



Bristol Health & Wellbeing Board

Making Every Contact Count	
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Report for Information/Discussion	

1. Purpose of this Paper

This paper is to update the HWB on the Making Every Contact Count Programme.

2. Executive Summary

Making Every Contact Count (MECC) is about training workers to use simple coaching conversations with people to help them decide how they are going to change their health behaviour. By using 'open discovery questions', which are questions starting with 'how...' or 'what...' workers help people think through what they want to change and how they will do it. For instance, if a person mentions that they want to give up smoking; the worker might ask *how* much they smoke, and *how* much they want to cut down to, and *what* they need to do or have in place to achieve that goal. The worker does not give advice, or take a judgemental position. It is a useful and simple way to for the workforce to facilitate 'Helping people to help themselves'.

3. Context

MECC is a nationally lead initiative. The NHS Standard Contract now requires NHS providers to produce a Making Every Contact Count plan, see Appendix 1.

In November 2016 Public Health England published 'Local Health and Care Planning: menu of preventative interventions', which describes evidence-based approaches to improving the health of the population through prevention interventions. MECC is recommended.

Public Health England and the Local Government Association have produced guidance on implementing MECC. The advice is to:

- Establish organisational readiness
- Establish staff readiness

- Roll out training.

They describe various levels of MECC rising in complexity from simple health chats to longer interventions based on motivational interviewing. In the south west region the South West MECC steering group has decided to roll out the basic healthy chats level at scale, and leave longer, more intensive interventions to local discretion as they can be resource heavy and need to be targeted at specific workforces.

The South West MECC steering group has enabled 3 cohorts of workers to be trained as trainers and is currently developing a strategy for the region.

The Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (STP) has adopted MECC as one of its priority work streams; the Workforce Development Programme Group of the STP has agreed that MECC training should be rolled out to all workers in health and social care.

4. MECC in Bristol

Rolling out a MECC programme is a recommendation of the Director of Public Health's annual report 2016.

- The Bristol City Council Public Health Team should coordinate the roll out of a 'Making Every Contact Count' training programme for multidisciplinary front line staff to improve health and wellbeing.

By delivering MECC the council and partners should be able to improve the health of the adult population and reduce future demand for care and the associated costs. MECC fits into the work on Early Intervention and Public Health prevention in Bristol.

What MECC deals with: There are 4 main diseases that cause early death before the age of 75 years. These diseases are: cancer, cardiovascular disease, respiratory disease and liver disease. The percentages of these early deaths that are preventable are: cancer (60%), cardiovascular disease (61%), respiratory disease (49%) and liver disease (94%). Unhealthy lifestyles contribute to the development of these diseases.

In Bristol, of adults:

- 19% are smokers
- 57% are overweight or obese
- 28% drink at risky levels
- 39% do not get enough physical activity each week
- 47% do not eat 5 or more fruit and vegetables a day.

The MECC programme addresses the core lifestyle choices of alcohol

misuse, smoking, physical inactivity and unhealthy diet as well as mental health. It is estimated that of the early deaths from the 4 main diseases: smoking contributed to 22.1%, unhealthy diet contributes to 16.8%, alcohol misuse causes 5.5% and physical inactivity causes 4%. In total, 48% of the early deaths from the four main diseases are linked to lifestyle risk factors.

MECC training enables workers to have effective coaching conversations about lifestyle behaviours with their clients and their own families. The workers do not become health experts but do become better able to help people identify how they can change their health behaviour for the better and signpost them to help.

The face to face training is augmented by elearning which provides basic information about the main lifestyle behaviours (smoking, alcohol misuse, unhealthy diet and physical inactivity) and workers also receive basic information about mental health. One of the benefits of MECC is that it has been evidenced to improve the health of the people in receipt of MECC training and their families, as they make their own lifestyle changes.

In addition each workforce manager is asked to identify whether their workers face particular lifestyle issues in their client base, for instance in older age groups this could include falls, keeping warm in winter and cool in summer. The MECC training can then incorporate basic information on these topics.

Organisational readiness in the STP. The STP Workforce Group has made available a one-off grant of £55,000 available to roll out MECC across Bristol, South Gloucestershire, and North Somerset health and social care staff, of which there are estimated to be over 46,000 people. The South West Workforce Development Group (health) has just made an additional grant of £62,500 to roll MECC out across the STP footprint to the wider workforce. Resulting in total grants of £117,500 for BNSSG.

The three authorities' MECC leads plan to use the STP Workforce Group grant to commission a project coordinator for a year to roll out MECC in the health and social care workforce. The use of the additional grant of £62,500 has to be agreed, but it is intended that it strengthen the approach.

Organisational readiness in Bristol.

In June 2016 Bristol City Council's Directorate Leadership Teams (DLTs) were asked to recommend priority groups to target for MECC training in the council and commissioned services.

Three Bristol council Public Health workers took part in the regional MECC, they can deliver train-the-trainer and front line training.

The council's Health Improvement Team have been working with the identified priority group managers to design training specific to their workforce needs, some already have high level skills in coaching in areas other than health and need less intensive training, other are new to coaching and need a different approach. The roll out of the training has been slowed due to the

existing programme of professional training that some workforces were in the middle of, and by the amount of restructuring going on across the council.

To take the programme beyond targeting priority groups to making MECC 'business as usual' across the council the programme needs the strategic direction reinforced by the Strategic Leadership Team and the HWB to ensure that departments understand the importance to the organisation of this approach. This will help them to appreciate how MECC is integral to helping people to help themselves.

Council providers have not been approached yet apart from Care & Repair who are keen to be trained in MECC in March 2017.

Bristol Community Health (BCH) workforce development team now has an accredited MECC trainer who will be able to roll out training in BCH.

North Bristol Trust organisational development team has been developing health coaching and is keen to take part in rolling out MECC to primary and secondary care and social care in the STP area.

AWP, UHB, Primary Care and the voluntary and community sector have not developed MECC plans and it is anticipated that the STP grants will enable this work to happen.

Staff readiness:

In Bristol City Council the priority workforces' service managers were contacted, a timetable for implementation was mapped out which took into account the current training programmes for the teams and council restructuring.

Each workforce manager was sent a questionnaire to identify if there were particular issues that needed covering apart from alcohol, smoking, physical activity, healthy diet and mental health. Additional topics identified included keeping warm in winter, keeping cool in summer and falls prevention.

To ready the workers the council MECC trainer lead is also attending team meetings when requested to explain the style and purpose of the MECC training. Upcoming meetings include community development, and Family Support workers

A Bristol city council web page for staff (the Source) will be developed to assist the workers.

Training:

The MECC training has been piloted and the Health and Social Care Apprentices have been trained. Workforces that are now ready to set a date for training include; Reablement, Museums and culture, Care & Repair and Citizens Service Point Staff. A bespoke training approach for Social workers has been agreed and will be piloted in the spring.

Evaluation

The regional MECC Steering Group is developing a region wide evaluation.

Next Steps

The next stage of implementation is to:

- Work with council DLTs to roll out MECC train the trainer training to other front line workforces in the council.
- Produce a Source web page to provide a simple guide to MECC – to enable staff to be ready to implement MECC
- Work with partners to roll MECC out across the STP footprint.

It is recommended that the next wave of workforces targeted to receive MECC training includes:

- Housing officers
- Trading standards officers
- Avon Fire & Rescue Service
- NHS workers

5. Key risks and Opportunities

There are three main Key risks. Firstly, several of the key organisations are in special measures due to their financial situation and therefore may find it difficult to release workers for MECC training as they are short staffed. Secondly, the restructuring of the council will continue to slow the delivery of the training in the council. Thirdly, the Live Well hub is expected to be the place where people are signposted for help, however the development of this has been delayed.

Opportunities are: using MECC healthy chats to coach people who want to change their health habits and to find ways to do this that suit them is a powerful change in the relationship between providers and the public. It changes the conversation from providing top-down advice, which is not suited to the individual's wants and needs, to enabling the person to help themselves in a manner best suited to their own circumstances.

6. Implications (Financial and Legal if appropriate).

The grants of £117,500 that cover the STP area will greatly assist the roll out of MECC. Bristol City Council will manage the grants for the STP area.

7. Conclusions

Rolling out MECC will enable workers in the public, voluntary and community sector to assist people to make decisions and act for themselves. It will contribute to the cultural change needed as people move away from depending on solutions provided by others (the dependency culture) to one of more self- determination and self- help.

It is anticipated that the grants for the STP area will greatly strengthen the work in Bristol and the rest of the STP, as they can be used for dedicated resources to roll out and embed MECC systematically across the health and social care workforce and the wider workforce.

8. Recommendations

The board is asked to

- Support and endorse the MECC approach both at board level and at organisational level.
- Consider how to roll out the programme most effectively across all partners.
- Appoint a MECC champion on the HWB.
- Review the progress in 6 months' time.

9. Appendices

Appendix 1

NHS England has included MECC in its 2016/17 NHS Standard Contract Service Conditions in section SC8 on page 11:

The Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count Guidance.