help the MECC process be more successful
- Making the process as simple as possible (especially the training) was found to be most effective in terms of outcomes
- Getting the support of service leads was crucial to the success of the pilot, as was senior management support
- Tailoring training appropriately aids delivery and saves time

OUTCOMES

- The training increased the knowledge and confidence of staff in relation to raising issues with the clients
- Staff feedback has also provided us with process evaluation which has been recorded and used accordingly to improve MECC
- Our long term aim is to make changes to the adult services client database better known as System 1. Templates will be put in place to enable staff to input the outcomes of MECC
- To review job descriptions and consider rolling out MECC across the organisation with Senior Management support

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AIMS

- The purpose of the training is to support all organisations, teams and individuals to deliver consistent, brief health promotion messages and interventions in their role and understand how to refer to the Healthy Lifestyles One Number. Face to Face training promotes the West Midlands e-learning 'Every Contact Counts' module and details the local referral pathway

ACTIONS

- Steering group formed with a range of stakeholders to formulate a draft strategy and support the implementation of the MECC agenda
- Engagement of two key organisations: Sandwell and West Birmingham Hospital Trust (SWBH) and Sandwell Metropolitan Borough Council (SMBC)
- Making Every Contact Count was incorporated into the Smoking Cessation CQUIN agreement for SWBH in 2011/12 (this was targeted at specific wards/groups of patients)
- Sandwell PCT liaised with the Learning and Development team at SWBH to agree a strategy for the delivery of MECC
- The Tobacco Control Leads from across the Black Country jointly commissioned a trainer to deliver MECC, with a focus on tobacco and alcohol. A service specification and monitoring framework was developed for the trainer

KEY LEARNING

- Clarify which wards/staff groups are to be trained/involved at the beginning of the project (decisions need to be taken with regards to student staff, bank staff etc.)
- Some staff found it hard to relate to giving brief advice with the perception they held of their current role (particularly in cases where treatment not prevention is paramount). It is important that this is discussed during training
- Staff had mixed views regarding the opportunities to deliver brief advice. Overall it seems preferable to have an initial screening question as part of a formal assessment wherever possible
- Many staff discussed concerns regarding being asked to spend more time on an extra task, as they perceived it. These fears can be allayed by demonstrating how the brief advice can be given contemporaneously with other tasks
- Lack of incentive to participate in the e-learning is an issue. For Acute Care staff ability to acquire CPD points acted to mitigate this challenge, but availability of work time in which to do the e-module would have greatly helped
- Availability of staff for training was a challenge, mitigated to some degree by the ability to offer training on a flexible basis and to small groups of staff. Ideally MECC training would be integrated into mandatory training programmes for all staff
- Where possible it is a good idea to have clearly visible posters which address risks and highlight the fact that patients will be asked about healthy lifestyles
- Opportunities for staff to benefit from healthy lifestyles promotion during workplace events can also support the MECC agenda

OUTCOMES

- In Sandwell, significant numbers of staff have been trained in MECC from both SWBH and SMBC
- Following training of SMBC social care staff, a set of health questions based on the MECC approach has been agreed and will be incorporated in to the SMBC ASSIST assessment for social care services. This will be developed to include referrals or signposting to lifestyle advice
- To date 248 members of SWBH and 100 members of staff from SMBC have been trained

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AIMS

- To implement, as routine practice, MECC for tobacco and alcohol in targeted specialties within the Heart of England NHS Foundation Trust Acute and Community Services

ACTIONS

- The provision of tobacco and alcohol brief advice was identified as a QIPP priority and relied on an acute and community services CQUIN as a lever for implementation
- A Clinical Prevention Champion was appointed to support the agenda

KEY LEARNING

- Board level commitment needed to advocate the MECC agenda
- The CQUIN contract specified a specific training programme to be used. Issues with this training programme resulted in long delays with the roll out of training. It would be wise to leave the responsibility for the training with the provider, giving them an option of training sources, but leaving the decision with them as to how they provide this
- Training needs to be tailored to the audience
- Making staff aware that the brief advice is a public health intervention is important. Successful behaviour change should be put in to context i.e. a number of people will not change their behaviour following such an intervention, but it is still a very cost and clinically effective programme
- It is important that routine feedback from lifestyle services is provided to staff delivering MECC interventions
- There is a need for a set of cue cards for frontline staff who have received training
- It is vital that managers are supportive of the MECC agenda
- Referral pathways should be as simple as possible, preferably with one single point of contact. This ensures a simpler process for frontline staff

OUTCOMES

- Implemented from Q3 2011/12. Data will shortly be available through CQUIN Review Meeting
- Anecdotally feedback has shown that staff have changed their own lifestyle as a result of the brief advice training. This has been most notable for stopping smoking

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AIMS

- To increase opportunities for service users, in a secure mental health unit, to make healthy lifestyle choices
- To increase staff's confidence in raising these topics and supporting Service users as peer educators
- To increase staff interest in their own health and well being

ACTIONS

- Completed team assessment and MECC training for staff on three units. In all 40 people attended
- Added MECC question to annual health check
- Service users produced a vision statement for their unit as a health promoting environment
- A Health Promotion intranet site has been updated
- Revised weight management care pathway
- Produced resources for signposting and tools for assessing 'readiness to change'

KEY LEARNING

- Need to tailor materials for the target group
- Need for improved signposting to existing services
- Barriers to staff raising lifestyle issues were identified
- The support of the whole team can shape culture and make healthier choices become routine behaviours
- The importance of organisational support for a health promoting environment e.g. effective use of grounds to promote physical activity and facilitate healthy food choices

OUTCOMES

- Staff recognised their role as health promoters
- Increased confidence scores for staff raising health issues.
- Raised profile of health and lifestyle issues, with more support for physical activity and eating well
- Training material integrated into other sessions e.g. weight management facilitators training
- Weight management care pathway better matched to resources with local staff giving first line advice

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AIMS

- To train frontline staff across Staffordshire to engage with individuals and use basic skills of awareness, engagement and communication to introduce the idea of behaviour change and to motivate individuals to consider and think about making changes to their lifestyle behaviours

ACTIONS

- Staffordshire Public Health commissioned an external trainer to deliver MECC training sessions on lifestyle topics including smoking, alcohol, physical activity and healthy eating
- Central coordination is by the Public Health (PH) team: Staff liaise with NHS and senior staff from partner organisations to achieve sign up to the MECC programme.
- PH has worked with the NHS performance management team to get MECC within a CQUIN for acute contracts (Mid Staffs hospital, Burton hospital and the Mental Health Foundation Trust).
- PH tobacco control staff colleagues included MECC training within the local Tobacco Control Service Level Agreement (SLA) for all Local Authorities in South Staffs

KEY LEARNING

- Multiagency sessions were effective for making staff links and implementing referral pathways not already in place. However single agency sessions helped to relate training specifically to staff job roles and resulted in a better understanding of how to deliver MECC
- Strategic sign up is necessary, but strength also comes from having middle management level support. This ensures staff are released for training and gives staff support to provide MECC in their daily job
- An identified champion/lead in partner organisations is essential to embed MECC
- A systematic scaled approach is required with a dedicated resource allocated

OUTCOMES

- **Organisational readiness:** Agreement with acute settings, through CQUINs, to deliver smoking and alcohol brief advice. The Local Authority has signed up to train a minimum number of staff through a Service Level Agreement (SLA). Executive Board level agreement that MECC is a priority. The fire Service has also signed up to the MECC programme across South Staffs
- **Staff readiness:** 1,082 Staff have completed training across North and South Staffs. This includes NHS and partner agency staff e.g. Acute staff, Practice Nurses, the Fire Service, Pharmacists, Voluntary sector, Housing and Environmental Health staff, Leisure staff and Prison staff. Staffordshire University carried out an evaluation of the programme using pre/post training questionnaire, and a three month follow up online questionnaire. Post course evaluation showed the training to be very effective in improving staff confidence and skills to deliver brief advice.
- **Operational delivery:** It has been very challenging to capture the impact of MECC across South Staffordshire. A number of referrals to support services have been tracked from the Fire Service, Housing staff and Practice Nurses but this is not formally recorded onto one database due to varied services commissioned across the districts

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AIMS

- To improve access to lifestyle risk management services through the development of a single point of referral for health professionals and the general public

ACTIONS

- Patient and clinician engagement
- Consumer insight targeting 'at risk' populations (using JSNA and MOSAIC)
- Review of the evidence base
- Scoped service model
- Worked in partnership with the local authority to integrate a single point of referral within the existing customer contact centre for council services
- Worked in partnership with the West Midlands Strategic Health Authority and local stakeholders to complete a mental wellbeing impact assessment for the proposed service model
- Developed a framework to monitor performance
- Commissioned the Shropshire Community Health NHS Trust to deliver the pilot project

KEY LEARNING

- Consumer insight targeting 'at risk' populations (approach and outcomes)
- The service model
- The mental wellbeing impact assessment (approach and outcomes)
- Monitoring framework (logic model approach)

OUTCOMES

- Operational delivery - The Telford and Wrekin approach has focussed on the development of a single point of referral for health professionals referring patients into lifestyle services following completion of the training and systematic delivery of the MECC approach at every patient contact
- Since the launch of the MECC e-learning tool in November 2011, 16 health professionals (employed by the Shropshire Community Health Trust) have completed the MECC training. 480 adults have received opportunistic brief advice resulting in 170 referrals to lifestyle services

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AIMS

- To assess how health and wellbeing messages are delivered to individuals, staff and communities within West Lindsey District Council
- To begin to understand how MECC could be embedded within the organisational structure
- To broaden the skill base of staff in relation to giving consistent healthy lifestyle messages as evidenced
- To incorporate the promotion of health and wellbeing to all staff members by linking MECC to the health and wellbeing work strategy and corporate plan

ACTIONS

- Provide MECC training to West Lindsey District Council (WLDC) staff and wider partner organisations
- Flexible approach: we continue to offer training to meet the knowledge/skill set needs of the staff/partners groups involved
- Use of organisational tool with all WLDC Directorates to keep MECC connected to relevant strategy development
- Use of team tool 6-12 monthly to review progress
- Next step will be to proactively work with the staff health and wellbeing group, the communities and localism director and leads for health and wellbeing to plan future long term implementation

KEY LEARNING

- Organisational tool was useful to involve staff at all levels of the Organisation. It was extremely important to use this with senior managers to create an organisational 'buy in' in order to support staff to effectively implement MECC
- The team tool was valuable to enable staff at differing levels to communicate their individual understanding of health and wellbeing messages before relating this to the team
- A willingness to adapt training as needed to meet needs of various skill sets amongst staff was required. A before and after quiz was used instead of the pre and post session sheets on one occasion

OUTCOMES

- Wider management commitment to the concept of MECC demonstrated by the inclusion of MECC in forward plan for scoping and development
- Linkage of MECC into corporate plan being developed through the Healthy Districts Programmes Board
- A form has been devised for staff to tick if they have asked about health and wellbeing, and if so what services were stated by the service user as being of interest. Increased staff readiness/confidence in MECC is progressing
- Developing the link between MECC/Motiv8lincs with the proposed West Lindsey Health and Wellbeing Workforce Strategy

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