

# Making Every Contact Count (MECC)

## *Project Evaluation Examples*

### What is MECC, what is the aim and purpose?

Making every contact count (MECC) is a large scale behaviour change programme aiming to reach as many people as possible with key health messages and to spread vital public health messages amongst the general population. The purpose being is to create a healthier population; reduce NHS costs; improve health outcomes and reduce health inequalities.

### Resources

#### Websites

Salford partnership: <https://www.makingeverycontactcountinsalford.org.uk/default.aspx>

### Examples of evaluations

The following table details MECC examples, the methodology employed and the outcomes of the projects.

Where	Methodology	Outcome
<b>Birmingham Children's Hospital</b>	<ul style="list-style-type: none"><li>• Every Contact Counts training delivered to staff</li><li>• Health promotion questions in admission documentation</li><li>• Audited progress</li><li>• Clarified pathways for referral</li><li>• Developed staff health initiatives</li><li>• Worked with internal colleagues (e.g. catering providers)</li><li>• Improved relationships with community colleagues</li><li>• Raised the Health Promotion profile in a variety of ways using media, IT, posters and events</li><li>• Key senior staff informed with progress</li></ul>	<ul style="list-style-type: none"><li>• Board level commitment that makes a real impact</li><li>• Over 120 staff have had training which evaluated positively showing improved knowledge and confidence in giving brief advice</li><li>• Most staff involved in face to face training engaged in discussion about staff health as a secondary outcome</li><li>• Small numbers of referrals to external lifestyle services but this is beginning to increase</li><li>• Increased demand and uptake of lifestyle services for staff</li></ul>

## **Cambridge University Hospitals**

- Commissioner secured the support of a senior manager and key clinicians to implement project
- Funded Project Co-ordinator recruited from existing Addenbrookes's 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
- 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

**Derbyshire  
Community  
Health Services**

- 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 the 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
- 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

**Derbyshire  
Healthcare  
Trust**

- Training sessions delivered
- 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
- 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

**NHS  
Hertfordshire**

- Smoking Cessation was a CQUIN 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)
- 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](http://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

**University of  
Hospitals of  
Leicester**

- 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
- 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

**Leicestershire &  
Rutland Sport**

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

**Northamptonshire Healthcare**

- 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
- A data collection sheet was devised 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
- 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

**Nottingham City Care Partnership**

- The approach was not direct as the staff would see this as yet another task on top of their current workload which could cause resistance. Following a meeting with each team manager, the initial session became 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
- 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

## **Sandwell PCT**

- 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
- 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

## **Solihull PCT**

- 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
- 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

## **St Andrew's Healthcare**

- 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'
- 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

## **Staffordshire Public Health**

- 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 liaised 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
- 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

## **Telford PCT**

- 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
- 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

## **West Lindsey District Council**

- Provide MECC training to West Lindsey District Council (WLDC) staff and wider partner organisations
- Flexible approach: 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
- 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/Motiv8links with the proposed West Lindsey Health and Wellbeing Workforce Strategy

