



Making Every Contact Count (MECC): quality marker checklist for training resources

For use by organisations that:

- are developing or commissioning MECC training
- undertaking a review of existing MECC training
- develop and provide MECC training resources

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: Simon How, health and wellbeing programme leader, PHE, Nigel Smith health and wellbeing manager, PHE West Midlands, and 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 and scope of this resource	5
Core MECC definition	5
Broader MECC definition (MECC plus)	5
Benefits of MECC	6
Scope of this resource	6
Quality markers checklist for training resources	7
Acknowledgements	12

Introduction

Training resources for staff are a key element of a Making Every Contact Count (MECC) programme. The success of a MECC programme will depend on the quality of the training and on sustaining the competence and confidence of staff to deliver the key messages and information to the public. It is also important that those delivering MECC are able to signpost people to appropriate local services and where possible facilitate contact with these services.

Training in itself does not deliver a successful MECC programme but forms part of a wider programme of system leadership, organisational and staff readiness and public awareness. These elements are addressed separately in a MECC Implementation guide available via the MECC practical resources section of the [PHE website](#).

During the scoping of this work, it became apparent that a wide range of organisations in the public and voluntary sector have developed MECC training resources to meet the needs of their staff and clients. There is also a range of delivery methods for training from online e-learning packages to face to face training sessions. These resources have been collated and a catalogue of available resources is available via the [Health Education England website](#). This self assessment checklist has been developed to support organisations in implementing and sustaining MECC programmes. It has been designed to be simple, providing organisations with a set of quality markers when developing new training materials and to evaluate existing training against. It also seeks to highlight where changes or additions could be made to enhance the training.

In addition to these MECC resources, 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. Additionally, the RSPH resource [Everyday Interactions Toolkit](#) may be helpful when considering local impact in relation to MECC.

MECC definition and scope of this resource

Core MECC definition

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions 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 to by NHS England, Health Education England (HEE) and Public Health England (PHE) in the Five-Year Forward View. This 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.

In April 2016, a number of organisations signed up to the [MECC consensus statement](#), which outlined their commitment to working together to maximise support for population behaviour change and help individuals and communities significantly reduce their risk of disease.

Broader MECC definition (MECC plus)

It is recognised that partner organisations such as local authorities may adopt a broader definition 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 to direct them to services that can provide support. This may lead to specific training requirements that are not included within the scope of this general checklist and organisations may wish to add additional

quality markers to reflect 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](#).

Benefits of MECC

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. The core elements of the MECC approach focus on stopping smoking, increasing physical activity, reducing alcohol consumption, maintaining a healthy weight and diet, and promoting mental health and wellbeing. This is combined with knowledge of local services and how to help people access those services.

For organisations engaged in health and care, the MECC approach provides an effective way of meeting organisational responsibilities for improving the public's health. To enable this requires organisations to make a commitment to include the MECC approach as part of their core business with clear senior leadership buy-in. This will require not just the delivery of staff training and support, but also relevant infrastructure, organisational and cultural factors to be in place.

Scope of this resource

The following pages provide the quality markers and check list that organisations may wish to use to assess their MECC training programmes or to use as guide to develop a new training package. A scoring system has also been included to give users an indication of areas that may require change or development. There are 10 quality markers and a set of quality indicators for each marker.

Users of the checklist are advised to consider how their training programme matches each marker and set of indicators, and to decide if the marker is fully met, partially met, in development or not met and to assign a score of 3, 2, 1 or zero respectively. The total maximum score is obtainable is 30. An action planning box has been included for users to complete and links to supporting resources have been provided.

Update of resource

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. Models for behaviour change have been included
3. Models and guidelines for the 5 core elements of MECC have been updated

Quality markers checklist for training resources

Quality marker	Indicators of quality – what needs to be in place to meet the quality marker	Your assessment Fully met = 3 Partially = 2 In development = 1 Not met = 0	Your action plan to reach fully met
Context of the training: why MECC?			
<p>1. The training demonstrates the impact that MECC can have at an individual and population level.</p> <p>Link: Public Health Outcomes Framework</p> <p>Link: NICE guidance PH49 - Behaviour change: individual approaches</p> <p>If using a generic MECC training package it is recommended that local context and data is included.</p>	<p>Training includes key statistics on population levels of unhealthy behaviours and related incidence of non-communicable disease, at a local level where possible. Training demonstrates the impact of positive lifestyle behaviour change at an individual level.</p>		
<p>2. The training enables learners to understand how MECC fits into their role and the core business of the organisation they work for.</p> <p>Link: NHS Five-Year Forward View</p> <p>Link: Next steps on the NHS Five-year Forward View</p>	<p>Training explains public health responsibility of the organisation and the employee's role. Makes reference to relevant national/local policies, eg, five-year forward view, local health and wellbeing strategy.</p>		

Skills and knowledge: how to deliver MECC			
<p>3. The training includes a brief introduction to behaviour change theory.</p> <p>Link: Understanding behaviour change</p> <p>Link: Behaviour change wheel</p>	<p>Course material includes the basics of behaviour change theory with a focus on dual process models,¹ eg, COM-B within the behaviour change wheel and PRIME theory.</p>		
<p>4. The training includes the five core elements of MECC.</p> <p>Link: Stop smoking models</p> <p>Link: Physical activity guidelines</p> <p>Link: Alcohol guidelines</p> <p>Link: All our health guidance on health improvement</p> <p>Link: Mental Health promotion</p>	<p>Course material includes:</p> <ul style="list-style-type: none"> • stopping smoking • increasing levels of physical activity to meet Chief Medical Officer guidelines • reducing/maintaining alcohol consumption to within recommended levels • maintaining a healthy weight and diet • promoting mental health and wellbeing² 		
<p>5. The training is consistent with the latest advice on following a healthy lifestyle.</p> <p>Link: NHS Smokefree</p> <p>Link: NHS 5 a day</p> <p>Link: NHS Eat Well Plate</p>	<p>Training includes latest guidance on:</p> <ul style="list-style-type: none"> • stopping smoking • healthy diet, eg, five a day, eat well plate, recommended sugar and salt daily levels • healthy weight, eg, BMI and waist 		

¹ www.bristol.ac.uk/cubec/themes/

² Further information can be found in the PHE public mental health leadership and workforce development framework www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

<p>Link: Eat Well - Salt</p> <p>Links: Healthy Eating</p> <p>Link: NICE Guideline NG7 – Prevention excess weight gain</p> <p>Link: 5 ways to mental wellbeing</p> <p>Link: Alcohol support</p> <p>Link: Everybody Active Everyday</p> <p>Link: Physical activity guidelines infographics</p>	<p>circumference</p> <ul style="list-style-type: none"> • recommended levels of physical activity, CMO’s guidelines • recommended weekly alcohol limits³ • five ways to wellbeing 		
<p>6. The training provides advice on how to start conversations on healthy lifestyle behaviours.</p>	<ul style="list-style-type: none"> • the training provides tips on how to recognise opportunities to start conversations and also when it may not be the best time to raise healthy lifestyle issues with an individual • training includes an overview of the ask, assess, advise, and assist approach. It provides tips and examples on asking open questions, active listening and how to respond to answers • this may include role play during training or video examples of good and less successful practice 		

³ www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

<p>7. The training provides information on local services to enable appropriate signposting.</p>	<p>Information on how to contact local services is provided to attendees, either to a local single point of contact or for each service, eg,</p> <ul style="list-style-type: none"> • stop smoking service • weight management service • alcohol treatment service • improving access to psychological therapies (IAPT) service • physical activity services including exercise referral • a mechanism is in place for keeping service contact details up to date 		
<p>Evaluation: is it working?⁴</p>			
<p>8. There is an evaluation process in place for assessing the effectiveness of the training programme.</p> <p>Link: MECC Evaluation Framework</p>	<ul style="list-style-type: none"> • evaluation demonstrates whether learning outcomes have been met by trainees • post-training evaluation is undertaken and analysed to assess trainee satisfaction and usability • evidence of changes being made in response to user feedback • a system is in place to capture information on the numbers and staff groups trained 		

⁴ Organisations are recommended to assess the effectiveness of their MECC delivery, ideally including a review of participants' understanding on how they are putting any MECC training into practice. This is addressed in the MECC Implementation guide available from the [publications section of the PHE website](#)

9. Staff competence and confidence to deliver MECC is assessed.

- pre and post-training surveys assess trainees' competence and confidence to deliver MECC
- follow up support is available for staff who do not feel competent or confident to deliver MECC
- a process of recording attendance or completion of online training is in place

10. Staff trained in MECC are able to refresh and update their training on a regular basis.

- a system is in place to provide staff updates on course content, eg, changes in service provider contact details or in lifestyle advice
- staff can access refresher training or repeat the training regularly

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