



Public Health
England

NHS

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. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 | www.gov.uk/phe | Twitter: [@PHE_uk](https://twitter.com/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](https://twitter.com/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



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published July 2018

PHE publications

gateway number: 2018226

PHE supports the UN

Sustainable Development Goals



Contents

About Public Health England	2
About Health Education England	2
Introduction	4
MECC definition	6
Core MECC definition	6
Broader MECC definition (MECC plus)	6
Eight steps diagram: for planning and implementing MECC	7
Actions and activity checklist	8
Acknowledgements	17

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 which can be [found online](#). 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 to 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, along with other resources, [online](#).

Organisational benefits

Implementing MECC across an organisation has been most successful when there has been clear support from senior leaders. There are a number of organisational benefits from the MECC approach that will be important to reflect on when engaging senior leaders as part of implementation.

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 integrated systems perspective, MECC can provide a useful tool to facilitate discussions on how behaviour change activity can be supported and undertaken across the whole care pathway. 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 also assist organisations in meeting responsibilities towards their workforce, 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 and is a means for improving health across the local population. For example, when tackling access to healthier food options or providing advice on adopting 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 are intended to help to prompt discussion and reflection and when answering them and 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. You may also 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 Public Health England (PHE) [All OUR Health](#) programme provides information on the evidence and measures for impact on a range of health topics relevant to MECC delivery. To support delivery NICE has developed a [MECC guide](#) for integrated care partnerships, to aid navigation of relevant guidance, quality standards, case studies and practical tools.

Review and update

In 2018 this implementation guide was reviewed by stakeholders to ensure it remains current and fit for purpose. Below is an indication of what has been updated since the last publication.

1. All links throughout the document have been checked and updated where required.
2. The MECC Training Quality Marker Tool has also been reviewed and updated in line with this update and the link to the updated version is included [here](#).
3. The MECC Consensus Statement has now been included.
4. The MECC checklist has been amended to include engaging a Board level champion.
5. The MECC checklist now encourages organisations to consider *where* they will signpost people to.
6. Case studies are now available to support implementation
7. A MECC Evaluation Guide is now included.
8. A link to the NHS Friends and Families Test has been included to support its use in practice

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 direct 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</p> <p>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 this link.</p> <p>The MECC consensus statement describes the commitment of organisations to work together to maximise support for population behaviour change, and help individuals and communities significantly reduce their risk of disease.</p> <p>Background and overview of MECC, eg, the NHS England Five Year Forward View (FYFV), Next Steps for the FYFV, Resources for Integrated Care systems, Resources for Sustainability and Transformation Partnerships and resources from the LGA and PHE.</p>		

<p>2. Senior leadership</p> <p>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? • do you have a board level MECC champion? • is there an opportunity to increase senior leadership involvement? If so, who needs to be involved and how? 	<p>HEE Wessex’s MECC guidance and toolkit on organisational buy-in and senior leadership.</p> <p>Relevant e-learning tools such as those from Midlands and East including making the case presentation to senior leaders, and case stories.</p>		
<p>Action point</p>	<p>Activity and tools you may wish to use</p>	<p>Indicate: Achieved, Part achieved or Development area</p>	<p>Action required to implement MECC within team/service/organisation</p>
<p>3. Planning</p> <p>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 and monitoring an action plan) in the organisation and teams? • do you need to form a ‘MECC implementation 	<p>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.</p>		

<p>team from across the organisation to lead the programme?</p> <ul style="list-style-type: none"> • who are the key stakeholders who should be involved? • who will be the MECC champions? • how will you identify and engage stakeholders and champions? • do you need MECC meetings? Should they be face to face or virtual? Who will attend and how often do meetings need to happen? 			
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</p> <p>Identify what resources are needed and available to support implementation.</p> <p>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 	<p>Refer to the training section of HEE Wessex MECC guidance and toolkit</p>		

<p>workshops; or distance learning)</p> <ul style="list-style-type: none"> • facilities and equipment needed? Eg, rooms, laptops, etc. • physical areas where staff work, eg, are there any barriers to holding healthy conversations? 			
<p>5. Infrastructure – systems and processes</p> <p>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? • can you integrate monitoring forms into existing systems? If so, how? • how will referrals and signposting to other services be managed? who will be responsible for collating the information on services to signpost to? How will you decide on referral pathways locally? how will you monitor any outcomes of this signposting/referrals activity? • will MECC be an agenda item at team meetings or at one-to-one 	<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>Everyday Interactions toolkit produced by RSPH and PHE may be useful.</p> <p>Case studies of how MECC has been implemented are available.</p> <p>Approaches such as that used by Yorkshire and Humber PH Network in their MECC Link directory of local services could be considered. This approach is relatively low-maintenance and sustainable.</p>		

<p>meetings with staff? How can support be made available to staff when required, eg, via information displayed in organisational surroundings and staff intranet?</p> <ul style="list-style-type: none">• 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 be captured and reflected during staff appraisals, eg, via a MECC KPI. Can your organisation consider role-modelling with a MECC champion?• consider activity to support all staff's own wellbeing.			
---	--	--	--

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</p> <p>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/suggestion boxes or input into forms and systems/processes • how can staff assist with the identification and understanding of departmental pressures/barriers and the 	<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</p>		

<p>opportunities to embed MECC?</p> <ul style="list-style-type: none"> • is a facility available for staff to share their challenges and learning from providing healthy conversations? 			
<p>Action point</p>	<p>Activity and tools you may wish to use</p>	<p>Indicate: Achieved Part achieved or Development area</p>	<p>Action required to implement MECC within team/service/organisation</p>
<p>7. Implementation – training</p> <p>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 to face healthy conversation skills training delivery. How will MECC be put into context to ensure it fits with staff members role? • how will training be evaluated? 	<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>A MECC training quality marker checklist is now available.</p>		

<ul style="list-style-type: none"> • in addition to the initial training are subsequent skills practice or training opportunities and CPD 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</p> <p>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 MECC intervention/healthy conversation? • have you considered using the friends and family test to capture 	<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 now available. This includes 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>feedback on MECC?</p> <ul style="list-style-type: none">• 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?			
---	--	--	--

Acknowledgements

We thank the following contributors:

- The MECC team at HEE Wessex, in particular Claire Cheminade and Em Rahman
- Simon How, health and wellbeing programme leader, PHE East of England
- Mandy Harling, population health service manager, national HCPH team, PHE
- Janet Flint, programme lead, national programmes, HEE
- Margit Veveris, assistant project manager, national programmes HEE
- Sally James, public health workforce specialist, HEE West Midlands
- Alison Farrar, public health workforce manager, HEE
- Katrina Stephens, specialty registrar, medical directorate, NHS England
- Josephine Johnson, nursing directorate, NHS England
- Susan Swientozielskyj nursing directorate, NHS England (until December 2015)
- Wendy Lawrence, associate professor of health psychology, Southampton University
- Joanne Bosanquet, nursing directorate, PHE
- Heather Davidson, education and development director, Royal Society of Public Health
- Sue Wild, MECC programme lead, Warwickshire County Council
- Linda Hindle, lead allied health professional, PHE
- Chris French, head of public health and wellbeing commissioning, Essex County Council
- Rachel Faulkner, learning and development manager, Warwickshire County Council
- Judy Curson, deputy director workforce, PHE South East and South West
- Nigel Smith, health and wellbeing team, PHE West Midlands
- Sally Donaghey, workforce development manager, PHE East of England
- Tim Chapman, adult lifestyle manager, adults and older adults team, PHE
- Gul Root, lead pharmacist, PHE
- Julia Csikar, senior dental public health manager, PHE
- Elizabeth Coates, head of research governance RDD, PHE
- Jane Wills, professor, health and social care/primary and social care, South Bank University
- Amanda Healy, director of public health South Tyneside Council and Association of Directors of Public Health representative
- 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
- Helen Donovan, Royal College of Nursing representative
- Denise Thiruchelvam, Royal College of Nursing representative
- Jude Stansfield, consultant in public health, mental health and wellbeing, PHE
- Rachael Gosling, consultant in public health, Liverpool Community Health
- Mike Kelly, professor and senior visiting fellow in the primary care unit, Institute of Public Health, University of Cambridge