



Making Every Contact Count

Evaluation Report 2014-2015



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Summary

Making Every Contact Count is a way that can support Local Governments to improve the health and wellbeing of the population it serves along with the health and wellbeing of its own workforce. Public Health teams across England are approaching MECC in different ways and with different degrees of investment.

Making Every Contact Count (MECC) aims to make the most of every day opportunities to support people to improve their health and well-being. Everyday there are millions of potential opportunities to have conversations around encouraging healthier lifestyles. MECC is a vehicle that can support people to do this. In order for these conversations to be beneficial front line workers need to have the expertise, confidence and knowledge to deliver messages around healthy lifestyles in an effective way.

This reports shows how MECC has been approached in Milton Keynes, it aims to identify good practice locally and share the story of MECC to date in Milton Keynes. It also aims to evaluate the training programme utilised locally and examine the effectiveness of the approach. The challenge around MECC in Milton Keynes and across England is demonstrating its measurable impact and keeping the importance of MECC on the agenda within all organisations.

In order to truly harness the potential of MECC to have a positive impact on the health of the populations, MECC needs to be part of a whole systems approach championed at all levels of an organisation and part of a wide comprehensive approach to supporting health and wellbeing.

There is further potential to develop MECC in Milton Keynes and this report recommends key actions to support this. It calls for a clearer national steer on MECC, support at senior levels within all local organisations and for continued investment in MECC locally to support the health and well-being of the Milton Keynes population.

Key Recommendations and next steps for Milton Keynes

Key Recommendations

1. Continue to invest in MECC through a small budget to support training and local implementation and evaluation. MECC is a relatively 'low cost' programme that can support population level behaviour change.
2. Develop the model of the MECC implementation board to drive the local MECC agenda further in Milton Keynes with commitment from key organisations.
3. Create a supported network of MECC champions at all levels that can locally drive MECC from within organisations and communities.
4. Look at the different options for the future of MECC training including an e-learning package and mandatory training programmes.
5. Use MECC as a tool for improving staff health and wellbeing by making MECC a clear part of any workforce development programmes. Simply taking part in MECC training can lead to changes in behaviour for some staff.
6. Explore developing MECC to signpost to wider support services in the future for example debt and housing services, working closely with colleagues in Milton Keynes Council.

Introduction

What is Making Every Contact Count? (MECC)

Making Every Contact Count (MECC) is an initiative originally developed by NHS Midlands and East whose ambition it was to utilise human resource to inform and enable people to make positive changes to their life. It is fundamentally about encouraging and supporting people to make healthier choices to achieve positive long-term behaviour change. MECC was driven by the need for systemic change towards proactive prevention and a greater emphasis on addressing the wider determinants of health, such as education, housing or social environment. Treating people without identifying and changing what makes them unwell is costly to all involved.

There are millions of opportunities every day for the NHS to help to improve people's health and wellbeing and reduce health inequalities, but to take this opportunity it needed a different view of how to use its contacts with the public (NHS Future Forum, 2012). A routine dental check-up or eye test, for example, is a chance to offer advice to help someone reduce their alcohol intake. A visit from a midwife or health visitor is an opportunity to talk about a new parent's anxieties and consider options for accessing mental health support. Collecting medication from a pharmacy is a chance to offer someone help with stopping smoking. A pre-surgery check-up is an opportunity to talk over concerns about smoking, diet and physical activity. (NHS Future Forum 2012)

MECC is a long-term strategy that aims to help create a healthier population and reduce NHS costs. To do this, organisations need to build a culture and operating environment that supports continuous health improvement through the contact it has with individuals. MECC is about a 'whole system' approach which enables all staff working with the public to signpost and provide information on a wide range of services that can improve people's health. (An implementation guide NHS, 2009). MECC can lead to improvements in people's health and wellbeing, reduce avoidable premature mortality linked to poor lifestyle choices, reduced health wellbeing and help people manage long term conditions (LGA, 2014).

The responsibility of MECC spans a range of strategic and operational roles across commissioning and provider organisations. Commissioners can encourage providers to utilise MECC through contracts, payment, incentives and pathway design, and the priorities set for commissioners can reflect this responsibility. Commissioners and providers can build partnerships with non-NHS services to reach people who do not often come into the NHS.

As well as the impact on service users, MECC also has vast potential to improve staff health and wellbeing. MECC can play an important role in improving health in the workplace. Organisations that commit to and support MECC at all levels will see improved health and wellbeing of the population they serve and the staff that deliver that service.

If MECC is to be successful for organisations they need to provide a culture which encourages and promotes prevention and health improvement. It also needs to offer staff a suitable environment and the skills and knowledge to deliver MECC.

Case Study – Milton Keynes Council Neighbourhood employment programme and the wider determinants of health

As part of raising awareness of MECC in Milton Keynes Council a number of briefings took place with different service managers within the council to support future implementation. From these meetings a number of teams were chosen to target for MECC implementation in 2014-2015. One of these teams was the Neighbourhood Employment Programme team. The Neighbourhood Employment Programme (NEP) is a locally developed initiative, designed to support residents into work by providing employability skills through tailored support at job clubs. The NEP is designed to engage unemployed individuals who live across twenty-two regeneration areas in Milton Keynes. Nineteen of these neighbourhoods have been identified as having significant elements of deprivation and high levels of unemployment. A third or more of the population on sixteen of these estates have been defined as being within 25% of the most deprived nationally and have been targeted for support by virtue of their multiple disadvantages. It was felt that the job club advisers were well placed to deliver messages around Health Lifestyles and MECC was a way to support this. It was also discussed that professionals across Milton Keynes often had conversations around health and the wider determinants of health including employment. MECC could also be a vehicle for passing on messages around other relevant support services. A resource card was developed with the NEP. The card had information on the NEP programme and signposting details for job clubs that could be added to the MECC resources given to those who are MECC trained.

Background

National Context

The MECC programme was initiated in the regional strategy Healthy Ambitions (2008) along with Directors' of Public Health workforce strategy which had behaviour change as one of the top three priorities. The programme responded to the need for service and workforce redesign to support workforces to feel confident and competent to deliver appropriate advice and interventions.

In 2012 the NHS Future Forum made the recommendation that every healthcare organisation should deliver MECC and 'build the prevention of poor health and promotion of healthy living into their everyday business.' All organisations responsible for health, wellbeing, care and safety have the opportunity to impact on people's mental and physical health and wellbeing.

80% of heart disease, stroke and type 2 diabetes cases and 33% of cancers could be prevented by following a healthy lifestyle.

The NHS mandate sets out the need for collaborative and partnership working between NHS England, Public Health England, National and local government, the NHS and the CCGs. MECC supports much of the key prevention work that underpins the improvement areas as identified in the NHS Strategic and Operation Planning 2014 to 2019 framework around reducing premature mortality.

MECC contributes to Public Health Outcome indicators, smoking prevalence, excess weight in adults and proportion of physically active/inactive adults.

National Steer & developments

Further development on Making Every Contact Count is happening in 2015 with both Public England and NHS England carrying out further research into the approach. Public Health England (PHE) and Health Education England (HEE) are working together with sector leads to support development of the Making Every Contact Count (MECC) agenda. An advisory group drawn from local authority, NHS England, voluntary sector and academia has been established to support efforts for the development of a workforce confident and competent to deliver MECC. The advisory group will review existing training materials, and establish a set of robust quality criteria for MECC training, to enable providers who are commissioning or developing training, to self-evaluate their courses against these quality criteria. A compendium of robust existing MECC training materials will also be created.

A second advisory group has been established to review the MECC evidence base and good practice examples. The group will be collating case studies and evaluations of MECC programmes from across health, local authorities and the voluntary sectors early in Autumn 2015.

MECC local programmes

MECC implementation differs across England and local authorities. The current picture of development for MECC for Milton Keynes is comparable to other local authorities. Public health teams in councils across England have approached and invested in MECC differently. Levels of investment in MECC vary in different areas. In some areas there is a full time MECC manager or equivalent post whilst others have incorporated MECC coordination into existing roles.

Bedfordshire have worked to train GP practices and other partners who come forward. Their MECC implementation is driven by an interest based approach. In Central Bedfordshire a MECC charter was created for organisations to sign up to. The public health team works with various organisations who signed up to the charter to facilitate training delivery. MECC is been rolled out as either one off sessions or as 'train the trainer' sessions. Typically this has seen General Practice staff, Community Mental Health Teams and voluntary sector organisations trained in the skills to deliver MECC. A focus has also been on Central Bedfordshire Council working with a number of departments including Social Care and Health, Housing and Leisure Centre Managers. Bedfordshire and Central Bedfordshire have been working together to scope potential delivery amongst the Healthy Living Pharmacies and the Fire Rescue Service. MECC has also been integrated into Service Level Agreements for the NHS Health Check, some of the procedures for Central Bedfordshire Council employees and into the induction package.

Buckinghamshire focused their MECC implementation on the local secondary care setting. Originally public health funded a train the trainer programme. However this delivery model changed and a trainer was funded to train secondary care staff to deliver MECC.

A number of areas have developed a single point of contact for MECC for example in Walsall through their Lifestyle Link service individuals are given a choice about where, when and whom specialist services are delivered.

Wigan has trained champions from all walks of life to share the importance of healthy lifestyles ranging from fire crews, council workers, local sports clubs and members of the public. Wigan has developed MECC into a programme called Making Health Everyone's Business. In the last six years more than 1000 people have been trained the majority of whom are public sector employees. The role of health champions varies depending on the setting, it can involve health chats, distributing leaflets, instigating activity programmes and supporting environment changes (LGA, 2014). The scheme has started to look at broadening its approach and train up champions in specific areas for example cancer and alcohol.

Salford has more than 15,000 front-line public sector workers. Since its launch in 2012 more than 1,500 staff have been trained to initiate conversations responding to wellbeing needs and signposting to local support including issues such as smoking, healthy eating, exercise, drinking, debt, housing, benefits and employment. MECC is

offered to staff through a website and learning workshop. To make signposting easier Salford created 'The Way 2 Wellbeing' website which includes a wellbeing checker and individual sections designed to provide useful advice and information about what local services are available. The site covers a range of wellbeing areas, from alcohol, housing, smoking and money management. (LGA, 2014)

Warwickshire identified Making Every Contact Count as a priority in the 2011 Director of Public Health annual report. To date 2,000 NHS staff has been trained and the training has been extended to council staff and also key partners from the voluntary sector (LGA, 2014). The aim is that 20 per cent of frontline staff will get the training each year so that within five years the entire workforce including the voluntary sector will be using MECC. Warwickshire have added sexual health to the key areas MECC focuses on. Warwickshire have adopted four levels of MECC- level zero focuses on influencing behaviour through technology to level three brief intervention by a specialist to support behaviour change. Warwickshire have developed an e-learning package for training as well as a four hour workshop for those who want to become MECC champions.

Local Context – Milton Keynes

The role of public health in Milton Keynes is to act as the coordinators for driving MECC forward, historically with the leadership of a local 'implementation group'. The Making Every Contact Count Implementation Group is a steering committee which includes representatives with sufficient authority from Public Health, Milton Keynes Clinical Commissioning Group (CCG), Milton Keynes Hospital Foundation Trust, Milton Keynes Community Health Services, Urgent Care services, Milton Keynes Council and the voluntary sector. The implementation group should work to ensure that organisations commit to MECC to support improved health and wellbeing for the population of Milton Keynes. The terms of reference for the group were developed late in 2014 and work is being undertaken currently to revitalise the group as, due to organisation restructures, the membership of the group and commitment to the group has diminished.

It is hoped that the group should in the future aim to:

- champion and support the embedding of MECC systematically within organisations
- provide a culture which encourages and promotes prevention and health improvement
- offer staff and volunteers a suitable environment and the skills and knowledge to deliver MECC
- support staff to improve their own wellbeing

- enhance and develop existing systems, processes and service delivery mechanisms

Making Every Contact Count is part of the Milton Keynes Public Health Service Plan and recognised as a key objective for public health.

Milton Keynes Public Health Plan 2014/2015:

- Public Health Objective 8: To support public agency partners and 3rd sector to deliver an effective Making Every Contact Count (MECC) approach in MK
- Key local public health target is around number of staff trained in approach

Milton Keynes Public Health Plan 2015/2016

- To implement the recommendations of the Making Every Contact Count evaluation including integration with the Tier 1 healthy lifestyle service

Milton Keynes Clinical Commissioning Group supported MECC through incorporation in contracts for 2014/2015. MECC was included in all the quality schedules within the contracts. Healthy Lifestyles have been incorporated into contracts for 2015/2016 in different ways without any specific reference to MECC.

Milton Keynes originally focused their MECC implementation on a train the trainer approach working with NHS services and a small number of departments in the local council and the voluntary sector. Milton Keynes was also involved in a Thames Valley pilot of MECC working with a number of organisations from the voluntary sector. A small budget was allocated to the programme (£10K) and MECC was coordinated by a member of the Public Health team.

Training was originally delivered in workshop settings by a member of the public health team and a training consultant. The evaluation from previous training asked for direct training in the approach rather than train the trainer. Evaluation feedback from the initial courses also proposed the course to be shortened to a half the day session or a briefing session. This information was used to adapt the training into two levels of training. Level one is a 1.5 hour introductory briefing session suitable for all staff which is an introduction on the main MECC messages. Level two is a three hour session covering fundamental areas of healthy lifestyles, delivering brief opportunistic advice, signposting and referral processes for local services.

The aim of both levels of training is to get everyone to a core level in terms of their skills to use MECC and their knowledge of where to signpost to. This includes an understanding of wellbeing, behaviour change, skills to initiate conversations and background knowledge of the key lifestyle behaviours.

At the request of the implementation group a training programme for 2014-2015 for Milton Keynes was written targeting key organisations. A commissioned training provider was appointed in 2014 to deliver this plan.

To date over 500 front line staffs in Milton Keynes have taken part in the workshops, the majority of these accessing training from April 2014.

Milton Keynes Council

Up until February 2014 there had been limited delivery of MECC within the Milton Keynes Council workforce and this was highlighted as an area of development for 2014-2015. It was hoped that embedding MECC within MK Council would also help to raise the awareness of Public Health within the organisation. MECC could also be a tool to support improved health and wellbeing amongst the workforce.

Work with all the training departments (Adult Social Care, Corporate, Children's) in the council lead to a number of key teams being identified to begin the roll out of MECC training in 2014, these included Homecare (domiciliary care services), Children Centres and Housing. Alongside this MECC was included in the redeveloped induction training for all new MKC staff.

Primary Care – General Practice

The MECC implementation board requested engaging with the Neighbourhood Meetings in 2014 to measure interest from G.P.s in rolling out the MECC approach across General Practices. A MECC Briefing took place at the Neighbourhood meetings in 2014. This generated interest in MECC from a number of practices. A pilot model of utilising the Practice Development days to train staff was developed. This was piloted with five practices in 2014-2015. The majority of staff that attended from practices were receptionists, administrators and nurse practitioners with no G.P.s in attendance. There are 27 practices within the Milton Keynes area and moving forward capacity to train practices needs to be explored. This model of training is to be offered again in 2015-2016.

NHS workforce

The MECC approach has been utilised and received by NHS organisations in Milton Keynes to varying degrees. Milton Keynes Community Health Service (MKCHS) who are part of Central and North West London NHS Foundation Trust have rolled out the approach amongst a number of teams; this was driven by incorporation of MECC into their Quality schedule. The Milton Keynes CCG placed an indicator within MKCHS Quality Schedule regarding the number of staff trained to deliver MECC in 2014-2015. MKCHS had to train 70% of health visiting, community matrons, pulmonary rehab and dental staff teams in MECC by March 2015. Two thirds of all those trained in MECC during 2014-2015 were from MKCHS. As MECC does not feature in their quality schedule for 2015/2016, MKCHS have not asked for any support with MECC implementation for 2015/2016. CNWL are reviewing their

current training offer and MECC implementation to date, there is no further MECC training planned within Milton Keynes for 2015/2016 at present.

Milton Keynes Hospital Foundation Trust (MKHFT) did not requested support for any wider MECC implementation in 2014. MKHFT have a number of train the trainers however there was no MECC development within the organisation in 2014. Previously there was an initial role out of MECC in MKHFT focusing on the Outpatients Department, both general medical and surgical. The aim was to train 90% of their staff working in this department using the unit Sisters as the Trainers. A number of staff from MKHFT attended the initial train the trainer training, but MECC role out did not take place. There is no evaluation of MECC currently within MKHFT. Recent discussions between MKHFT and Public Health have led to a number of key actions identified to take MECC forward and implement the implementation plan for 2015/2016.

Recent developments have also seen Public Health working with MKHFT's Practice Development Department to incorporate MECC from April 2015 into the Open University module on Health and Wellbeing which is delivered to all Health Care assistants across the organisation on an annual rolling programme.

Community and Voluntary Sector

There has been great enthusiasm within the community and voluntary sector for MECC. A training programme was developed with Community Action MK to build on this and to implement MECC in the voluntary sector in Milton Keynes.

During 2014-2015 a number of workshops were delivered to this sector which was attended by a range of voluntary groups. Four workshops were delivered by community action to local voluntary groups. MECC workshops also took place as part of the three Community Action Engage network events, where MECC messages were promoted and awareness raised. Work also took place with the Equality Council which targeted local Minority Ethnic groups and their community leaders in Milton Keynes.

Case Study – Milton Keynes Health Walks

Walking for Health in Milton Keynes offers a range of walking groups, to suit walkers of all fitness levels. The scheme is coordinated by the Sports Development team at Milton Keynes Council and run by volunteers throughout Milton Keynes.

Walk leaders lead walks across the whole city, to provide the opportunity for physical activity and improved wellbeing. The walks make use of the wide range of parks and open spaces available in MK.

The walks are all led by qualified walk leaders who have been trained by the Sports Development team. The training for the leaders incorporates MECC and Healthy

Lifestyle messages. This supports walk leaders to disseminate Healthy lifestyle information to walk participants. To date over 120+ Volunteer walk leaders have been trained and over 18000 walkers access the walks each year.

Milton Keynes Clinical Commissioning Group (MKCCG)

The CCG's role in MECC has two elements, staff health and wellbeing and contractual arrangements. CCG's can embed MECC in health care contracts and work with local providers to sustain and build on their achievements to date. The CCG role within MECC is to work collectively with both providers and other commissioners of services to take the following two areas forward:

1. Commissioning Function: Ensuring that NHS commissioned services have delivery of MECC embedded within contracts and future performance monitoring arrangements in the most effective way
2. Delivery Function: Engaging Primary Care and independent contractors such as GPs, Pharmacists, therapists, dentists etc. in delivery of MECC. To do this they are expected to identify Implementation Leads and develop plans similar to other provider organisations

The CCG placed a MECC indicator within the MKCHS Quality Schedule in 2014/2015. They also developed further work around Healthy Lifestyles including a pilot of a 'Drop before the Op' programme which encouraged people to change lifestyle behaviour before they were referred for routine treatments. Going forward commitment to MECC and the incorporation of MECC into contracts are key areas to discuss with the CCG.

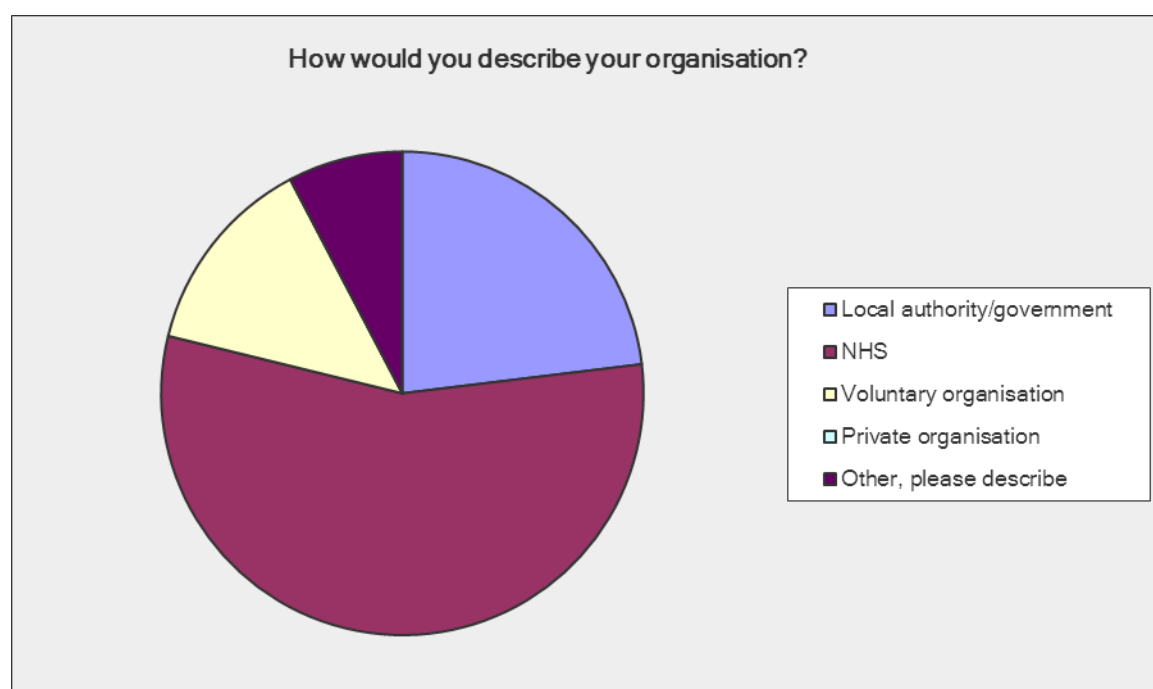
Research, results and analysis of the evidence

This section presents the key findings from the surveys, interview, focus group and case studies concerning MECC in Milton Keynes. The following activities were undertaken to inform the evaluation: An initial internal scoping stage to map out the existing data and evaluation processes. This led to the collection of data linked to the effectiveness of the MECC training programme according to those trained. This was further developed through a follow up survey or interview for those who had been MECC trained, and via a small focus group with professionals who had attended MECC training in 2014/2015.

Services Trained in Milton Keynes

The majority of the work to roll out MECC in Milton Keynes started in 2014. To date within Milton Keynes over 500 people have accessed some form of MECC training. The majority of these have come from NHS services (60%). Just over 110 Milton Keynes Council staff has accessed some form of MECC training. A further 40 Milton Keynes staff have been briefed on MECC through the Corporate induction programme and 30 front line staff through team briefings. Over 50 voluntary staff has also accessed MECC training and 163 attendees received information on MECC and Healthy lifestyles through the Community Engage Network events. These figures represent the work that Public Health has supported through the MECC training programme. It does not include the work which organisations have developed through their own MECC implementation. Currently there is no accurate figure on this and this is an area for future investigation and development.

Figure 1- Division of organisations trained in MECC



Source: MECC Survey Milton Keynes 2015

Case Study - Milton Keynes Urgent Care Services

Milton Keynes Urgent Care Services have fully implemented a MECC approach and use a train the trainer model to support staff in the skills and information needed to deliver messages around healthy lifestyles. To date Urgent Care Services have trained 30 members of their team to use MECC. MECC is used as part of everyday practice and conversations around healthy lifestyles are recorded and used as evidence for Care Quality Commission (CQC). Their CQC inspection was excellent in 2014 and the MECC input was one of the key areas CQC inspected. The Matron from UCS provides the link for MECC and champions MECC within the service. UCS has a representative on the local MECC implementation board.

Evaluation results from the MECC training programme

All) participants trained in MECC completed an end of course evaluation. Although the evaluations were focused on the training aspect of MECC some useful inferences and themes can be gathered from the information provided.

The evaluations showed very high level of satisfaction with the training immediately after it's delivery, reflecting enthusiasm for the MECC programme and a desire to engage with its principles with 92% rating the training session 'Good' to 'Excellent'.

The fact that MECC retains extensive professional relevance in various sectors and across the breadth of those sectors was reflected by MECC being welcomed by a variety of professionals and the vast majority felt that MECC would be applicable in their line of work, with 93% who either 'Strongly Agree' or 'Agree' with the statement that they can "utilise the MECC approach in my day to day work". This also supports evidence of the universal nature of the MECC which encourages conversations and actions on health and lifestyle related issues with service users and colleagues (and even friends and family).

Further evidence of participants' strong understanding of the messages and methods of MECC, and the effectiveness of the training session is reflected in the high percentage (95%) who either 'Strongly Agree' or 'Agree' with the following statement "I am clear on the main MECC messages and local services"

This supports the educative value of the MECC training programme in bringing to people's attention the wide variety of services on offer and the breadth of lifestyle issues that they support.

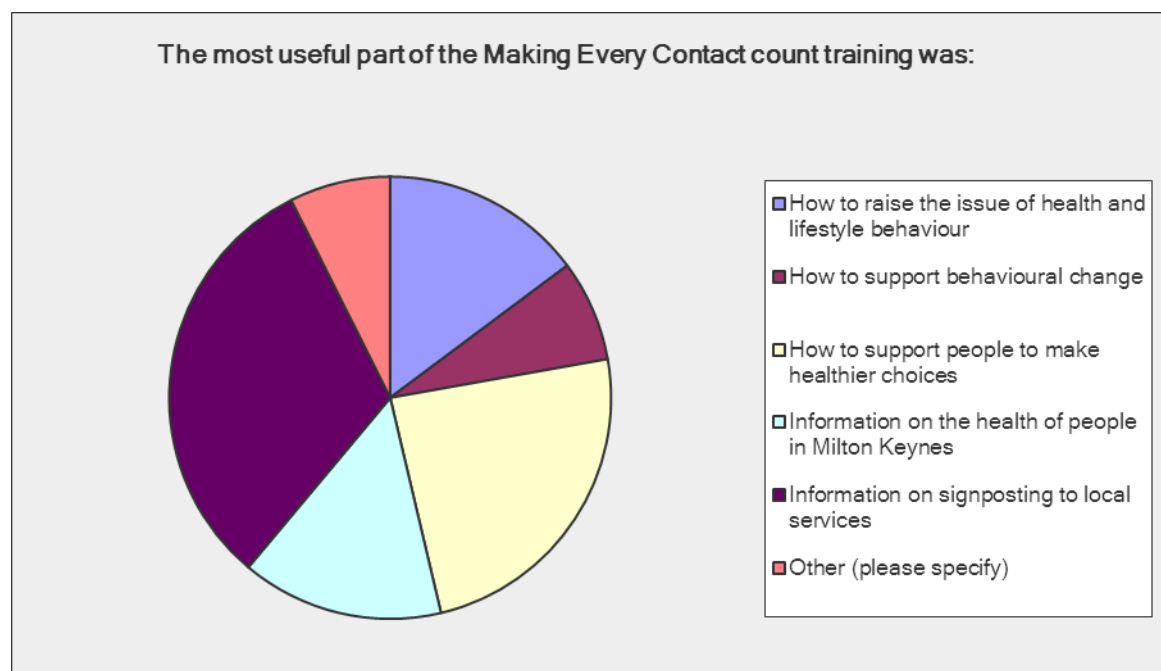
There is interesting difference between those who Strongly Agree' – 36% and those who Agree' – 60% with the following statement "I feel confident to disseminate the MECC messages within my organisation". This information generally suggests an overall confidence to disseminate the message of MECC within professional

environments. This could suggest that perhaps more emphasis could be placed on the importance of MECC networking and the support of MECC implementation in participant organisations. This would ensure that the profile of MECC and healthy lifestyles is prominent in organisations and supports delivery of MECC. Role modelling from senior leaders, word-of-mouth from peers can and should act as a very powerful tool to support the embedding of such a universal, widely applicable and valuable initiative like MECC.

Results and analysis from follow up survey

A follow up survey was sent out through survey monkey to all those who had accessed training in 2014-2015. The survey aimed to find out if those trained were using MECC and how they were utilising it. It also aimed to look at the support those who had been trained had within their organisations and what was needed to implement MECC further in Milton Keynes. Of the 400 survey monkey invitation sent out 58 replies were received.

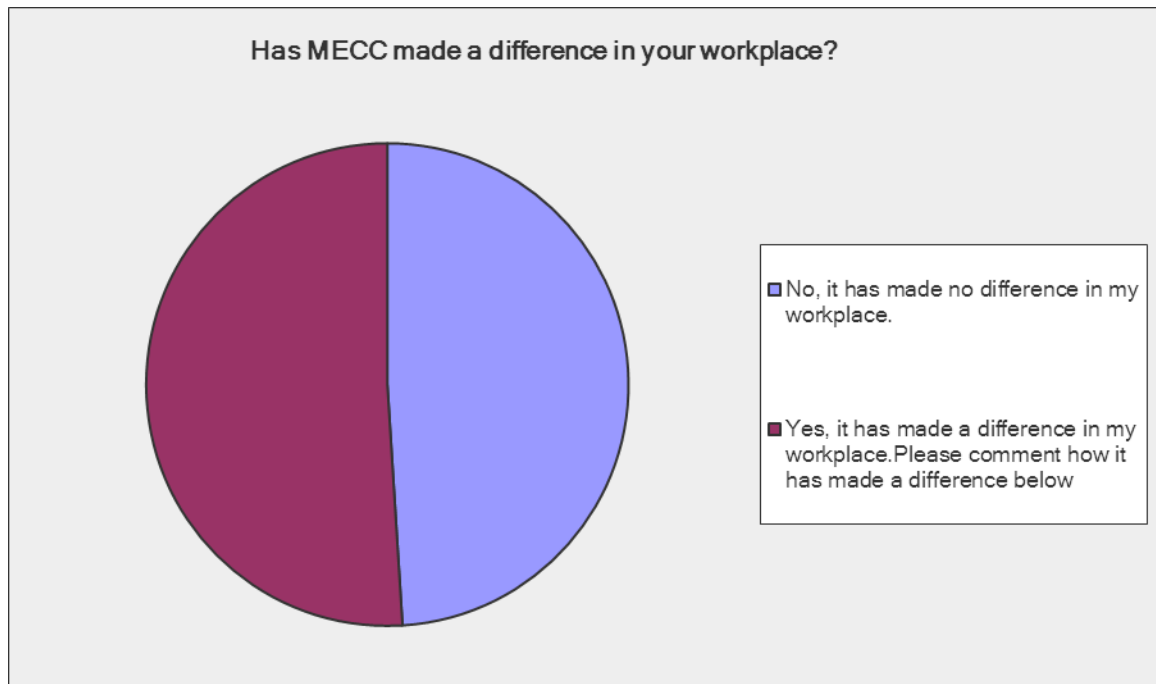
Figure 2 – The most useful part of Making Every Contact Count



Source : MECC Survey Milton Keynes 2015

The most useful part of the MECC training for those trained was information on local services and how to support people to make healthier choices. The MECC training course covers: what Making Every Contact Count is; the health of Milton Keynes; the five key MECC lifestyle areas; local services and using MECC in practice. Anecdotal feedback from the training provider highlighted how many participants, particularly health professionals, were not aware of local lifestyle services despite some of the services being commissioned for many years. MECC provides a way for information on local services and referral processes to be shared.

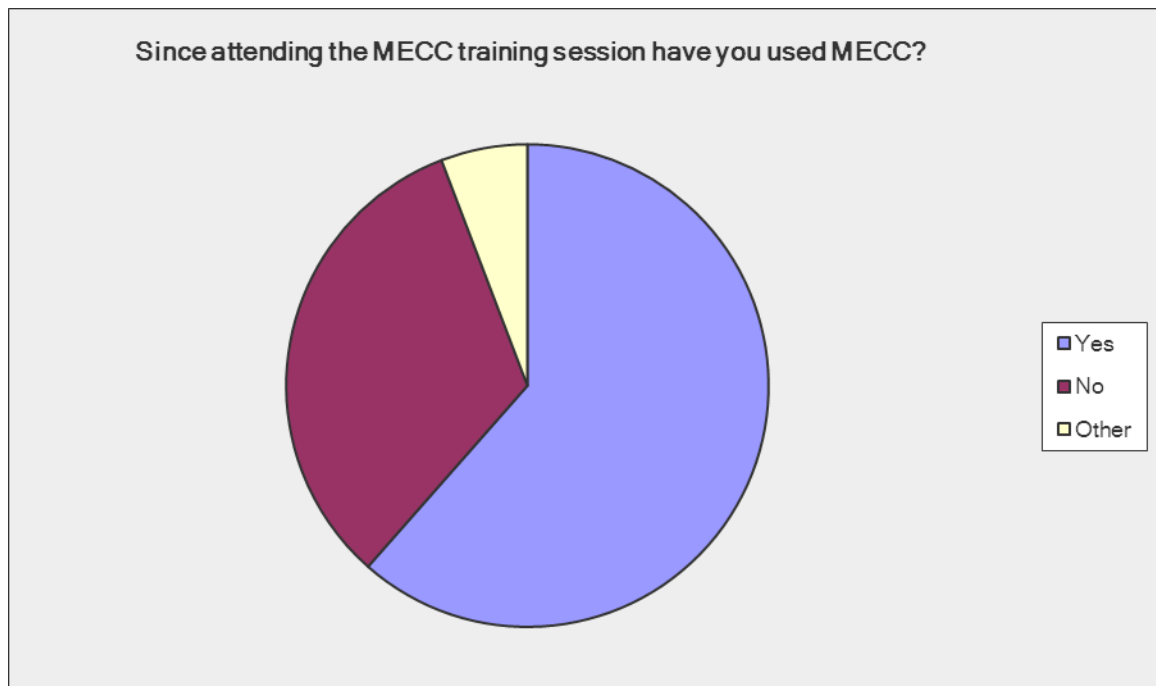
Figure 3 Number trained who report that MECC has made a difference in their workplace.



Source : MECC Survey Milton Keynes 2015

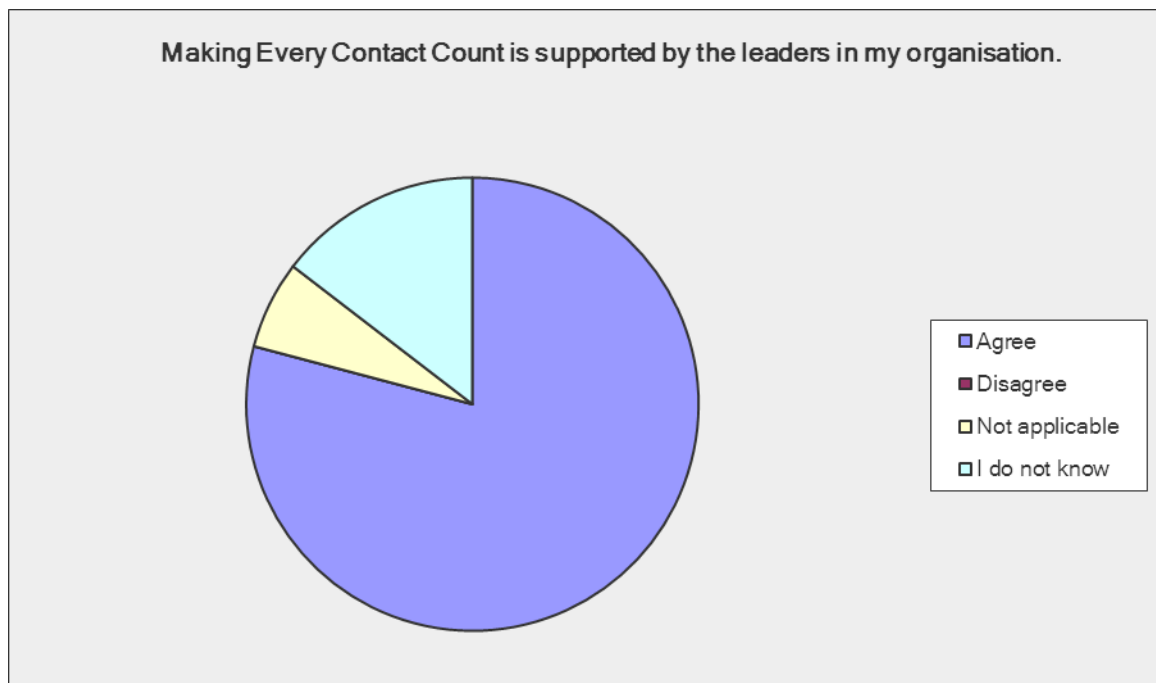
Interestingly there is a very small difference between those who feel MECC has made a difference to their workplace and those who feel that MECC has not. This is detailed in Figure 3. This is an element of MECC that needs exploring further to explore why a larger difference has not been noted. It is slightly contradicted by the data demonstrated in Figure 4 that details that the majority of participants are using MECC. It may be that many participants were giving healthy lifestyle information previously but not referring to this as MECC or that training has allowed them to utilise the approach but within their workplace/organisation, there is still work to be done around implementation of MECC. It is well documented that without organisations providing the leadership, environment, infrastructure and processes to support lifestyle improvements amongst staff, service users and the general public MECC cannot be effective (MECC Implementation guide, 2008).

Figure 4 Number of those trained that have used MECC since being trained



Source: MECC Survey Milton Keynes 2015

Figure 5 MECC is supported by leaders in my organisation

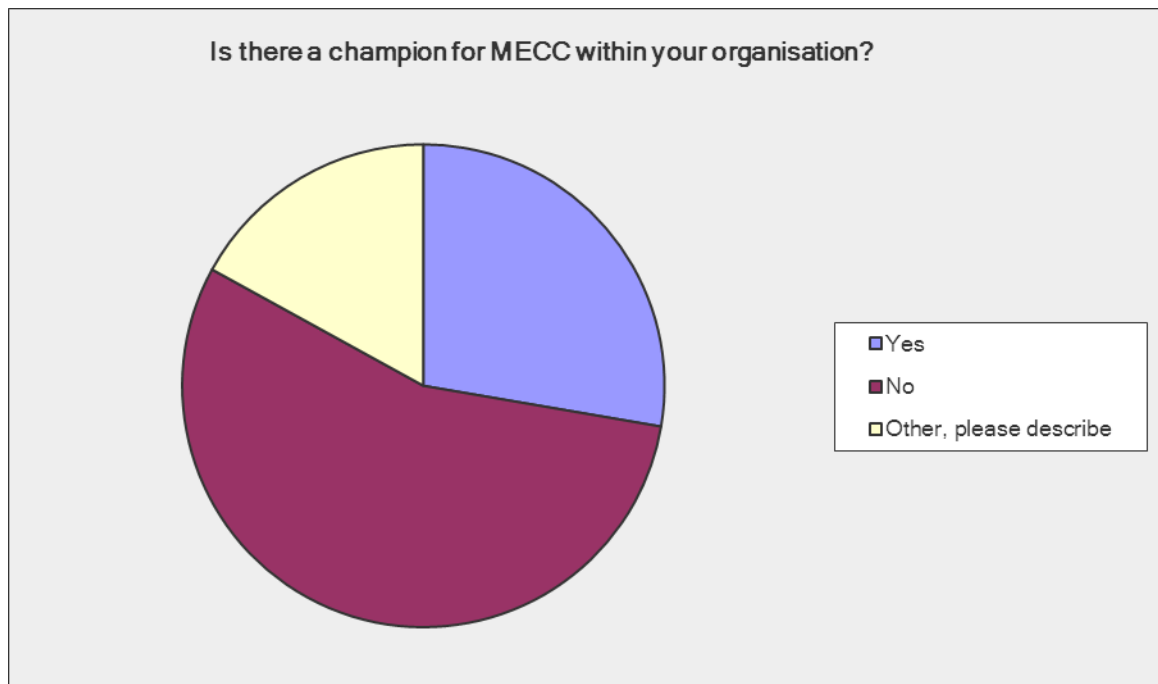


Source: MECC Survey Milton Keynes 2015

The majority of survey respondents felt that MECC was supported by leaders in their organisation as detailed in Figure 5. In order for MECC implementation to be successful senior leads and heads of organisations need to ensure a culture that

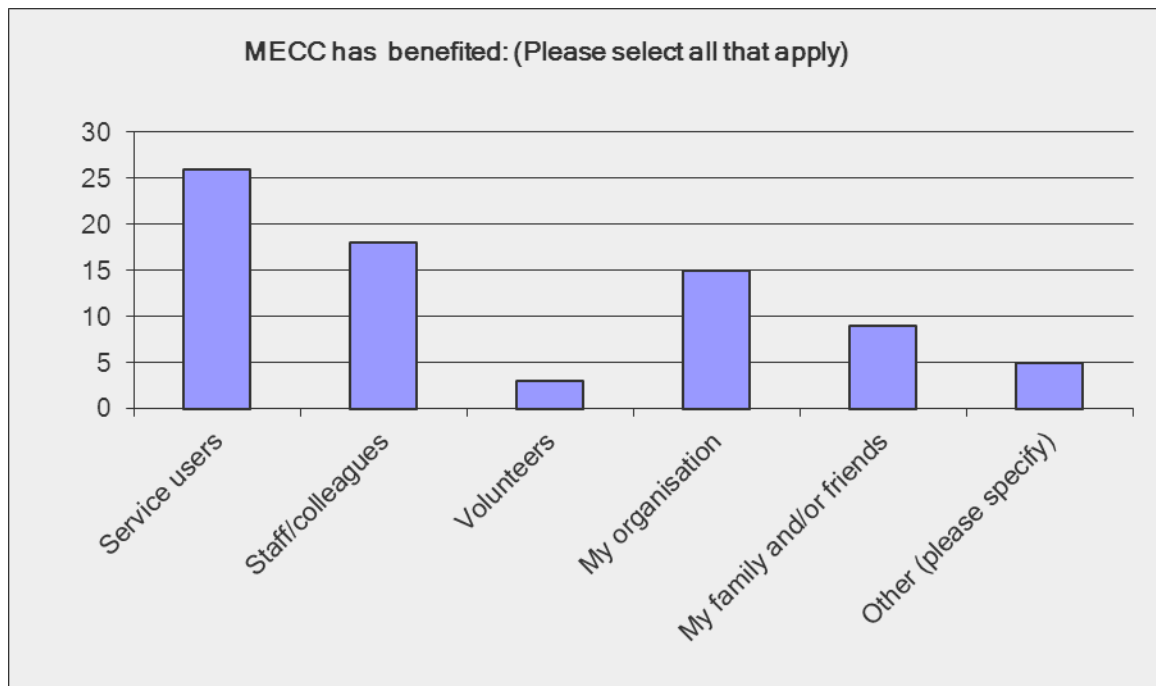
supports MECC. Those who responded feel that MECC does have support from senior teams and organisations. This is evidence of positive support for MECC in Milton Keynes. Despite the majority of respondents feeling that MECC was supported in their organisation, most organisations do not have a MECC champion (Figure 6) or most could not identify a MECC champion. MECC champions are key to supporting the implementation of MECC in organisations, they can be relevant key stakeholders who have an interest or are working on relevant projects (health champions), they maybe communication leads, finance, HR and learning, managers or heads of departments or active team members. It would seem from the responses given that MECC implementation has got to a certain point within organisations and needs to be developed further. Without the continual support for MECC or healthy lifestyles being championed within organisations MECC can fall off of the agenda and staff can be left feeling despondent and unable to make a change within their organisation.

Figure 6 Is there a champion for MECC within your organisation?



Source: MECC Survey Milton Keynes 2015

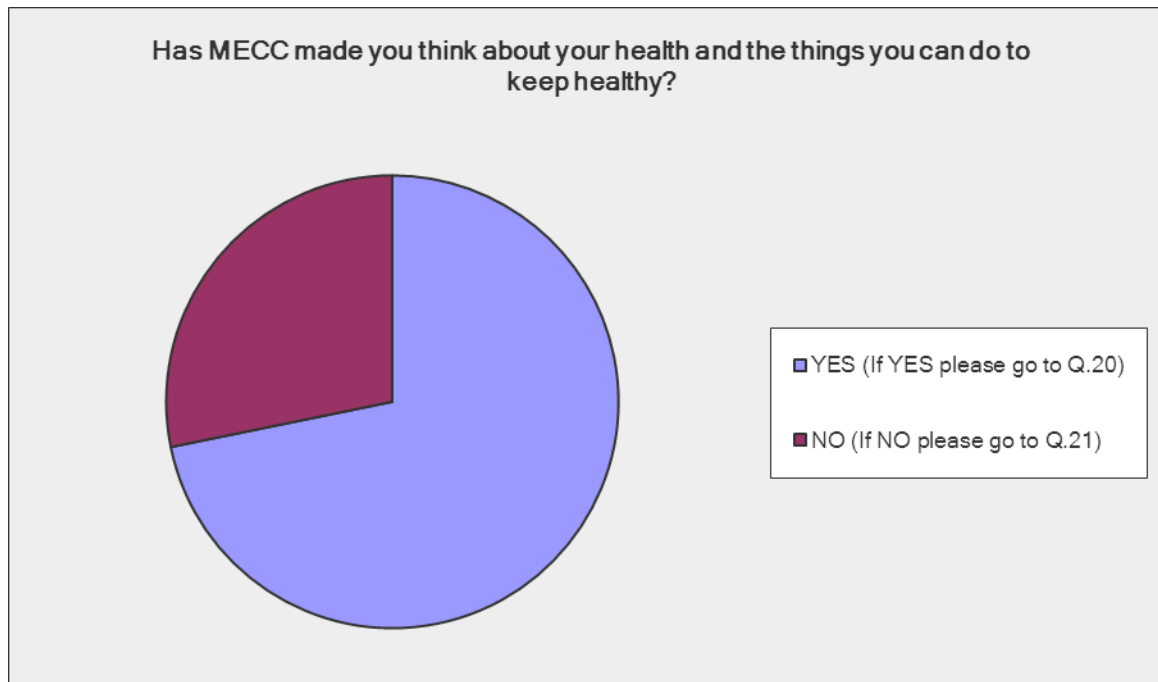
Figure 7 Who has MECC benefited?



Source: MECC Survey Milton Keynes 2015

Figure 7 demonstrates the classic MECC effect of not only benefiting service users but also benefiting colleagues, family and friends and also wider community members. MECC can play an important role in staff health and wellbeing. This has been underutilised in Milton Keynes to date. Figure 8 demonstrates that MECC training supports those trained to think about and improve their own health. Despite MECC not making a huge difference in the workplace it is positive to see that it has benefited service users. Those trained are using MECC with service users to access lifestyle advice and support to enable service users to improve their health. MECC can play a big role in helping staff teams develop skills in knowledge in health promotion that can benefit their own health and wellbeing. Improved staff health can increase productivity improve morale and lead to fewer sick days. Informal discussion at the training sessions often focused on how staff did not take regular breaks, how many wished to increase their physical activity and struggled with their weight. There is much work to be done around supporting healthy lifestyles within the workplace and MECC could be developed further as a tool to support this.

Figure 8 Has MECC made you think about your own health and things you can do to keep healthy?



Source: MECC Survey Milton Keynes 2015

Figure 9 Referrals into services

Before undergoing MECC training, I was unaware of the following local services: (Please select all that apply)	
Answer Options	Response Percent
Halo - weight management service for adults	59.5%
Motiv8	43.2%
CRI	35.1%
Amkers - Active Milton Keynes Exerise referral	56.8%
Reactivate	24.3%
The Stop Smoking Service	18.9%
Other (please specify)	10.8%

Source: MECC Survey Milton Keynes 2015

One of the issues with MECC is demonstrating its outcomes. Figure 9 highlights that over half of survey respondents hadn't heard of HALO when attending training. Many early pilots of MECC sought to link MECC with increased referrals into lifestyle services for example increased referrals to the Stop Smoking team. However as the resulting action of a MECC contact is not always a referral into a service it is difficult to use this as a demonstrator of the MECC approach. Informal discussions with the Stop Smoking team have shown that despite the increase of professionals trained in MECC there has been no marked increased in referrals to the Stop Smoking Service

this is also the case with other lifestyle services such as HALO an adult weight management programme. Each lifestyle service currently has its own referral processes and systems. These are shared in brief at the MECC training and individuals receive information on services to take away with them. Often at the training it is the first time many individuals have heard about the lifestyle services and referral processes. A single point of access for referrals into lifestyle services would simplify the referral process for both professionals and self-referrers. Public Health are currently developing a single point of access for Milton Keynes.

Case Study – Equality Council

Over 15 local Minority Ethnic community leaders from 10 BME communities and faith groups were trained in MECC as part of a project targeting obesity and immunisation amongst Minority Ethnic communities. Training provided the leaders with skills on how to use MECC to support behaviour change and information on healthy lifestyle messages. The leaders as part of the project were then tasked with taking back their learning to their community groups and sharing with their wider communities. Part of the sharing involved the leaders hosting a healthy lifestyle event for community members as a vehicle for sharing the key messages that were applicable for that community. The leaders ran a number of successful events across Milton Keynes that had excellent attendance from community members. In total 230 community members attended the events and received Healthy Lifestyle messages. The events proved a huge success and community leaders are looking to build on these in the future.

Focus Group -Results and analysis

As part of the evaluation attendees from previous MECC training were invited to a focus group to be held jointly between Public Health and Community Action Milton Keynes. Four representatives from a range of organisations came forward. The focus group attendees consisted of two NHS staff, one Milton Keynes council worker and one representative from the voluntary sector. The group was facilitated by a Public Health practitioner and a representative from Community Action:MK. The discussion was prompted by a number of predetermined questions. The aim of the groups was to find out if participants were utilising MECC following training. It was also to find out any existing barriers to MECC and how these could be overcome.

Emerging themes

- MECC is being utilised and has been a tool that allows those trained to recognise lifestyle issues and the opportunities to discuss them when they

present. MECC seems to have allowed the focus group participants to be able to tune into conversation and recognise when and which service to signpost to.

“Now instinctively more observant, I make an effort to listen more carefully to user’s needs.” (comment from focus group participant)

- Resources are still liked by those who attended the focus group. There is little in the way of actual MECC resources and the training provides various resources detailing healthy lifestyle information. The group praised the MECC pocket cards and that they were a valuable resource to support MECC which was underutilised. It was felt that resources or visualisation of MECC was important for *“spreading the message”* on MECC and healthy lifestyles. These helped to keep the profile raised. Web content was thought to be the way forward to raise the profile of MECC including both information on services, case studies detailing examples of MECC in practice and further healthy lifestyle information.
- The difficulty in starting MECC conversations was emphasised by a member of the group who supports families with complex needs.

“It is difficult to reach out to and get through to defensive individuals, and the environment is often a 1-to-1 professional one.” (comment from focus group participant)

- It was discussed how lifestyle change can often be at the bottom of the list of priorities for some individuals and raising those issues can lead to individuals becoming defensive. Therefore the professional will not always have a successful MECC conversation.

“Bravery is also important, may have to push a little bit and rejection isn’t uncommon.” (comment from focus group participant)

- Another emerging theme of the discussion was that MECC was happening but not always calling it MECC. Many of the group were having MECC conversations within group sessions which often made people relax and open up instinctively. MECC was also being used at roadshows and public events as a way of promoting healthy lifestyles.

“The course has, in general, encouraged and fostered more openness when talking about these issues.” (comment from focus group participant)

- The use of MECC with colleagues, family, and friends and as a way of changing personal behaviour was a recurrent theme. Often simply being on the MECC training and receiving information on healthy lifestyles was enough to start MECC conversations and in some cases be a catalyst for behaviour change. There was also some examples of peer support, with colleagues

having the same lifestyle behaviour issues; for example, wanting to lose weight or get fit, buddying up to attend the gym or share healthy lunch ideas. These comments help to demonstrate the MECC effect.

“I had a colleague who constantly complained of feeling down, I encouraged her to alter her route to work to include a walk through woodland that she had previously enjoyed and now she is noticeably more positive and happy – simple measure with a profound impact.” (comment from focus group participant)

“Following MECC training I had a simple conversation with a colleague about getting fit myself and healthy eating, from this she then joined the gym and is going more than me. This is the idea, to encourage a snowball effect and trigger a landslide.” (comment from focus group participant)

- The need for ongoing support and lack of organisation recognition of MECC was an emerging theme in the discussion of the groups. The group seemed to doubt that there was sufficient endorsement for MECC at a senior level within their organisations.

“More corporate / organisational support is required from the top and across the hierarchy. CNWL and similar bodies could act as fantastic disseminators of information.” (comment from focus group participant)

- The group felt that MECC Champions were important but needed to be supported and given resources to champion MECC effectively within their organisations. The group felt that champions should be identified at initial training session

“A network or core group of champions could be very effective, one that meets regularly to share ideas and feedback and who take responsibility for spreading the message as far and wide as possible.” (comment from focus group participant)

- The idea of a Lifestyle hub (Tier 1) was discussed and what this should look like. It was felt that this would be an invaluable resource for MECC Champions and also be beneficial for anyone who had been MECC trained. The group felt the hub should have a website that listed resources available clearly, it would also allow for signposting to activities and services. The group liked the idea of one contact point to simplify referrals. It could provide a network for MECC Champions.

Summary of findings from focus group

“It should be communicated that MECC doesn’t entail learning a new profession or even adding a significant amount to current professional role, it is predominantly basic (but essential) health and wellbeing information applicable to anybody and all fields.”

The group were overall supportive and positive concerning MECC. MECC had benefited their personal health and they had shared this benefit with colleagues, friends and family as well as passing on to service users and this was evidenced in the examples shared. There still seems to be much work to do around implementing MECC across organisations and keeping the profile of MECC raised. It seemed that whilst MECC was recognised it was not always high on the agenda. The principles of MECC were agreed with however enabling these to become common practice and evidencing the effect of MECC still needs developing. There was also the need for ongoing support or information updates for those trained either through a Lifestyle Hub or through a network of MECC champions. An ongoing forum for Healthy Lifestyle information and services is needed.

Case Study - Homecare – Milton Keynes Council

Milton Keynes Councils Care Service provides support for over 1000 service users. The team consists of over 250 staff members who cover the Home Care Service, Sheltered Housing and day care. It was decided to pilot a MECC approach with Home Care Staff as part of their mandatory training in 2014. Home Care staff visit service users in their home environment and often support them in preparation of meals and shopping etc. Smoking and alcohol are issues for many of Home Care service users. To date 56 Home Care staff accessed the training and MECC has supported the team in recognition of lifestyle issues.

‘MECC has helped to highlight the small things that my staff can suggest to service users to improve their health. MECC has really caused us as a team to discuss alcohol and nutrition issues with our service users and highlighted how we can support these issues and discuss these issues with service users. MECC has brought up evidence to support us to change our own health. In order for MECC to be developed further it really needs to be embedded in our mandatory training framework ongoing. There is a cost implication for staff when we send them along to attend training. We continue the MECC discussion through raising awareness and discussion at team meetings. But we have no further training planned.’

Recommendations & Conclusion

During the last year MECC implementation across Milton Keynes has developed significantly. The implementation has been driven by a comprehensive training programme to train staff and volunteers in using MECC and how to engage in 'lifestyle change conversations.' This has also supported raising the profile of MECC and Healthy lifestyle conversations. This has led to over 500 frontline staff being equipped with the skills and confidence to address health issues. This work has also led to plans to roll out training further to partner organisations such as the fire service, early year's providers and other voluntary sector groups over the next year.

Key Emerging Themes from the evaluation

- MECC has been interpreted in number of ways and different models are used across the country with differing investments
- MECC has been accepted positively by the majority of those trained in Milton Keynes although the difference that it has made to workplaces and service is difficult to quantify. However the qualitative data provided by those trained and evidence by the case studies provided are overwhelmingly support of MECC and its benefits.
- There is still much work to do around raising the profile of MECC within organisations in Milton Keynes particularly NHS organisations who could champion this initiative as a key component to achieving the 'NHS Five Year Forward View'.
- MECC champions at all levels are needed to drive MECC within organisations from within staff teams and also at a senior leadership/board level
- Health/MECC champions are key to keep the profile of MECC raised both within organisations and within communities
- MECC is a relatively 'cheap' programme that can support population level behaviour change (the budget for MECC 2014-2015 was approx. £13K.)
- The outcomes of MECC are hard to quantify therefore no accurate judgement on return on investment can be made. But qualitative feedback suggests that MECC has led to beneficial changes in behaviour such as increased physical activity and improved well-being.
- MECC needs to be included in contracts in order to support successful implementation commissioners must encourage providers to do this through contracts, payment, incentives and pathway design, and the priorities set for commissioners must reflect this responsibility.

- MECC training succeeds if mandatory or part of induction- endorsed by organisations. Organisations are not always willing to invest in staff time in MECC training unless it is part of a contract.
- MECC can be used as the vehicle for Tier 1 information and services
- Levels of MECC training maybe more appropriate and are to be part of the development for the future linking with Tier 1 services in Milton Keynes
- A single point of access would support and simplify referrals to lifestyle services and MECC could be used as a vehicle for professionals to access this.
- Network of follow on support needed to revitalise the MECC messages and a lifestyle hub could provide this
- MECC implementation board is key to developing MECC further across Milton Keynes but this need to be attended by individuals with sufficient authority from key organisations
- Further national guidance would support and strengthen implementation.
- It is clear that MECC has already had an immediate effect on some staff by influencing their own behaviour
- MECC can be a tool for improving staff health and wellbeing. It is a good mechanism to improve health in the workplace.
- Because MECC uses existing services to deliver support for behaviour change, this training intervention has the potential to improve public health at relatively low cost and is worth investment and development in the future.

Key Recommendations

There are a number of key recommendations that can be drawn from the work nationally and locally concerning MECC. These recommendations support the development of MECC in Milton Keynes and outline key actions for the future.

1. Continue to invest in MECC through a small budget to support training and implementation and evaluation.
2. Develop the MECC implementation board and identify representatives with sufficient authority and commitment from key organisations. Explore the possibility of this becoming a virtual board or group.

3. Create a network of MECC champions at all levels that can drive MECC from within organisations and communities. Ensure there is appropriate training available and ongoing support for the network.
4. Look at the different options for the future of MECC training including an e-learning awareness raising package through learning pool. Work with partner organisations to develop a form of MECC training as either part of induction or mandatory training for staff/volunteers. Raise the profile of MECC within in Milton Keynes by ensuring that MECC is a key part of Tier 1 developments including the future launch of a Single Point of Access.
5. Use MECC as a tool for improving staff health and wellbeing and make MECC a clear part of any workforce development programmes internally and externally. *Simply taking part in MECC training can lead to changes in behaviour for some staff.*
6. Explore developing MECC to signpost to wider support services including the Neighbourhood Employment Programme, sexual health services, debt and housing services, working closely with colleagues in Milton Keynes Council.

Conclusion

MECC can get everyone who works for organisations involved in the effort to lead healthy lifestyles. It is a tool for facilitating cross department and organisation working. It certainly can be utilised in Milton Keynes Council and other organisations in Milton Keynes to do this. It is recommended that Public Health continue to invest in MECC to support training, implementation and evaluation. Locally qualitative evidence for the benefits of MECC is strong and improvements in health related behaviour have been reported by those who access training, the colleagues they work with, family, friends, services users and community members.

In order for MECC to be successful there needs to be support, investment and commitment from senior leaders. Levels of this have varied over the last couple of years in Milton Keynes and keeping MECC or Healthy Lifestyles high on the agenda is the key part of MECC implementation and development. This needs to happen at all levels of an organisation. Over the next year Public Health will look to revitalise and develop the model of the MECC implementation board. The first part of this will involve ensuring commitments from key representatives with sufficient authority from organisations across Milton Keynes. The possibility of this becoming a virtual board or group will be examined alongside the needs of the group.

To continue to champion the MECC programme, the profile of MECC needs to be prominent. In order to support this Public Health will work to develop a network of MECC champions at all levels that can drive MECC from within organisations and communities. Champions can be used to support MECC messages and disseminate good practice. This will involve ongoing support for the network and the option of

MECC refresher training. Public Health will ensure that MECC is a key part of Tier 1 developments including the future launch of a Single Point of Access, this will keep MECC messages prominent across Milton Keynes.

In order to make MECC more accessible over the following year the options for disseminating MECC messages will be explored. This will include looking at the different options for the future of MECC training. There is the potential for an e-learning awareness raising package through learning pool and levels of MECC training linked to the development of the Tier 1 service. For MECC to truly become part of an organisations culture it needs to be embedded into either induction or mandatory training. Work will continue with partner organisations over the next year to develop a form of MECC training as either part of induction, mandatory or professional development training

If we expect professionals to improve the health and wellbeing of the people they meet in the course of their work, then we must support our workforce to “put their own house in order”. MECC can be a tool for improving staff health and wellbeing. If we expect professionals to make every contact count, we have a responsibility to support members of our workforces to become healthier too (LGA, 2013). Locally MECC has been underutilised as a tool for supporting improved staff health and wellbeing, it is planned to support the inclusion of MECC clearly into any workforce development programmes internally and externally. This is a key area to develop for the future. Case studies have shown that by simply accessing the MECC training can on occasion be the catalyst for behaviour change.

MECC can get everyone who works for organisations involved in the effort to lead healthy lifestyles. It is a tool for facilitating cross department and organisation working. One way MECC can be utilised as a tool for joint working is to explore developing MECC as a tool to signpost to wider support services including the Neighbourhood Employment Programme (NEP), sexual health services, debt and housing services, working closely with colleagues in Milton Keynes Council and other organisations. One of the case studies in this report highlighted a simple way this idea has been utilised by using MECC resources to promote the NEP. This is an area for development to take forward in 2015/2016.

MECC provides a vehicle to support both workforces becoming healthier and also the communities they serve. There is still much more work to do to reach out to greater numbers of staff and further work will continue to support this in 2015-2016 across Milton Keynes through the actions discussed above. MECC has real potential to improve the health of Milton Keynes and to support the Milton Keynes population to engage in healthier life style behaviour, Public Health recognises this and will continue to support MECC to reach this potential.

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