



Summary Report following HEE / PHE NW MECC Event held on 8th February 2018 in Manchester

Making Every Contact Count Event: Exploring the Opportunities & Challenges



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Introduction

Preventive healthcare delivery is a health and social care priority as set out in the NHS Five Year Forward View and the NHS Workforce Strategy. Making Every Contact Count (MECC) interventions are regarded as a key driver in realising that ambition and MECC is outlined as a workforce development priority in a significant number of STP plans.

Health Education England (HEE) has been providing system leadership and support associated with MECC approaches for the last three years with key partners. The work has been led nationally through the MECC advisory forum and regionally through investment in public health workforce function.

The work is led nationally by the HEE Population Health Team and is supported regionally in the North West by the HEE NW Public Health Workforce Lead and the PHE NW Public Health Workforce Lead. There is significant locality work going on to address this as a workforce development issue and as a lever to address health improvement at local level.

HEE has a particular role in the workforce development element of MECC and has raised the profile of MECC by contributing to the development of guidance documents, resources such as e-Learning packages, events, social media platforms (Facebook & MECC website) and provided system leadership to support a consistent and quality assured approach to skills acquisition and activity.

MECC Core Definition

Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people 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.

The North West Population Health & Prevention Network was awarded funding by the national team to support regional MECC activity and raise the profile of MECC in the North West.

A planning group of senior leaders and MECC champions convened to plan a MECC event for the NW. The group agreed the following as the purpose and key themes for the event:

- bring together people across the North West to raise awareness of MECC and share good practice;

- explore the need for a North West network for MECC;
- key drivers for MECC including person centred care;
- return on investment;
- MECC as an enabler to deliver STP outcomes;
- launch of the new West Midlands MECC e-learning digital resource.

Planning the Event

It became apparent that the plans to offer a half day workshop style event for around 60 participants was not going to meet demand both from delegates and individuals / organisations wishing to present their work, and therefore a full one day event was scheduled.



On the day

125 delegates attended on the day and Rachael Gosling, Deputy Director Healthcare Public Health, Public Health England North West chaired the event which provided robust public health leadership on the day.

Delegates attending were from a wide range of organisations and job roles including clinical services, public health, third sector, local authorities and others.

The day comprised a mixture of presentations, workshop sessions, and discussion and networking opportunities. The presentations can be accessed on the [NW Population Health & Prevention Network digital platform](#).

Communication support was provided by PHE NW and social media activity encouraged and supported by HEE and PHE using #MECCNorth to coordinate activity. PHE original posts received **73** retweets and were seen by more than **13,541** people. Videos were recorded on the day of delegates and speakers in

order to raise the profile of the event and raise the profile of MECC via social media.

Appendix One: Final programme

The event included speakers from HEE, PHE, local authorities, local trusts and blue light services to name a few. A variety of exhibition stands from differing sectors also gave their time to attend and showcase their work including the third sector, blue light services and local authorities.



Delegate packs included information regarding HEE resources, policy and guidance information and a summary of the return on investment that could be realised through MECC investment and activity.

Summary of the Workshop Sessions

We provided two workshop sessions running concurrently – delegates signed up on the day to attend. Three speakers from a range of organisations presented their work at each workshop session, followed by a facilitated discussion session.

The following questions were asked:

- Does MECC resonate with your colleagues and workplace? Do you think the culture within your organisation is ready for MECC?
- Where do you think the opportunities are in terms of implementing MECC at individual, organisational and sector level?
- What needs to happen or be in place to support collaborative MECC work and MECC approaches?
- What support, materials etc would help you implement MECC within your workplace?
- What do you think are the barriers for implementing MECC and how can we overcome them?

Themes from the workshop sessions include:

MECC resonates with some but not all organisations. Also if staff is unhappy about their own health and wellbeing they are less likely to engage in MECC conversations with others. A highlighted problem was that patients are not always receptive to lifestyle advice and staff empathy can be an issue. Strategically it resonates; translating into operational activity is problematic. Time commitment was cited as a barrier for acute trusts and community services.

When considering opportunities at individual level feedback indicated improvements in knowledge is required. At organisational level trusts and others need to work closer with the voluntary sector and at strategic level needs to be embedded using key drivers. Should include MECC at staff inductions, one-to-ones and other organisational opportunities. MECC requires influential leadership and a united approach.

With regard to support and MECC materials, feedback responses included:

- Don't reinvent the wheel, lots of information available.
- Culture change – a wide range of health professions can offer MECC advice.
- A training framework, ROI, assessment tools.
- Accredited training for staff, centralised training as per the Irish model showcased at the event.
- Localised plan for organisations, e-learning – bronze, silver, gold approaches perhaps.
- Motivational interviewing skills and good leadership.

In terms of barriers feedback indicated that staff needs to experience positive health and wellbeing before they are able to support others. Time, resources and challenging old ways of working can be barriers: also culture and collective responsibility. Commissioner's intentions cited as a barrier by some.

Event Evaluation

Evaluation was undertaken on the day via a questionnaire included in delegate packs. A total number of 51 delegates provided post event feedback.

Overall, the day was really well received and attended and there was a genuine sense of interest in the room, as well as having met a need in the system.

Appendix Two: Evaluation data and sample of feedback

Recommendations

Post event consultation with the planning group outlined a number of key recommendations that HEE and PHE will action over the coming months:

- HEE & PHE in the NW to continue supporting MECC activity in the region.
- Provide opportunities to network, share examples of work and explore opportunities for scaled up approaches to MECC workforce development and implementation.
- Investment in scaled up approaches to MECC implementation should be explored by HEE, PHE and key stakeholders as part of a broader strategy to support the health & wellbeing role of the health and social care workforce.

Acknowledgements

The planning of the event was supported by:

- Richard Phillips, Workforce Development Manager, PHE North West
- Gavin Flatt, Senior Public Health Practitioner, Liverpool City Council
- Rachael Gosling, Deputy Director Healthcare Public Health, PHE North West
- Deborah Bancroft, Advanced Physiotherapy Practitioner, Pennine Acute Hospitals NHS Trust
- Alison Farrar, Programme Manager - Wider Public Health Workforce, Health Education England North West
- Alina Piriicac, Senior Administration Officer, Health Education England North West



Appendix One: Final programme

9:30 - 10:00	Arrival, Registration & Refreshments
10:00 - 10:10	Welcome and Opening Remarks Rachael Gosling, <i>Deputy Director Healthcare Public Health, Public Health England North West & Chair of the Event</i>
10:10 - 10:25	What is MECC Anyway? Claire Cheminade, <i>Programme Manager, Population Health and Prevention - National Programmes, Health Education England</i>
10:25 - 10:45	How e-Learning Support from HEE Can Assist You in MECC Sally James, <i>Public Health Workforce Specialist, Health Education England West Midlands</i>
10:45 - 11:10	Opportunities for MECC in Greater Manchester Lesley Jones, <i>Director of Public Health, Bury Council</i> How MECC Activity will Contribute to Health Gain in the Work of the Greater Manchester Social Partnership Hayley Lever, <i>Strategic Manager, Greater Manchester Moving</i>
11:10 - 11:30	Refreshments & Networking
11:30 – 12:00	Exploring a Large Scale Approach to Commissioning for MECC Outcomes across Liverpool Gavin Flatt, <i>Senior Public Health Practitioner, Liverpool City Council</i> Jennie Williams, <i>Programme Manager - Self-Care & Long Term Conditions, NHS Liverpool Clinical Commissioning Group</i>
12:00 - 12:20	Developing System Wide Leadership for the Delivery of MECC at Scale and Pace in Cheshire & Merseyside Eileen O'Meara, <i>Clinical Lead for Prevention & Director of Public Health and Public Protection, Halton Borough Council</i>
12:20 - 12:45	Drivers for Making Every Contact Count: CQUIN and CSR Michelle Havill, <i>Programme Manager: Drugs, Alcohol and Tobacco, Public Health England</i>
12:45 - 1:45	Lunch & Networking

<p>1:45 - 3:00</p>	<p>Workshop 1 (Barnes Wallis Room)</p> <p>MECC & Social Prescribing</p> <p>Giles Wilmore, <i>Associate Lead: People & Communities, Greater Manchester Health & Social Care Partnership</i></p> <p>Connect 5: Bringing Mental Health & Wellbeing into Everyday Practice</p> <p>Clare Baguley, <i>Programme Manager, North West Psychological Professions Network & North of England Mental Health Lead, Health Education England</i></p> <p>Making Every Contact Count - Delivering a Blended Learning Training Programme for Health Professionals in Ireland</p> <p>Karan Thomas, <i>Public Health Facilitator, Health Development Consultancy</i></p> <p>Dr Maria O'Brien, <i>Project Manager - Making Every Contact Count Programme, Health Service Executive, Ireland</i></p> <p>Dr Maureen Murphy, <i>Managing Director, Aurion Learning</i></p> <p>Round Table Facilitated Discussions</p>
	<p>Workshop 2 (Room 4/5, 3rd floor)</p> <p>MECC: Mental Health in Primary Care</p> <p>Dr Hassan Awan, <i>Clinical Tutor in Medical Education, Keele University & General Practitioner, Surrey Lodge Group Practice</i></p> <p>Creating a Health and Wellbeing Led Physiotherapy Service</p> <p>Deborah Bancroft, <i>Advanced Physiotherapy Practitioner, Pennine Acute Hospitals NHS Trust</i></p> <p>Prevention & the Role of the Ambulance Service</p> <p>Julie Butterworth, <i>Regional Urgent Care Development Manager, North West Ambulance Service NHS Trust</i></p> <p>Nathan Hearn, <i>PTS Contract Delivery Manager, North West Ambulance Service NHS Trust</i></p> <p>Round Table Facilitated Discussions</p>
<p>3:00 - 3:15</p>	<p>Refreshments & Networking</p>
<p>3:15 - 3:45</p>	<p>Facilitated Discussion with Speakers led by the Chair of the Event</p> <p>Rachael Gosling, <i>Deputy Director Healthcare Public Health, Public Health England North West</i></p>
<p>3:45 - 4:00</p>	<p>Summary and Closing Remarks</p> <p>Rachael Gosling, <i>Deputy Director Healthcare Public Health, Public Health England North West & Chair of the Event</i></p>

Appendix Two: Evaluation data and sample of feedback

Based on responses from 51 attendees (out of 125 delegates who attended the event) rating the sessions in terms of how relevant they were to them and their service.

1. What is MECC Anyway?

(86% found this session very relevant)

- little relevance: 1
- some relevance: 3
- fairly relevant: 3
- very relevant: 44

Comments:

- “Good overview”;
- “An opportunity for every single person to have an impact on the health of the population”;
- “Already understand what MECC is”.

2. How e-Learning Support from HEE Can Assist You in MECC

(75% found this session very relevant)

- little relevance: 2
- some relevance: 4
- fairly relevant: 7
- very relevant: 39

Comments:

- “Thank you for the links”;
- “I will discuss with my manager to ask for the team to complete the MECC e-Learning”;
- “Good sense of training available”;
- “Yes – lots of e-Learning – how can we follow this up?”

3. Opportunities for MECC in Greater Manchester

(61% found this session very relevant)

- little relevance: 2
- some relevance: 6
- fairly relevant: 12
- very relevant: 31

Comments:

- “My role is based across C&M – I heard some really interesting opportunities in GM today”;
- “Some good ideas I can take for my area”;
- “Being GM I knew this already but probably very useful for those not as close to it”.

4. Exploring a Large Scale Approach to Commissioning for MECC Outcomes across Liverpool

(26% found this session very relevant)

- little relevance: 1
- some relevance: 9
- fairly relevant: 15
- very relevant: 26

Comments:

- “Impressive work – had lots of questions about how they scaled this up”;
- “Share & Learn opportunities”;
- “Some good points to consider”.

5. Developing System Wide Leadership for the Delivery of MECC at Scale and Pace in Cheshire & Merseyside

(45% found this session very relevant)

- little relevance: 0
- some relevance: 6
- fairly relevant: 22
- very relevant: 23

Comments:

- “Impressive work – had lots of questions about how they scaled this up”;
- “Idea of framework & system leaders role was of interest”;
- “Share & Learn opportunities”.

6. Drivers for Making Every Contact Count: CQUIN and CSR

(44% found this session very relevant)

- little relevance: 1
- some relevance: 10
- fairly relevant: 17
- very relevant: 22

Comments:

- “Going to remind organisations of their opportunities & obligations”;
- “Felt very specific – could have been a workshop session”
- “Work in a different health system – but the need to cover drivers is understood”;
- “Fairly dry”;
- “Good information on how this triggers MECC”;
- “This was SUPER relevant – great timing”;
- “Not from an NHS service so CQUIN not applicable to us”.

7. Workshop 1 & Round Table Facilitated Discussions (out of 34 responses 68% found this session very relevant)

- little relevance: 0
- some relevance: 3
- fairly relevant: 8
- very relevant: 23

Comments:

- “More time would have been useful”;
- “Not enough time for each topic – felt rushed”;
- “The presentation from Ireland was excellent and I would have liked to hear more from this bit rushed – more table work throughout the day”;
- “I really valued the mental health presentation”;
- “Good to share practice with other HCPs”.

8. Workshop 2 & Round Table Facilitated Discussions (out of 12 responses 83% found this session very relevant)

- little relevance: 0
- some relevance: 0
- fairly relevant: 2
- very relevant: 10

Comments:

- “This was best part of the day and really what I thought morning would be like. Great examples and good discussion points”;
- “Deborah Bancroft excellent talk and very relevant”;
- “Good group discussions”;
- “Less feedback from discussions”;
- “Great presentation on mental health & from the fire service – good insights into mental health discussions & full presentations”.

What personal actions are you taking away from the event?

(out of 51 responses – 46 delegates pledged actions following the event. Below is a snapshot of responses to this question)

Comments:

- “Fill in gaps in own knowledge, spread knowledge & ideas amongst colleagues”;
- “To look at opportunities/challenges in C&M and to start to plan strategically for strengthening MECC across C&M”;
- “Building on what we have, engagement with CCG, acute trusts & LA to identify key leaders to drive larger scale change. Increase staff training & engagement in MECC activity”;
- “Promotion of MECC to the workforce, inclusion of e-Learning within appraisals, Increase contact with local voluntary services”;
- “To look at role of MECC in early intervention for patients at risk of falling that haven’t had a previous fall”;
- “I will find out more about the Connect 5 programme as it is very relevant to my role”;
- “To check out e-Learning websites, share learning at weekly team meetings”;
- “To discuss rolling out the e learning tools as mandatory training for all frontline staff in the local authority”.

How would you rate this particular venue (location, parking, facilities etc)?

Comments:

- “Comfortable venue, well positioned near Piccadilly station, lovely lunch & refreshments”;
- “Ok, but healthy snacks rather than just biscuits”;
- “Excellent, very accessible”;

- “Facilities were very good, access via car more difficult than public transport although parking very convenient due to Central Manchester location”;
- “Good but difficult to find from the station”;
- “Very good”;
- “Good, quite a lot of disturbance from the catering staff wheeling trolleys behind the speakers”.

Would you like to make any other comments/feedback?

Comments:

- “Further workshops would be very good”;
- “Very good event with a lot of insight & useful info on other parts of the system”;
- “Very informative for services new to introducing MECC & excellent ideas in moving forwards for those services who have already established a MECC approach”;
- “Would welcome more events - focus on data/evaluation, use of element & upshot of MECC in wider system”;
- “I thoroughly enjoyed the event and look forward to implementing MECC further – thank you”;
- “Useful event – thought provoking – thank you – great range of speakers”;
- “Thank you, fantastic opportunity to see what’s already proving useful and enthuse me to return with great ideas”;
- “More time for workshop topics maybe 2 speakers per workshop rather than 3 speakers”;
- “Great event lots of learning”;
- “Liked pace of workshops & discussion at tables”;
- “Very interesting & informative event – am really glad I attended”.