Make Every Contact Count Background

Making every contact count (MECC) is about helping to enable change, both within organisations and with individuals, reaching as many people as possible with key health messages, and to guide individuals to support and help. The purpose is to create a healthier population; reduce NHS and social care costs; improve health outcomes and reduce health inequalities.

The aim of the Kent Surrey and Sussex (KSS) MECC approach is to support public facing workers to "make every contact count". It is about using opportunities to maintain or improve mental and physical health and wellbeing and having a healthy conversation either as a *very brief intervention* or a slightly more developed *brief intervention(s)* and signpost.

NICE guidance *Behaviour change: general approaches*[1] offers direction to those helping people to change their behaviour to improve their health. A core recommendation is to provide training and support for those involved in changing people's health-related behaviour so that they can develop a full range of competencies. It is from this document that MECC evolves. Although innovations were developed by a number of localities, MECC's origins are in work done by NHS Yorkshire and the Humber in 2009, which aimed to ensure that NHS staff used every opportunity to help patients and visitors make informed choices about their health related behaviours, lifestyle and health services. By using a Prevention and Lifestyle Behaviour Change Competence Framework[2] NHS staff could be supported to develop knowledge and skills in addressing the health and wellbeing needs of the local population in the following areas: long term conditions; smoking; falls prevention; alcohol abuse; obesity management; medicines management; physical health; and mental health and emotional wellbeing. Other areas have since driven MECC too and now MECC is common across the UK.

Policy Drivers

Much policy and guidance has been published over the decades that attempt to improve the nations' health and wellbeing. This section aims to present some of the key documents which have

had, or continue to have a driving force behind MECC. For further information please follow the links at the end of the paper.

Department of Health 2004: Choosing Health[3]

This document promotes the NHS as a health promoting service, health improvement and prevention service, supporting individuals in the healthy informed choices that they make. It also emphasises the need to develop training and support for all NHS staff to develop their understanding and skills in promoting health

Department of Health 2006, Our Health, Our Care, Our Say[4]

The *Our Health, Our Care, Our Say* White Paper set out a vision to provide people with social care and NHS services in the communities where they live, with NHS services being more responsive to patient needs and preventing ill health by promoting healthy lifestyles.

Fair Society Healthy Lives: The Marmot Review: 2010[5]

Published in 2010 and exploring health inequalities, this document showed a social gradient in health – the lower a person's social position, the worse his or her health. The report recommended action should focus on reducing the gradient in health and outlined six policy objectives, including the need to strengthen the role and impact of ill-health prevention.

Department of Health 2010: Healthy Lives, Healthy People [6]

This document signalled reforms that resulted in public health becoming a local authority responsibility from April 2013, and established Public Health England. Its core proposals attempted to address the root causes of poor health and wellbeing and create a 'wellness' service by reaching out to the individuals and families who need the most support by making public health more responsive, resourced, rigorous and resilient.

NHS Future Forum 2012: The NHS's Role in the Public's Health[7]

The Forum's report on public health puts MECC at the heart of how it believes the NHS can do more to improve the health and wellbeing of the nation. The document outlines some of the small steps every person working in the NHS can take to make a difference to the health and wellbeing of people they come into contact with.

Public Health England 2013: Nursing and Midwifery Contribution to Public Health Improving Health and Wellbeing[8]

This document indicates that public health is the business of every nurse and midwife, and shows how nurses and midwives can influence health improvement. It emphasises the opportunity nurses and midwives have to make every contact count. The philosophy within the document is that health is not about giving care but also helping people, families and communities maximise their wellbeing, improve health outcomes and reduce inequalities.

Department of Health 2014: Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality[9]

This publication provides a national road map of the actions to support the reduction of early death. It is a reference document highlighting ideas for local action, but advocates:

- Workforce development
- Make Every Contact Count

NHS England 2014: Five Year Forward View[10]

This document recognises the improvements to health that have occurred in recent years, but acknowledges that current pressures and strain due to demographic changes and levels of some disease, such as cancer and mental health, means the current NHS approach needs revision. It emphasises prevention of ill health and disease and helping people live healthier lives. The state the NHS will also become part of national action on obesity, smoking, alcohol and other major health risks. Finally it argues the NHS workforce will be helped and supported about its own health and lifestyle.

Healthy Conversations and the Allied Health Professionals[11]

In a joint report from PHE and RSPH APH's were surveyed about their attitude and commitment to MECC an overall willingness to engage in healthy conversations was found. However, AHPs identified several challenges to doing this in practice including their confidence to initiate a conversation, particularly if it is about an issue not directly connected to the reason they are seeing a client; pressures on time; the need to gauge the appropriate time within the clinical relationship to initiate a conversation; and the lack of easily accessible information about local services and community assets to support signposting. The report concluded embedding healthy conversations into the work of the whole AHP workforce needs a systematic approach focusing on commissioning agreements, provision of training, support from employers and easy access to local information to support signposting.

The NHS Outcomes Framework[12]

This document sets out the overall vision for the NHS outcomes the government wants to see achieved and outlines five domains summarising the responsibilities of the NHS, three of which shows MECC's place on the NHS agenda:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury

Public Health Outcomes Framework [13]

This document sets out the overall vision for public health and the outcomes the government wants to see achieved and concentrates on:

- Increased healthy life expectancy
- Reduced differences in life expectancy
- Healthy life expectancy between communities

Professional Registration/Training

Key to MECC is organisational and staff commitment. Professional practice within health and social care is based a number of competencies and/or behaviours which MECC relate too. Below is a snapshot of workforces that have a role within making every contact count. Many health and care workforces have professional competencies that have been mapped against key *Skills for Health* competencies and include standards that relate to core MECC skills for example:

- HT2 Communicate with individuals about promoting their health and wellbeing – knowledge and skill
- CHS174 Advise and inform others on services

For further information about specific staff groups please visit the Health and Care Professions Council website

UK Nursing and Midwifery Council[14]

Domain/Standard	**Competencies for entry to the register (for all fields of nursing)**
Domain 2: Communication and Interpersonal Skills	"All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication."
Domain/Standard	**Competencies for entry to the register (midwives)**
Domain 1: Effective midwifery practice	"Actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved."
Domain/Standard	**Standards of proficiency for specialist community**

	public health nurses
Domain 2: Stimulation of awareness of health needs	“Communicate with individuals, groups and communities about promoting their health and wellbeing.” “Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.” “Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate”

Standards of Proficiency for Social Workers in England[15]

Domain/Standard	Competencies
Domain 1: Professionalism	“With support, take steps to manage and promote own safety, health, wellbeing and emotional resilience.”
Domain 4: Rights, Justice and Economic Wellbeing	“Recognise the impact of poverty and social exclusion and promote enhanced economic status through access to education, work, housing, health services and welfare benefits”

Other staff groups, although not governed by national competencies have national training approaches that include *Skills for Health* standards that relate to core MECC skills for example:

- The RCN First Steps for Health Care Assistants have developed a programme for self-directed learning
- Troubled Families Programme health skills training

Evidence for MECC

It is beyond the scope of this document to offer a full evidence review. Rather than attempt to assess the literature revolving around behaviour change, brief interventions and specific lifestyle topics a broader overview will be offered covering:

- Health messages and behaviour change
- Training staff to develop MECC skills
- Evaluations of MECC

Health Messaging and Behaviour Change

Evidence of health-related behaviour change resulting from messages given by staff is limited. However, there is consensus within the literature that the manner in which behaviour change interventions are delivered will impact significantly on their effectiveness. Powell and Thurston (2008) suggest careful consideration needs to be given to the setting, personal circumstances of recipients of interventions, staff attributes and the process of delivery[16].

There is some evidence that brief advice can be effective in increasing physical activity levels[17] and much of the published evidence features primary care and concentrates on alcohol[18 19], smoking[20] and physical activity rather than a range of lifestyle issues. There have been some reported examples of brief advice or brief intervention being used with dentists and dietians[Error! Bookmark not defined.], within pharmacies and with Allied Health Professionals (AHPs)[11]. A review undertaken in 2010 focussing on behaviour change intervention encouraging people to quit tobacco use, to reduce heavy alcohol use, to encourage physical activity and to encourage healthy eating (excluding diets for weight loss)[21] concluded:

1. Advice from health professionals and nurse-delivered interventions aimed at known smokers showed a positive effect. Interventions to promote smoking cessation or smoking reduction with pregnant women are generally effective indicating that pregnancy may be a point in the life course when positive behaviour change can be achieved
2. Physical activity interventions based on professional advice and guidance (with continued support) found some evidence of moderate effectiveness in the short term (less than three months) in increasing physical activity
3. There is evidence of a small positive effect of brief behavioural interventions in reducing alcohol intake. The authors cite a 2008 Cochrane review of brief interventions delivered to people attending primary care (1-4 sessions) that found that, overall, such interventions lower alcohol consumption
4. Diet or healthy eating interventions aimed at adults suggested there is some but limited evidence of a positive effect of stage of change based lifestyle interventions delivered to a primary care population. There is also some evidence of an effect from interventions aimed at increasing fruit and vegetable intake in children aged 4-10 years and interventions for youth aged 11-16 years.

A recent review to assessing the effectiveness of advice from physicians in promoting smoking cessation suggested simple advice has a small effect on cessation rates by increasing quitting by a further 1 to 3%[20]. A further review concerning nurse-delivered interventions found limited indirect evidence that interventions were more effective for hospital inpatients with cardiovascular disease than for inpatients with other conditions. Some interventions in non-hospitalised adults also showed evidence of benefit[22]. Similarly a review of physical activity found interventions including written materials and advice or counselling delivered in person or by telephone on multiple occasions by health professionals in primary care leads to a small to medium improvement in self reported physical activity[17]. The National Obesity Observatory briefing paper *Brief Interventions for Weight*

Management[23] suggest brief interventions, defined as those that are limited by time and focused on changing behaviour – often to a few minutes per session, can lead to at least short-term changes in behaviour and body weight if focussed on both diet and physical activity, using motivational interviewing (MI) -consistent strategies and incorporate behavioural (especially goal-setting and self-monitoring) techniques. However, the focus of this paper is on intervention conducted in settings such as primary care.

There is a dearth of literature describing the effectiveness of brief advice around lifestyle behaviour change amongst non-health staff.

Training Staff to Develop MECC Skills

Much of the evidence focussing on MECC has concentrated on the training outcomes of programmes. There is good evidence to support the effectiveness of training in improving performance of behaviour change interventions and use of credible experts as trainers is more likely to encourage receptiveness to the ideas presented[16]. Data from one recent study suggests that health and social care practitioners can be trained to use communication skills to support behaviour change as a brief intervention and training changed staff practice in the short, medium and long term[24]. A Health Champion initiative in Sunderland aimed to improve health and address inequalities by piloting of a workforce development scheme around the idea that "every contact is a health improvement contact". Evaluation reported the programme had a positive impact on the health and well-being of training recipients. Health Champions reported heightened awareness of the effects of their own lifestyle choices and discussed the improvements in their own levels of confidence and self-esteem as a result of the training received[25].

The literature suggests that there is some resistance amongst professionals towards delivery of behaviour change interventions, due to a range of perceived barriers to successful implementation[16]. These include:

1. Damage to professional relationship with service users
2. Expectation of poor success
3. Lack of incentives e.g. financial reward
4. Lack of organisational support for interventions
5. Lack of knowledge and/or skill

Evaluations of MECC

One evaluation of the Prevention and Lifestyle Behaviour Change Competence Framework and MECC suggests it is an opportunity to align frontline staffs activities to a health improvement

agenda[26]. This study was principally concerned with the structural and process barriers and aids to MECC training and implementation but did suggest some impact. Worcestershire Acute Hospitals NHS Trust in response to NICE and Making Every Contact Count implement a lifestyle screening tool within the out patients clinic, be able to offer signposting and an opportunistic Brief Intervention (BI) service. A gastroenterology outpatients clinic used a 'lifestyle' screening tool using the AUDIT-C to assess alcohol use and smoking status. Although limited to these lifestyle topics data suggests that lifestyle screening is achievable and acceptable in an outpatients setting although no measure of outcome was reported[27].

The Every Contact a Health Improvement Contact (ECHIC) programme in South Tyneside aimed to:

- Equip staff that primarily do not come from a health care background to provide opportunistic brief advice or signposting advice on a range of lifestyle related health and wellbeing issues
- To make all workplace encounters, where possible and practicable, a health improvement contact
- To contribute towards a major cultural shift so health conversations become part of everyday normal practice

A recent evaluation[28] found:

- 1,230 staff and 200 staff from partner organisations have now participated in the training programme
- The total number of council staff trained represents 35% of the workforce (n=3,500)
- Some impact on staff lifestyle following participation in the ECHIC training programme
- Staff from local Children's Centres have introduced smoking cessation support for parents into their venues
- But no conclusion of impact on health across communities or individuals was reported

Health Education Wessex developed a pilot study of MECC in NHS and other settings to gain understanding around introducing and implementing in diverse settings and where differing types of contact with the public occur. In particular the pilot aimed to take an organisational development approach to the implementation focusing on:

- Organisational Readiness: Support senior buy-in and board level sign-up to MECC in order to ensure strong leadership
- Staff Readiness: Support managers and service leads to champion and implement MECC by providing them with a development programme which will enable them to understand MECC, their role in implementation and support their staff to deliver MECC
- Training: The delivery of training to frontline staff who will be equipped to help individuals to explore issues and identify solutions and plan for change, give brief advice and signpost to other services where necessary.
- Again changes due to MECC amongst local communities was not featured

The evaluation report suggested:[29]

- Staff stated finding adequate time for the training was the biggest obstacle. The need to reduce it to achievable chunks, customise it to service needs, and wrap around other important knowledge about health issues and the services available was paramount
- Recording and referral systems were probably the least satisfactory organisational issues across all sites and settings.
- The introduction of MECC was reported by staff as improving job satisfaction, increasing professional empathy, providing team bonding, and having a positive effect on organisational culture.
- Staff felt background information on MECC, some behaviour change theory, and healthy lifestyle information (relevant to role) was valuable, but if possible should be delivered in a team setting

Numerous case studies are available that outline the benefits of MECC[30] [31] [32] [33] in terms of the opportunities MECC has for health improvement, workforce development and reported uptake of lifestyle services.

1 NICE (2007 and 2014) PH6 Behaviour change: general approaches

2 Yorkshire and the Humber NHS (2010) Prevention and Lifestyle Behaviour Change Competence Framework

3 Department of Health 2004: Choosing Health

4 Department of Health 2006, Our Health, Our Care, Our Say

5 Fair Society Healthy Lives (The Marmot Review, 2010)

6 Department of Health(2010) Healthy Lives, Healthy People

7 NHS Future Forum (2012) The NHS's Role In The Public's Health

8 Public Health England 2013, Nursing and Midwifery Contribution to Public Health Improving Health and Wellbeing

9 Department of Health 2014, Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality

10 NHS England (2014) Five Year Forward View

11 Public Health England and Royal Society of Public Health Healthy Conversations and the Allied Health Professionals

12 The NHS Outcomes Framework

13 Public Health Outcomes Framework

14 UK Nursing and Midwifery Council

15 Standards of Proficiency for Social Workers in England

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28 Public Health South Tyneside Council Every Contact a Health Improvement Contact Report Summary Overview 2013 – 2015

29 Dewhirst, S., & Speller, V. (2015). WESSEX MAKING EVERY CONTACT COUNT (MECC) PILOT

30 LGA (2014) Making every contact count: Taking every opportunity to improve health and wellbeing

31 Warwickshire Public Health (2012)

32 West Midlands HEE (2012)

33 NHS England Making Every Contact Count (MECC) *Project Evaluation Examples*