

MAKING EVERY  
CONTACT COUNT

## Factsheet

### What is Making Every Contact Count (MECC)?

Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

- For organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach.
- For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.
- For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing.

[The Five Year Forward View](#) calls for a radical upgrade in prevention and public health. It outlines the importance of increasing the support available to help people to manage and improve their own health and wellbeing and emphasises the importance of ensuring that behavioural interventions are available for patients, service users and staff to support them to understand the impacts of smoking, alcohol, weight and diet and activity levels on their health and to make behaviour changes to address these.

The current expectation is that all NHS organisations will commit to MECC. 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.*

The biggest challenge is to measure the impact of MECC interventions. A [MECC evaluation framework](#) has therefore been developed to support implementation and evaluation.

## What MECC is not?

MECC is not about:

- adding another job to already busy working days
- staff becoming specialists or experts in certain lifestyle areas
- staff becoming counsellors or providing ongoing support to particular individuals
- staff telling somebody what to do and how to live their life.

## What are the benefits of MECC?

There are clearly identified benefits in using MECC approaches at every available opportunity:

Organisational benefits:

- Implementing MECC can support organisations in meeting their core responsibilities towards their local population health and wellbeing and to meet obligations within the NHS standard contract.
- It can assist organisations in meeting responsibilities towards their workforces, for example by improving staff awareness of health and wellbeing issues; and in enhancing staff skills, confidence and motivation and potentially bring improvements to staff health and wellbeing.
- MECC activity can be incorporated as part of existing health improvement or workforce improvement initiatives, for example, when tackling access to healthier food options.

Community and local health economy benefits:

- The benefits of MECC can include improving access to healthy lifestyles advice improvement in morbidity and mortality risk factors within a local population; and cost savings for organisations and the local health economy.
- It can also support health improvement activity within local communities, and provide an approach that reaches out to community members and groups. MECC can provide a lever to support communities in collaborating together.

Staff benefits:

- For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages and the encouragement for people to change their behaviour and to signpost to local services that can support them to change.

National/Population benefits:

- It provides a means of maximising the benefit from existing resources for improving population health. For example, it can include advice on low or no-cost activity, such as persuading parents to walk their children to school; or, as part of physical activity advice, encouraging increased use of existing community resources such as leisure centres and swimming pools.
- MECC can be effective in helping to tackle health inequalities and the impact of the wider determinants of health, through supporting individual behaviour change. For example, some local services are using the MECC plus approach to engage local

populations in managing debt, action towards gaining employment or in tackling housing issues.

- The population level approach of MECC can also help address equity of access, by engaging those who will not have otherwise engaged in a 'healthy conversation' or considered accessing specialised local support services, such as for weight management.

Individual benefits:

- For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health. For more information please see the [MECC Consensus Statement](#).

### What should MECC training be about?

It is not easy for everyone to raise questions about lifestyle behaviours. MECC requires a range of skills and knowledge in order to staff to gain confidence to support and direct people. Training resources for staff are a key element of a MECC programme. The success of a MECC programme will depend on the quality of the training and on sustaining the competence and confidence of staff to deliver the key messages and information to the public. It is also important that those delivering MECC are able to signpost people to appropriate local services and where possible facilitate contact with these services. MECC training should offer practical advice on how to carry out opportunistic chats, signpost to other services and encourage people to make positive steps towards making a lifestyle change and should ensure that there is a consistent approach to these messages.

HEE has developed a number of e-learning packages to support MECC. These are available free of charge from the [e-Learning for Healthcare website](#).

A [MECC Implementation Guide](#) has been developed to support people and organisations when considering or reviewing MECC activity and to aid implementation. A [self-assessment checklist](#) is available to support organisations in implementing and sustaining MECC programmes. It has been designed to be a simple check list that provides organisations with a set of quality markers to develop new training materials and to evaluate existing training against and highlight where changes or additions could be made to enhance the training.

### Where is HEE with delivery?

Health Education England has been working with its national and local partners on a number of MECC-related activities. In addition to the [national MECC resources](#) described above:

- We hosted a National MECC Conference on 27 January 2016 where we explored MECC principles, pathways, partnerships and practice. The [conference materials](#) can be found on the Health Education England (HEE) website.
- Following the conference, we set up a MECC Community of Practice with around 100 members nationally. The community has a closed membership area to chat about all MECC related issues, based on SLACK.
- HEE have invested in five regional workshops on MECC bringing together all local stakeholders to start rolling MECC out at scale. Two of these workshops have already taken place:
  - 22 June 2016 in the South West
  - 9 September 2016 in the North East

Further workshops are planned in London and South East on 29 November 2016, East Midlands and Yorkshire and Humber.

- We are refreshing the [www.makingeverycontactcount.com](http://www.makingeverycontactcount.com) website to provide up to date resources and information to support people and organisations implementing

MECC approaches. The website will also contains local case studies collected by Public Health England (PHE).

- We have collected MECC related activity information from HEE local teams and this will be published on HEE's website soon.