

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

1 November 2019

Subject: Update on Kent County Council Approach to Making Every Contact Count and a report on the outcomes of MECC training

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: n/a

Electoral Division: All

Summary: Making Every Contact Count (MECC) is an approach to behaviour change that uses 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.

Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to: **COMMENT on and ENDORSE** the contents of the report.

1.0 Background and Introduction

1.1 Making Every Contact Count (MECC) is an approach to behaviour change that uses 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. This includes, for example, conversations regarding housing status, childcare and social services interactions.

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. Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.

A MECC interaction takes minutes and is not intended to add to the busy workloads of health, care and the wider workforce staff. It is structured to fit into

and complement existing professional clinical, care and social engagement approaches. There is good evidence for brief intervention and evidence suggests that the broad adoption of the MECC approach by people and organisations across health and care could potentially have a significant impact on the health of our population.

Kent County Council and Medway Council Public Health received £170K from Health Education England (HEE) in 2018 to create, deliver and evaluate a training programme to upskill the wider workforce in having conversations about health & lifestyle choices and signposting to local sources of support.

2.0 MECC training in Kent and Medway 2018-2019

2.1 Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC. This was informed by a MECC pilot for Kent, Surrey & Sussex carried out between 2015 and 2017. This pilot identified the importance of having a flexible and tiered training offer that takes account of the wide variety of skills, experience and expertise across the workforce and the challenges of fitting training around competing work pressures.

Both councils designed, developed, implemented and delivered/commissioned the training offer, the overall aim of which was to improve the confidence and knowledge of the wider workforce in engaging people in conversations about improving health behaviour and signposting people to local services.

The intended outcomes for those participating in the training were:

1. Increased understanding of Making Every Contact Count
2. Increased confidence in having health related conversations (with specific reference to smoking, alcohol, mental health and maintaining healthy weight)
3. Increased confidence in signposting people to local health services
4. Individuals acquire skills and have confidence in using more advanced communication tools/techniques Solution Focussed Therapy (SFT), Cognitive Behaviour Therapy (CBT) and Motivational Interviewing).

3.0 Training Delivery Model

3.1 The delivery model consisted of 2 tiers. Each tier was designed with particular cohorts in mind to ensure that there was a range of training to suit different levels of skill, knowledge and experience across the workforce.

The health and lifestyle content of the training focussed on the 4 key themes identified by the Sustainability and Transformation Partnership (STP) – Smoking, Alcohol, Obesity and Mental Health.

The 2- tier model was set up as follows:

Tier	Title	Duration	Description	Target audience
Tier 2	Making Every Contact Count with Motivational Interviewing Techniques	1 day	All tier 1 content plus an introduction to Motivational Interviewing techniques and how to apply them in conversations about health & wellbeing	<ul style="list-style-type: none"> • Those having direct contact with service users and where conversations about lifestyle and health are likely to occur • Those with opportunities to give brief advice and signpost to health services • May suit the following roles: Housing officers, children's centre staff, community nurses, youth workers, pharmacy staff
Tier 3	Making Every Contact Count with Cognitive Behavioural Therapy Techniques	2 days	All tier 1 content plus CBT techniques and how to apply them in conversations about health & wellbeing	<ul style="list-style-type: none"> • Both tier 3 options would suit professionals who have frequent contact with service users over longer periods of time and where opportunities to have health and lifestyle related conversations are likely to occur • Professionals who manage case work may particularly benefit as the training provides tools for carrying out interventions related to behaviour change. This can be applied in a range of casework settings, enhancing the work they do with individuals and families. (For example, midwives, social workers, health visitors, early help case workers)
	Making Every Contact Count with Solution Focussed Therapy Techniques	2 days	All tier 1 content plus SFT techniques and how to apply them in conversations about health & wellbeing	

- In Medway, a tier 1 MECC training was delivered. In Kent County, tier 1 training has been delivered by our partners to their staff e.g. KCHFT offers staff MECC training and we train individuals via our Public Health Champions programme.
- Tier 2 was delivered in Medway by the Workforce Development Team. There were also two commissioned services in Kent, one in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, Tonbridge & Malling, Maidstone, Ashford and Swale and one for Shepway, Thanet, Dover and Canterbury.
- Tier 3 was delivered across all of Kent & Medway by two providers commissioned using the monies from HEE. SCCH Consulting delivered MECC with CBT Techniques and First Contact Clinical delivered MECC with SFT Techniques.
- Both Kent and Medway continued to offer their existing health champions programmes as part of the MECC offer as an alternative tier 2.

Promotional and recruitment activities included face to face meetings with local care teams, internal partners such as social care teams and commissioned services. Details of the training offer were emailed to internal and external partners. Social media promotional work was also carried out. KCC and Medway Communication teams liaised to assist in promoting the programme across the County. KCC's Workforce Development Manager emailed key contacts about the training offer to raise awareness with key internal and external stakeholders.

An initial pilot tier 1 session was delivered to MCH staff in December 2018. Fifty training sessions were then booked and delivered at 41 venues across Kent and Medway between February and July 2019 (27 tier 2 sessions, including Train the Trainer sessions, 11 tier 3 SFT sessions and 8 tier 3 CBT sessions.) 2 Train the Trainer Sessions (tier 3 Solution Focussed Therapy and CBT) and one re-scheduled tier 3 CBT session are planned for September and November 2019. Train the Trainer sessions are also being set up for the motivational interviewing training.

Two bespoke one day tier 3 SFT sessions were delivered for midwives in July. These were developed in response to the challenge of freeing up midwives' time to attend a 2-day course.

4.0 Sustainability of the programme

- 4.1 To create a sustainable model, the training packages were developed so that they could still be utilised once the initial funding had ceased. For instance, the training and signposting materials were designed to be used for future training and all training included Train the Trainer sessions.

5.0 Outcomes

- 5.1 Participants were asked to assess their levels of confidence in relation to each of the four outcomes of training:

Objective 1: That People understand with MECC is

Objective 2: That training increases people confidence in having health related conversations

Objective 3: That individuals feel confident in signposting people to local services

Objective 4: That individuals have confidence in using more advance communication tools/techniques (motivational interviewing techniques, Cognitive behavioural therapy techniques and/or solution focused therapy techniques.

5.2 Ninety-three per cent of participants felt that they fully understood the principles and concepts of MECC after the training, compared with 31% before the training.

5.3 For objective 2, most attendees improved their confidence in having health conversations regarding alcohol, smoking, mental health and obesity after completing the training. The percentage that increased their confidence is given below for each of the areas:

Alcohol: 72%

Smoking 68%

Mental Health: 67%

Obesity: 78%

5.4 Most attendees improved their confidence in signposting people to local services and resources after the training (62% of attendees).

5.5 Feedback suggests that most attendees (91% who completed MECC tier 2 and/or tier 3 training improved their confidence in using more advanced communication tools/techniques following the training.

5.6 A follow-up questionnaire was sent to attendees and 118 attendees responded. At follow-up 90% of respondents reported having had MECC conversations since the training and 70% of respondents reported having MECC conversations once a week or more. Seventy-five per cent of respondents said that they had made a referral to health improvement services with most referrals being made to mental health services.

6.0 Next Steps

6.1 Public Health are presenting the evaluation of this round of MECC training to the Local Workforce Action Board in November 2019 and will be actively seeking funding from the STP to continue with this training.

6.2 If funding is obtained, KCC Public Health will engage with the Integrated Care Partnerships (ICPs) to explore ways of increasing the reach of MECC training in the NHS and local authorities, including districts and boroughs. Public Health will also look to commission more training on MECC and CBT awareness for teams most likely to be able to utilise it, such as those in Primary Care Networks.

7.0 Summary

7.1 Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC.

A number of courses have been delivered to over 500 participants with positive feedback and good evaluation outcomes.

8.0 Recommendation

8.1

The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the contents of the report.

9.0 Contact Details

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10. **Background documents:** none
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Further Reading: Making Every Contact Count: Consensus Statement

Placed in the online library:

<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=SD5742&ID=5742&RPID=32337070>