



Public Health
England

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Health Education England

Protecting and improving the nation's health

Making Every Contact Count (MECC): implementation guide

To support people and organisations when
considering or reviewing MECC activity and
to aid implementation

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

About Health Education England

Health Education England (HEE) exists for one reason and one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

Health Education England
1st Floor, Blenheim House
Duncombe Street
Leeds
West Yorkshire
LS1 4PL
www.hee.nhs.uk
Twitter: @NHS_HealthEdEng
Facebook: www.facebook.com/nhshee

Prepared by: Mandy Harling, national healthcare public health team, PHE; Claire Cheminade, public health wider workforce lead, HEE Wessex; members of the national MECC advisory group. For queries about this document, contact: hee.mecc@nhs.net

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Introduction

This readiness to implement tool has been developed to support the implementation of Making Every Contact Count (MECC). It has been based on the organisational assessment tool and checklist from the Midlands and East MECC approach, [found here](#), and an early version that was piloted with Gosport Borough Council by Health Education England's (HEE) Wessex team. This resource will help organisations when assessing their current position as a health-promoting organisation and help identify any areas for further input or improvement. It can also act as an implementation checklist, as the responses to the questions in each of the eight areas will highlight the potential activities required, and can form the basis of a local action plan to help introduce or further implement MECC. For further information on the rationale for and the benefits of applying this tool, refer to the HEE's Wessex team's MECC toolkit which can be [found here](#).

Organisational benefits

Implementing MECC can support your organisation in meeting its core responsibilities towards your local population. It can also support health improvement activity within local communities, and provide an approach that reaches out to community members and groups. MECC can provide a lever to support communities in collaborating together. From a local systems perspective MECC can provide a useful tool for commissioners and providers to facilitate local discussions on how behaviour change activity can be supported and undertaken. The benefits of MECC can include improving access to healthy lifestyles advice improvement in morbidity and mortality risk factors within your local population; and cost savings for your organisation and local health economy. It can assist organisations in meeting responsibilities towards their workforces, for example by improving staff health and wellbeing; and in enhancing staff skills, confidence and motivation.

MECC activity can be incorporated as part of existing health improvement or workforce improvement initiatives, for example, when tackling access to healthier food options. It provides a means of maximising the benefit from existing resources for improving population health. For example, it can include advice on low or no-cost activity, such as persuading parents to walk their children to school; or, as part of physical activity advice, encouraging increased use of existing community resources such as leisure centres and swimming pools.

Using this resource

This resource supports reflection by organisations around MECC before they either introduce MECC activities or undertake further MECC implementation activity. It can be used by the whole organisation, or specific teams or departments.

The checklist has been structured so that you can either use it whole or select relevant sections. For example, the initial section on organisational strategy may be useful for use with board members.

Working through the sections, you will see a series of questions in the first column. These help to prompt discussion and reflection, and answering them will help shape the development of a MECC action plan for your organisation. We recommend that the action plan should be revisited during the MECC implementation process, either across your organisation or at team or service level. And you may find that you revisit this over time, once the MECC activity or programme becomes more embedded within your organisation.

In addition to this MECC resource, the PHE All OUR Health programme will provide information on the evidence base and measures for impact on a range of health topics relevant to MECC delivery. The All OUR Health work will be available from the PHE website from March 2016.

MECC definition

Core MECC definition

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that 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.

For organisations MECC means providing their staff with the leadership, environment, training and information they need to deliver the MECC approach.

For staff MECC means having the competence and confidence to deliver healthy lifestyle messages, to encourage people to change their behaviour, and to direct them to local services that can support them.

For individuals MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

This definition of MECC has been agreed by the national MECC advisory group. It defines the core of MECC and aligns with the NICE behaviour change guidance and the improving healthy lifestyles approach to prevention agreed by NHS England, HEE and PHE in the Five-Year Forward View. It maps to level 1 MECC competencies as set out in competency frameworks, such as those available from Skills for Health and encompasses existing approaches such as healthy conversations and healthy chats.

Broader MECC definition (MECC plus)

It is recognised that partner organisations such as local authorities may adopt a broader definition of the MECC approach, which we have referred to as MECC plus. This may include conversations to help people think about wider determinants such as debt management, housing and welfare rights advice and directing them to services that can provide support. This may lead to specific information requirements that are not covered within the accompanying **MECC training quality marker tool** and organisations may wish to add additional quality markers to reflect any local additions to the MECC programme organisations may also wish to train staff at levels 2 and 3 competences, such as those available from Skills for Health.

Eight steps diagram: for planning and implementing MECC

The diagram below illustrates the steps involved in scoping, planning and implementing a MECC initiative. In addition to these steps, there is a backdrop of encouraging staff to take responsibility for their own health and wellbeing.



Actions and activity checklist

Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>1. Organisational strategy To shape why MECC should be taken forward.</p> <ul style="list-style-type: none"> • what is your organisation's vision? • how does MECC fit the organisations goals? • are there shared goals? • what are other organisations within your area or region doing in relation to MECC? • have you identified where MECC activity can fit into wider health improvement plans or activity across your area or region? • have the benefits for patients/ clients and staff been identified? 	<p>The HEE Wessex team's MECC guidance and toolkit may be useful, and can be accessed via www.wessexphnetwork.org.uk/mecc</p> <p>A MECC consensus statement is planned in 2016, and will be available via the publications section of PHE's website</p> <p>Background and overview of MECC, eg, policy drivers such as the 5YFV, resources from the LGA and PHE</p>		
<p>2. Senior leadership Senior leadership buy-in is crucial to the successful implementation of MECC.</p> <ul style="list-style-type: none"> • is the organisations senior leadership aware of MECC? • is there an opportunity to increase senior leadership involvement? If so, who needs to be involved and how? 	<p>See HEE Wessex's MECC guidance and toolkit on organisational buy-in and senior leadership.</p> <p>Relevant tools such as those from Midlands and East including making the case presentation to senior leaders, and case stories. http://learning.wm.hee.nhs.uk/resource/making-every-contact-count</p>		

Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>3. Planning To implement MECC, a team of people is needed to lead and champion the approach. This section will assist you to identify key individuals to support implementation.</p> <ul style="list-style-type: none"> • who will lead the MECC implementation (developing, reviewing, monitoring an action plan) in the organisation and teams? • do you need to form a 'MECC implementation team from across the organisation to lead the programme? • who are the key stakeholders who should be involved? • who will be the MECC champions? • how will you identify and engage them? • do you need MECC meetings? Should they be face to face or virtual? Who will attend and how often do meetings need to happen? 	<p>See the HEE Wessex MECC guidance and toolkit section on implementing MECC</p> <p>Midlands and East MECC tools including MECC Briefing and presentation on what MECC is http://learning.wm.hee.nhs.uk/resource/making-every-contact-count</p>		

Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>4. Identifying resources Identify what resources are needed and available to support implementation. For example:</p> <ul style="list-style-type: none"> • time • budget • staff capacity for training • how will training be delivered? (eg, delivery using a train-the-trainer model; at face-to-face workshops; or distance learning) • facilities and equipment needed? Eg, rooms, laptops, etc. • physical areas where staff work, eg, are there any barriers to holding healthy conversations? 	<p>Refer to the training section of HEE Wessex MECC guidance and toolkit</p>		
<p>5. Infrastructure – systems and processes Consider what systems and processes are required to embed MECC and whether the existing infrastructure can be modified to support staff. How can MECC be embedded and sustained long term? Issues to consider include:</p> <ul style="list-style-type: none"> • activity and outcome monitoring – how will you know how many healthy conversations have taken place? 	<p>See the HEE Wessex MECC guidance and toolkit, eg, data collection template, and outline of briefing sessions.</p> <p>Other suggestions include considering MECC as a regular team meeting agenda item; including in relevant PDP or appraisals; within staff updates; on staff intranet; or in newsletters.</p> <p>Case studies of how MECC has been implemented are available via</p>		

<ul style="list-style-type: none">• can you integrate monitoring forms into existing systems? If so, how?• how will the referrals and signposting to other services be managed? who will be responsible for collating the information on services to signpost to? how will you monitor signposting/referrals?• will MECC be an agenda item at team meetings or at one-to-one meetings with staff? How can support be made available to staff when required, eg, via information displayed in organisational surroundings and staff intranet?• can MECC be written into organisational policies, processes and procedures? Can MECC link with or build on existing projects or initiatives within the organisation?• can reporting on MECC activity be incorporated into existing core annual reports?• can all new staff be trained in MECC? can MECC training be part of an induction programme?• can MECC be included in job descriptions, person specifications or as part of organisational codes of practice, or outlines of professional duties?• consider how MECC activity can	<p>http://learning.wm.hee.nhs.uk/resource/making-every-contact-count and a new repository of case studies will be announced via www.hee.nhs.uk during 2016</p>		
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<p>be captured and reflected during staff appraisals, eg, via a MECC KPI. Can your organisation consider role-modelling with a MECC champion?</p> <ul style="list-style-type: none"> consider activity to support self-wellbeing for all staff 			
Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>6. Staff readiness and engagement Consider how staff can be engaged, empowered, and their inside knowledge used to maximize opportunities to promote health and wellbeing.</p> <ul style="list-style-type: none"> which workforces will be identified to be trained and engaged in MECC delivery? what criteria will be used to determine which teams/groups/departments are selected? how will teams/groups/departments be recruited? how can staff be engaged from the beginning to support the implementation and to sustain MECC? what can staff do to support the process of implementing MECC? Eg, questionnaires for staff/ 	<p>See the HEE Wessex MECC guidance and toolkit for resources and templates to support MECC staff engagement within your organisation</p> <p>In addition, implementation resources from NHS Midlands and East are available via http://learning.wm.hee.nhs.uk/resource/making-every-contact-count</p>		

<p>suggestion boxes or input into forms and systems/processes</p> <ul style="list-style-type: none"> • how can staff assist with the identification and understanding of departmental pressures/barriers and the opportunities to embed MECC? • is a facility available for staff to share their challenges and learning from providing healthy conversations? 			
Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>7. Implementation – training MECC is about organisational change and workforce development. Use this section to plan to prepare staff to MECC.</p> <ul style="list-style-type: none"> • what knowledge and skills do staff have already? How will you identify these and any gaps? • how will the training be implemented? How will you accommodate roles/shift patterns, etc? • training the trainers – who will become trainers? • how will staff be introduced to MECC? • how will staff be trained? E-learning for knowledge and face 	<p>See the HEE Wessex MECC guidance and toolkit chapters:</p> <ul style="list-style-type: none"> • train the trainer model • orientation session • e-learning • healthy conversation skills (HCS) • HCS training manual • peer observation HCS manual <p>MECC training quality marker checklist available via the publications section of the PHE website</p>		

<p>to face healthy conversation skills training delivery. How will it be contextualised to fit with staff roles?</p> <ul style="list-style-type: none"> • how will training be evaluated? • in addition to the initial training are subsequent skills practice or training opportunities identified for staff? 			
Action point	Activity and tools you may wish to use	Indicate: Achieved Part achieved or Development area	Action required to implement MECC within team/service/organisation
<p>8. Review and evaluation To ensure that MECC implementation has been effective, it is essential to monitor and review the process, outcomes and impact of activity in order to improve future delivery.</p> <ul style="list-style-type: none"> • how will you know whether the systems for monitoring progress are effective? • how will you provide evidence of impact? • will you capture outcomes from patients/clients where possible? • will this include assessing the impact of MECC on patients/clients' levels of motivation and outlook for health related behaviour change? Eg, what action did they take following the 	<p>See the HEE Wessex MECC guidance and toolkit for templates and examples of evaluation</p> <p>A MECC evaluation guide and logic model is planned for 2016, and will be available via the publications section of the PHE website. This will include sample indicators and activities to be adapted and used locally.</p> <p>In addition, the following Health Trainer Programme resources may be useful and can be accessed here:</p> <ul style="list-style-type: none"> • values for health trainer services evaluation tool • benchmarking of services tool 		

<p>MECC intervention/healthy conversation?</p> <ul style="list-style-type: none">• have you considered using the friends and family test to capture feedback on MECC?• how will you capture feedback on uptake of referrals?• are there wider benefits beyond helping service users/patients/clients?<ul style="list-style-type: none">○ staff health and wellbeing, staff sickness levels○ staff feedback○ cost savings, monitoring of outcomes○ credibility of the benefits• who do you need to keep informed, of what and how? How will you report and share the benefits and findings with others? <p>WHAT NEXT</p> <ul style="list-style-type: none">• how will you further cascade MECC?• which other teams within and outside your organisation could take MECC forward?			
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- John Battersby, consultant in public health, CKO, PHE
- Sarah Jewell, public health project manager, MECC, Kent, Surrey and Sussex
- Jane Beenstock, consultant in public health, Lancashire Care NHS Foundation Trust
- Rachel Isba, acting consultant in paediatric public health medicine, North Manchester General Hospital
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- Jude Stansfield, consultant in public health, mental health and wellbeing, PHE

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