

# An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing



Developed by the East Midlands Health Trainer Hub,  
hosted by NHS Derbyshire County



This document supports an ambition of NHS Midlands and East





# Contents

Foreword	4
Introduction	5
<b>Section 1:</b> What is Making Every Contact Count?	6-7
<b>Section 2:</b> An overview of the evidence and policy for MECC	8-9
<b>Section 3:</b> How organisations can achieve systematic and sustainable change through MECC	10-12
<b>Section 4:</b> Who benefits from MECC?	13
<b>Section 5:</b> The responsibilities of strategic and operational roles within an organisation	14-15
<b>Section 6:</b> What is the implementation process for MECC?	16-22
<b>Section 7:</b> What tools and resources are available?	23-25
References and supporting documentation	26

## Acknowledgments

This Implementation Guide and Toolkit has been developed following pilot work with organisations across the East Midlands and draws on earlier behaviour change guidance developed by the Regional Health Trainer Hub on behalf of East Midlands Strategic Health Authority. This guide and toolkit utilises additional insight, tools and resources from across the NHS Midlands and East.

The authors would like to thank all of the contributors to this *Implementation Guide and Toolkit* and all previous work on which it is based.

## Authors

**Elaine Varley**, East Midlands Health Trainer Hub Manager, NHS Derbyshire County  
**Maureen Murfin**, Workforce Development Manager, NHS Derbyshire County



## Foreword

All organisations responsible for health, wellbeing, care and safety have the opportunity to impact on people's mental and physical health and wellbeing. With increased pressure on organisations to reduce costs and increase quality and productivity, services can no longer be focused on symptoms or single issues in isolation. There is a 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. Our service users and staff may have adopted unhealthy lifestyle choices such as smoking, too little exercise, too little healthy food or excessive alcohol intake, or indeed a combination of these.

The promotion of health and wellbeing should be at the core of an organisation's design and service culture, which is why one of the five ambitions for NHS Midlands and East\* is to Make Every Contact Count, by using every opportunity to deliver brief advice to improve health and wellbeing.

Many organisations are already supporting people to make and maintain positive lifestyle behaviour change and it is hoped that the ambition to Make Every Contact Count (MECC) will encourage others to follow.

This *Implementation Guide and Toolkit* is designed to help organisations to deliver Making Every Contact Count systematically. It is a means of achieving long-term behaviour change for better health and wellbeing among individuals and building an organisational culture that supports continuous health improvement and reduces health inequalities. We need staff at all levels, from boards and commissioners to management and frontline staff, to support this approach and to integrate it into everyday business.

Organisations that commit to and support MECC will see improved health and wellbeing of the population they serve and the staff that deliver that service.

**Professor David Walker**

*Director of Public Health, NHS Midlands and East*

Supporting  
Public health  
Supporting  
Maintain or improve  
mental and physical  
wellbeing  
Supporting

\* NHS Midlands and East is a cluster of SHAs comprising NHS East Midlands, NHS East of England and NHS West Midlands.

“Every day colleagues across Derbyshire Community Health Services (DCHS) NHS Trust care for and support more than 5,000 people in our local community. This gives us an unparalleled opportunity to Make Every Contact Count by giving our workforce the skills, knowledge and confidence to talk to people about their health and work with our service users to access the right lifestyle advice and support to take control and make the changes they can to improve their health.

DCHS has committed to developing our workforce to be able to seize the opportunity to talk to people about their lifestyle and help achieve our aim of providing community based health services that enrich the lives of people in our local communities and make the biggest difference to health and wellbeing that we can.”

**Tracy Allen, Chief Executive, Derbyshire Community Health Services NHS Trust**

## Introduction

This *Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing* has been developed to help all organisations responsible for the health, wellbeing, care and safety of the public to implement and deliver healthy messages systematically. Making every contact count towards encouraging healthier lifestyle choices has become known by the term MECC. The responsibility for MECC spans a range of strategic and operational roles across commissioning and provider organisations and this document has been designed to ensure all readers understand the importance of MECC and how it should be implemented.

Sections 1 – 5 are aimed at both strategic and operational roles and give a good understanding of:

- what MECC involves
- the evidence and policy for MECC
- some of the potential barriers to implementing MECC
- the core components and implementation approach to MECC
- the benefits of MECC
- your role and responsibility in MECC

Section 6 and 7 are primarily aimed at those who have a role for implementing MECC within their organisation. These sections explain how to embed MECC and give practical tools and resources to support that process.

The *Implementation Guide and Toolkit* concludes with a list of references and supporting documentation.

When reading this *Implementation Guide and Toolkit* for MECC you may find it helpful to consider how the approach should be applied to your setting in order to achieve maximum health gain for individuals (which includes service users and staff) and your organisation. It is suggested that you tailor implementation to suit your needs, priorities and contractual requirements as long as the core components of the approach are preserved.

This *Implementation Guide and Toolkit* has been informed by earlier work; using *Every Opportunity to Promote Health and Wellbeing: Guidance to support positive lifestyle behaviour change (2011)* which was tested by organisations across the East Midlands (2012). The original East Midlands guidance maps the behaviour change journey from initial conversation (Stage 1) through to evidence-based one-to-one behaviour change (Stage 4). A range of pilot sites were asked to test the guidance for Stage 1 (which can be recognised as MECC) and their findings have shaped this Guide and Toolkit which also utilises additional insight, tools and resources from across the NHS Midlands and East. This *Implementation Guide and Toolkit* will describe this Behaviour Change Pathway and help you implement and deliver MECC.



# What is Making Every Contact Count?

**Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. To do this organisations need to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals. Doing this will improve health and wellbeing amongst service users, staff and the general public and reduce health inequalities. The implementation model to help achieve this ambition has three core components:**

- Organisational readiness
- Staff readiness
- Enabling and empowering the public

Your organisation has many opportunities to improve the health and wellbeing of service users, staff members and the general public by making every contact count. As shown in Figure 1 MECC involves:

- systematically promoting the benefits of healthy living across the organisation
- asking individuals about their lifestyle and changes they may wish to make, when there is an appropriate opportunity to do so
- responding appropriately to the lifestyle issue/s once raised
- taking the appropriate action to either give information, signpost or refer individuals to the support they need.

## What could MECC achieve?

An example:

- Across NHS Midlands and East there are 288,000 staff who collectively have millions of contacts with the public every year
- If each staff member delivers MECC just 10 times each year there will be 2.88 million new opportunities to change lifestyle behaviour every year
- If one in 20 of these people go on to make a positive change to their behaviour a total of 144,000 people would be improving their health and wellbeing.

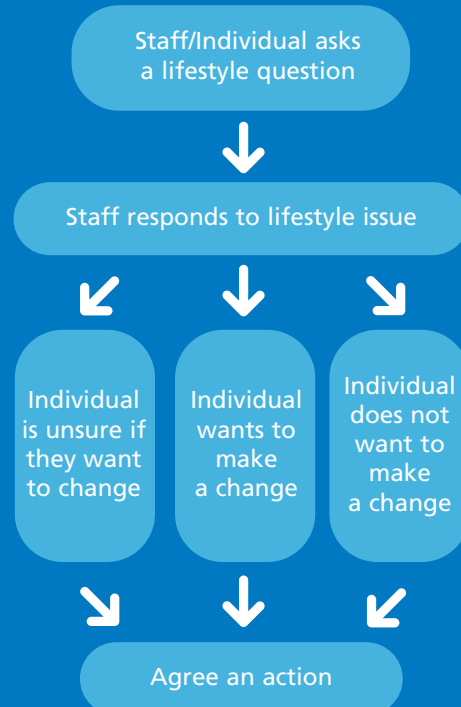
As well as the positive impact on service users, MECC also has vast potential to improve staff health and wellbeing.

With even more staff working outside of the NHS across a range of other health and social organisations, including voluntary and community sectors, the potential is even greater.



Figure 1

## Organisational Environment



Influencing behaviour change

# Positive health

Prevention  
Health improvement

Most commonly a lifestyle issue will be about encouraging individuals to:

- stop smoking
- eat healthily
- maintain a healthy weight
- drink alcohol within the recommended daily limits
- undertake the recommended amount of physical activity
- improve their mental health and wellbeing.

However, if a contact is to truly count, the focus should be on the individual and their needs. This may involve lifestyle areas such as sexual health or being immunised. It may also involve ensuring individuals can access services to support the wider determinants of health, such as housing or financial support, which may be barriers to making a healthy lifestyle choice. It is therefore essential for organisations to work collaboratively with one another and ensure staff have a good understanding of how to link individuals into local services.

## What MECC is not

MECC is not about:

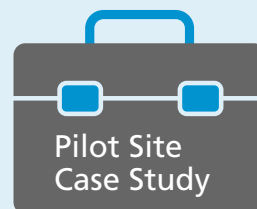
- adding another job to already busy working days
- staff becoming specialists or experts in certain lifestyle areas
- staff becoming counsellors or providing ongoing support to particular individuals
- staff telling somebody what to do and how to live their life.

## Embedding MECC into your organisation

To embed MECC systematically your organisation needs to:

- provide a culture which encourages and promotes prevention and health improvement
- offer staff a suitable environment and the skills and knowledge to deliver MECC

- offer a consistent approach to information provided and the support available
- support staff to improve their own health and wellbeing
- enhance and develop existing systems, processes and service delivery mechanisms
- understand individual need and identify the right course of action at the appropriate time. Everyone is different, often with multiple and complex needs, so the contact needs tailoring accordingly
- make the benefits of healthy living visible and accessible to individuals
- go beyond single health issues, and use contacts with individuals to address wider factors to improve health and wellbeing



### Leicester-Shire & Rutland Sport

Active Together, which aims to encourage adults to become more active more often, made contact with over 30,000 individuals in the last year and created over 117,000 opportunities for individuals to participate in sport.

*"While attending these sport sessions, participants often talk about problems or issues they may have and we can use these contacts as broader opportunities to signpost them to services available to provide support in making positive lifestyle changes. This is why we became one of the pilot sites for using every opportunity to achieve health and wellbeing through MECC."*

#### Physical Activity Development Officer

Full case study can be accessed from Section 7.



# An overview of the evidence and policy for MECC

**There is a growing body of evidence demonstrating the effectiveness of lifestyle behaviour change approaches and a series of policy documentation and NICE guidance supporting this.**

## The importance of MECC

We know that 80% of heart disease, stroke and type 2 diabetes cases and 33% of cancers could be prevented by following a healthy lifestyle. Lifestyle factors, particularly smoking, are also one of the biggest contributors to health inequalities in England. Over the past 10 years the need to improve the health of our population has been highlighted in a series of reports.

*The Wanless report (2004) Securing good health for the whole population* set out the need for individuals to be fully engaged in their own health and health care. The Darzi Review (2008), *High quality care for all* set out the need to put prevention first and the Marmot Review on health inequalities in England post 2010, set out six objectives to tackle health inequalities, one of which was to strengthen the role and impact of ill health prevention.

More recently the NHS Future Forum (2012) made the recommendation that every healthcare organisation should deliver MECC and ‘build the prevention of poor health and promotion of healthy living into their day-to-day business.’

The evidence base for the benefits of following a healthy lifestyle is demonstrated by the EPIC study, carried out in Norfolk (1993 to 2006), which looked at survival according to healthy lifestyle behaviours. The overall impact was a 14 year difference in life expectancy between those undertaking all four healthy lifestyle behaviours (not smoking, eating a healthy diet, drinking alcohol within the recommended limits and undertaking the recommended amount of physical activity) and those not following any.

The ‘Making the Case presentation’, which can be accessed from Section 7, clearly shows why MECC is important and illustrates the potential benefits of systematically embedding MECC within your organisation. The presentation includes both national and local examples.

## MECC in practice

Work is already underway across several organisations to embed MECC systematically by building a culture and operating environment that encourages continuous health improvement. Insight from this work has shown that:

- service users expect to be asked about their health and want advice to be structured and focused
- for staff to be engaged they need ownership of the implementation process
- full support from management and the organisation is essential
- service users often have multi-complex psychosocial needs
- using face-to-face training helps staff overcome some of their barriers of talking to individuals about lifestyle issues and increases staff confidence and competence levels
- barriers to implementation include: how staff feel about their own health and wellbeing; lack of leadership and organisational support; lack of easy access to health improvement information and services; the environment; workforce time and capacity and not knowing when it is the appropriate time to ask an individual about their lifestyle.

Maintain or improve  
mental and physical  
wellbeing

Supporting  
Prevention

Health improvement



# Lifestyle improvement

Maintain or improve mental and physical wellbeing

Influencing behaviour change

The National Support Team (2011) Health Gain Programme (NST HGP), built on insight from work taking place across England, highlighted that NHS and health and social care providers are not systematically offering lifestyle support to all those who could benefit from it. They stated that only with systematic, scaled and sustainable approaches will such activity contribute to measurable change and reduced mortality at population level. The NST HGP highlighted the importance of:

- leadership
- co-ordination
- workforce development
- responsive services to support service user need.

The way in which MECC is implemented and supported also has a direct link to its success. Table 1 attempts to illustrate how core factors can impact on how individuals might engage with MECC.

Table 1

Factor	Individual unlikely to engage	Individual likely to listen	Individual likely to act
Time	Staff member feels MECC is a tick box exercise	MECC is delivered with credibility in a structured way	MECC is delivered in a structured way and backed up with action
Staff training	MECC is delivered by staff who are not trained	MECC is delivered by trained staff	MECC is delivered by someone who has built up a relationship with the individual
Staff lifestyle	MECC is delivered by staff who appear unhealthy	MECC is delivered by staff who appear healthy	MECC is delivered by staff who have made a change themselves
Crisis	MECC is delivered when the individual is in crisis	MECC is delivered when the individual is contemplating change in health behaviours	MECC is delivered when the individual recognises lifestyle change will be beneficial
Environment	MECC is delivered in an unsuitable environment e.g. too public	MECC is delivered in an environment which offers opportunities for change	MECC is delivered in an environment which supports change

Learning and insight from work taking place mirrors the NICE (2007) Public Health Behaviour Change Guidance that states that behaviour change interventions should take a systematic, coherent and evidence-based approach and recommends to:

- work in partnership with individuals, communities, organisations and populations to plan interventions and programmes to change health-related behaviour
- identify and attempt to remove social, financial and environmental barriers that prevent people from making positive changes
- provide training and support for those involved in changing people's health-related behaviour so that they can develop the full range of competencies required
- select interventions that motivate and support people.

Examples of MECC in practice across a variety of health communities can be accessed from Section 7.

# 3



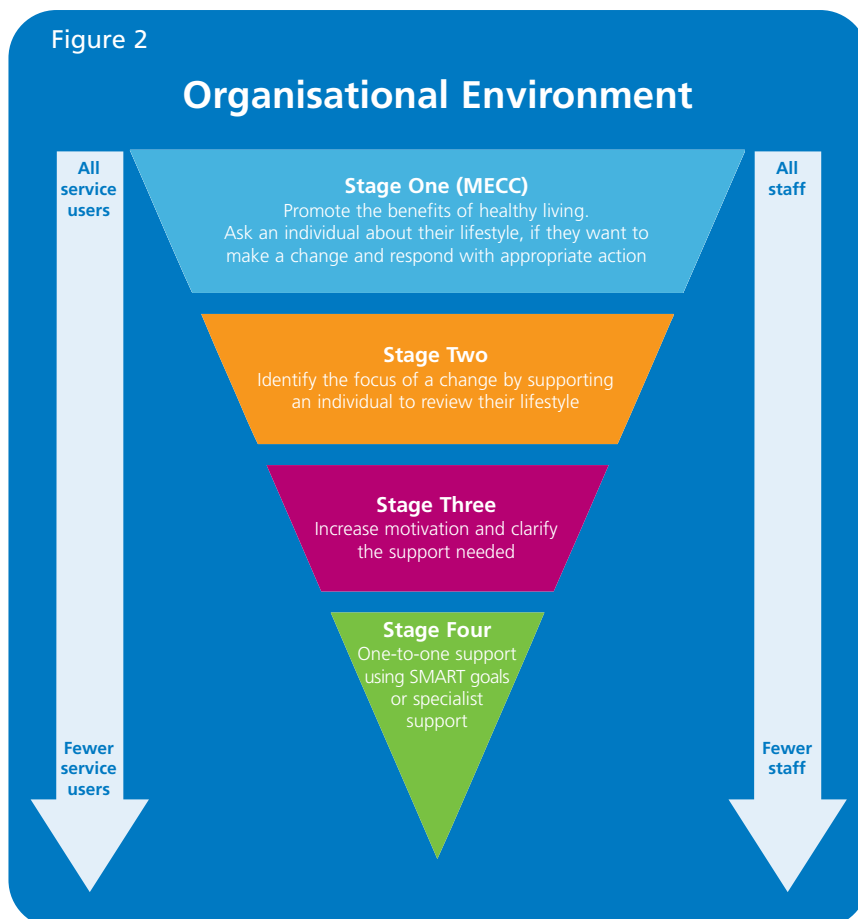
## How organisations can achieve systematic and sustainable change through MECC

**MECC is the first stage of the Behaviour Change Pathway summarised in Figure 2. Effective implementation of MECC should be based on three core components; organisational readiness, staff readiness and enabling and empowering the public; as described in Figure 3. These components are grounded in the evidence of what works best in practice when trying to achieve sustainable change and improvement throughout all levels of the organisation.**

The Behaviour Change Care Pathway recognises MECC as the first stage in the behaviour change journey that individuals may take in order for them to make and maintain a behaviour change. All organisations implementing MECC need to

understand that some individuals will need ongoing support to improve their lifestyle and access to this will need to be facilitated or made available. The success of MECC is engaging the individual. The outcome of this engagement could be providing them with information, signposting them to further support, referring them into a lifestyle service or even just listening to whether or not they are ready to make a change.

The Behaviour Change Pathway, which articulates the potential complexities and direction an individual's behaviour change journey could take, is available in Section 7. Figure 2 shows a summary of the stages of this Behaviour Change Pathway.



Although described separately in Figure 2, the journey for many individuals is unlikely to be a linear process as they will opt in and out at various stages. As the intensity of intervention and support increases, the number of those in the workforce trained to carry out that intervention decreases. For example, all staff deliver Stage One whereas an increasing level of skill and competence is required to deliver each of the other stages. The number of service users requiring support from each stage is also likely to decrease as individuals may opt out or may use information given to make a change without further support. It is important to understand the role of your workforce within the behaviour change journey as staff may already be delivering the stages of support required after MECC. Your organisation also has an opportunity and responsibility to consider how MECC can be built into these roles and how these roles can support individuals who require further support following a contact. Once the first stage is in place within your organisation the foundations should be established for implementing further stages, if appropriate.

### The Implementation Approach

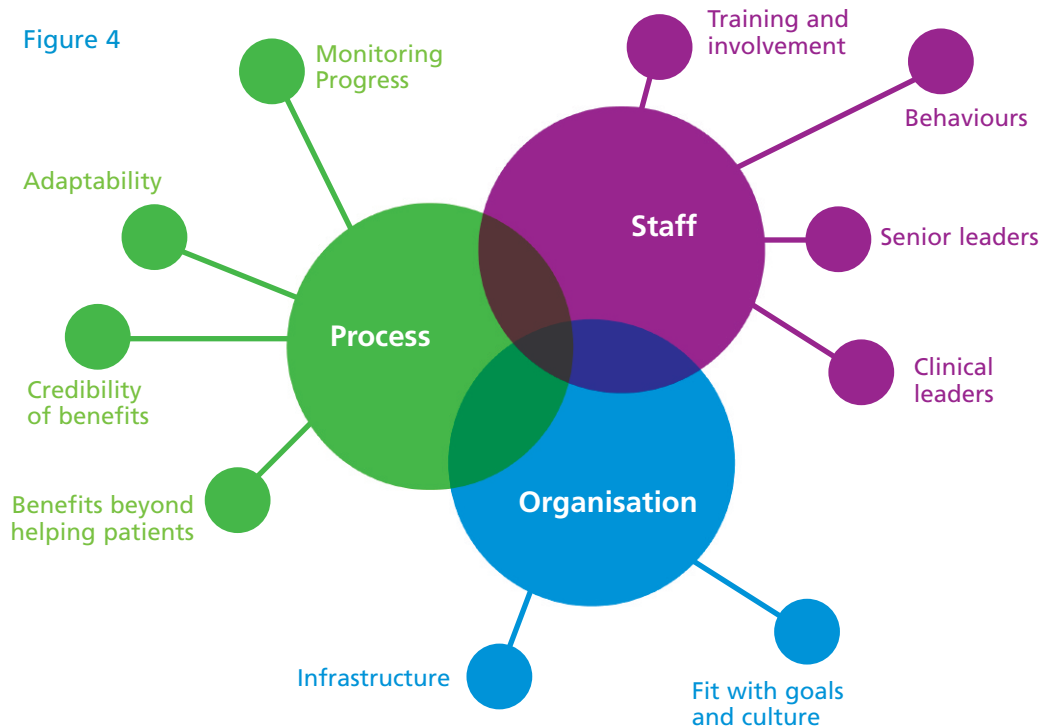
The approach to the implementation of MECC should be based on three core components as described in Figure 3.

Maintain or improve mental and physical wellbeing  
 Prevention  
**Health promoting workforce**

Figure 3



# 3



## Organisational Readiness

You should now have a good understanding of why organisational support is vital. The Organisational Assessment Tool, shown in Figure 4 (a detailed version can be accessed from Section 7), uses an adapted version of The NHS Sustainability Model (2010) (a diagnostic tool designed to predict likelihood of sustainability). The tool can help you assess your current position as a health promoting organisation and analyse areas that may require change or enhancements to achieve improvements. The model helps organisations implement and sustain initiatives that will help to increase the quality of services provided and improve service user experience at a lower cost.

Tools and resources to support implementation at an organisational level can be accessed from Section 7.

## Staff Readiness

A team approach to training and implementation will enable your organisation to build MECC into existing service delivery and ensure staff readiness. This is essential as each team will have different roles and functions which will impact on how they can best deliver MECC.

The team approach helps the team:

- to identify development needs
- learn from one another
- determine when it is most appropriate to raise health and wellbeing issues

- know how best to engage their service users and meet their needs
- capture any impact and learning building on existing data collection and feedback routes.

MECC training materials, along with a number of other practical tools and resources, to support staff to gain the competence and confidence can be accessed from Section 7.

## Enabling and Empowering the Public

It essential that you have local tools and resources available that enable and empower your service users to engage with MECC. It is also important that the benefits of healthy living are visible. Organisations need to consider the accessibility and usability of information and opportunities available for those who wish to make changes themselves.

Understanding the impact of the wider determinants of health, such as family life or education, is essential as these may prevent an individual from engaging.

Organisational processes and care pathways need to be in place to support service users and staff to engage with MECC. The appropriate ongoing support needs to be recognised and available for individuals to make and maintain a behaviour change.

# 4



## Who benefits from MECC?

**MECC offers a number of benefits to any organisation that has a responsibility to improve health and wellbeing.**

### Benefits to service users

- Better health and wellbeing
- Quicker treatment outcomes
- Personal, tailored support in making positive change
- Increased confidence and motivation to change
- Feeling empowered and supported
- Contribution to the reduction of health inequalities.

### Benefits to your organisation

- A high quality service that contributes to quality requirements as outlined by the Care Quality Commission
- Improvements in service user and staff health and wellbeing
- Improvements in staff retention
- Fewer sick days due to improved staff health and morale
- Increased productivity
- Less inappropriate and inefficient use of services
- Cost savings through a reduced burden on services
- Contribution to the achievement of a number of national and local initiatives.

### Benefits to staff

- Real improvements to service users' health and wellbeing
- Increased awareness of their own health and wellbeing
- Increased health and wellbeing knowledge and confidence
- Feeling empowered and motivated
- Feeling supported and valued
- Better morale and being part of a team that makes a difference.



Pilot Site  
Case Study

**Derbyshire Healthcare  
NHS Foundation Trust**

The Trust agreed to be a pilot site for MECC as it identified numerous benefits the programme could provide for the organisation, staff and service users. These included:

- **Organisation:** MECC is supporting the implementation of a number of national strategies, in particular *No Health Without Mental Health (DH 2010)* which has a specific objective to improve the physical health of people with mental health problems
- **Service users:** Service users to have greater understanding and to feel more empowered to make changes to improve their health and wellbeing
- **Staff:** developing skills and knowledge in health promotion as well as, hopefully, their own health. The Trust hopes to see some of the benefits reflected in the NHS National Staff Survey results.

Public health  
**Wellbeing**  
Supporting health  
improvement



# The responsibilities of strategic and operational roles within an organisation

The responsibility for MECC spans a range of strategic and operational roles across commissioning and provider organisations.

## Provider organisations:

### Head of the organisation (Chief Executive Officer (CEO)/Board members)

At CEO/Board level it is important that you set the vision and lead the organisation's culture of maximising every opportunity to achieve health and wellbeing. You have the opportunity to:

- encourage staff to be engaged. They need ownership of the implementation process
- give full support from management and the organisation. This is essential
- acknowledge service users often have multi-complex psychosocial needs
- use face-to-face training to help staff overcome some of their barriers of talking to individuals about lifestyle issues. This increases staff confidence and competence levels
- address barriers to implementation including: how staff feel about their own health and wellbeing; lack of leadership and organisational support; lack of easy access to health improvement information and services; the environment; workforce time and capacity and not knowing when it is the appropriate time to ask an individual about their lifestyle.

### Senior and middle managers

At this level, the emphasis is on leading operational staff and embedding awareness of, and commitment to, MECC throughout the organisation. Regardless of whether or not you are directly (e.g. an implementation lead or manager of a team/s delivering MECC) or indirectly involved you will need to:

- commit to the organisational vision and values for MECC
- offer leadership to MECC and support frontline staff in its delivery
- identify the best mechanism for implementing MECC within your organisation/team
- provide time and resources for staff to deliver MECC and gain the competence and confidence they need for delivery
- support staff to improve their own health and wellbeing
- keep staff motivated and support their ideas for implementation
- identify other mechanisms to support staff through changing the organisational environment
- identify appropriate mechanisms to support and empower staff that may want to make a change to their lifestyle.

# Lifestyle improvement

# Promoting health living

## Public health

### Frontline staff

As frontline staff you have the opportunity to recognise appropriate times and situations in which to engage with individuals and help them on the pathway to improving their health and wellbeing which is crucial in making MECC successful.

Frontline staff have a responsibility to:

- commit to the organisational vision and values for MECC
- attend MECC training and ensure you feel confident and competent to deliver MECC
- identify opportunities to build MECC into your existing practice
- identify the appropriate opportunities to raise lifestyle issues
- identify ways in which the organisational environment, systems and process can support you to deliver MECC
- go beyond isolated health issues
- reflect on your own lifestyle choices and experiences.

### Commissioning organisations

**Commissioners have a major role in the implementation of MECC as you have the opportunity to:**

- ensure that the health burden of lifestyle related disease is included in the Joint Strategic Needs Assessment
- ensure that the contribution of MECC to reducing this burden is included as a priority in the local joint Health and Wellbeing Strategy
- complete modelling work to understand unmet need and unarticulated demand with regard to uptake of healthy lifestyle services
- consider contingency plans to increase service capacity in the short-term. This may include increasing capacity through different commissioning arrangements such as tariff systems
- make full use in contracts of any incentive scheme such as CQUINs related to MECC implementation
- commission a single point of access for healthy lifestyle services in order to simplify signposting and improve access for patients
- ensure that MECC training requirements are embedded into workforce strategies
- develop implementation of MECC as part of all provider contracts, and consider the potential to embed this in contract quality measures.

# Supporting

Maintain  
or improve mental  
and physical wellbeing

# 6



## What is the implementation process for MECC?

All organisations are unique. Your organisation will be at a different stage and have different experiences than others. This is why you will need to follow a flexible implementation process, drawing on a number of practical tools and resources. It will also be helpful to look at examples of practice to see how others have implemented MECC (these can be accessed from Section 7). Regardless of the type and size of your organisation you should be able to use the implementation process, tools and resources in a way that is meaningful and relevant to make contacts truly count.

### The implementation process: summary

The summary opposite shows an overview of the process for implementing MECC within your organisation. A more detailed breakdown of the process is available on the following pages.

### Key principles

- Get senior managers on board – their support is crucial
- Build a culture and infrastructure that is supportive of lifestyle improvement
- Take a systematic response to service and workforce development that appropriately supports service users to improve their health and wellbeing
- Take a team approach to implementation and training
- Have processes and systems that support implementation and capture progress
- Support service users to engage with healthy lifestyle messages
- Consider the role of staff health and wellbeing.

### Organisational Support

Gain organisational support by making the case for MECC. Identify key champions and resources. Assess your organisation's current position as a health promoting organisation.



### Planning

Decide how MECC will be implemented in the short, medium and long term. Set objectives and decide whether specific teams, departments or the organisation as a whole will implement MECC.



### Implementation

Begin implementing MECC at a strategic and operational level and overcome any barriers. Develop the organisational infrastructure as required and give staff the confidence and competence to start MECC.



### Review and Adaptation

Evaluate progress against set objectives and review the impact. Communicate the results, review recommendations and make any changes required.



## The implementation process

This implementation process has been designed to give you a step-by-step guide to implementing MECC within your organisation through obtaining organisational support; planning; implementation and review and adaptation. This process, with additional guidance, is available as an editable Implementation Checklist, to allow you to amend your approach and track your progress. This can be accessed from Section 7.

## Organisational support

This section highlights some of the steps you need to consider to obtain organisational support for implementing MECC. If you already have organisational support you may want to move straight to the planning section of the process, although it is still recommended you know how to make the case for MECC. This will ensure you have an agreed rationale as to why the organisation is implementing MECC, which you can share with stakeholders if necessary.

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Make the case	<ul style="list-style-type: none"> <li>Identify the benefits for the organisation and fit with the organisation's strategy</li> <li>Identify the benefits for staff and service users</li> <li>Identify other projects, initiatives or work taking place within the organisation that this could be part of or build upon</li> <li>Identify key stakeholders within the organisation.</li> </ul>	Making the Case presentation Examples of practice Communications Toolkit	Able to clarify organisational benefits and make the case for implementation
Obtain organisational support	<ul style="list-style-type: none"> <li>Present the case for MECC at board level.</li> </ul>	Local determination	Board level minutes show approval and an implementation lead is identified
Organisational support not obtained	<ul style="list-style-type: none"> <li>Senior management do not agree to implementation</li> <li>Identify why and what you can do to negate those reasons</li> <li>Provide evidence of success in other organisations (e.g. from the pilot sites report)</li> <li>Suggest a small scale, low cost pilot before committing to an organisational programme.</li> </ul>	Examples of practice	Organisational support obtained
Identify key champions	<ul style="list-style-type: none"> <li>Form an implementation team from across the organisation to lead the programme</li> <li>Identify the key stakeholders required to support implementation such as:               <ul style="list-style-type: none"> <li>those with an interest and/or working on relevant projects</li> <li>communications leads</li> <li>finance</li> <li>HR and learning and development teams</li> <li>managers, heads of departments.</li> </ul> </li> </ul>	The case you have made or a tailored version of it	Project team formed and key stakeholders supporting the programme
Identify resources	<ul style="list-style-type: none"> <li>Identify what resources are available to support implementation such as:               <ul style="list-style-type: none"> <li>time</li> <li>budget</li> <li>staff capacity for training for delivery.</li> </ul> </li> </ul>	Local determination Example CQUIN	Resources are agreed and identified

# 6



## Planning

Once organisational support has been agreed you need to decide how MECC will be delivered in the short, medium and long term.

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Set Specific, Measurable, Achievable, Realistic, Time bound (SMART) objectives	<p>Set SMART objectives for the programme outcomes, which will be used to demonstrate success at evaluation. These could include:</p> <p><b>Short term</b></p> <ul style="list-style-type: none"> <li>• Staff being trained, feeling competent and confident</li> <li>• Communication systems in place</li> <li>• The goals are clear, relevant and shared by senior management</li> <li>• The programme objectives are mapped to your organisation's strategy and corporate objectives</li> <li>• There is commitment from senior management towards organisational change and continuous learning</li> <li>• There are appropriate systems and processes in place to support and monitor implementation.</li> </ul> <p><b>Medium term</b></p> <ul style="list-style-type: none"> <li>• MECC is built into organisational policies and procedures, including HR processes</li> <li>• Organisational policies and procedures support and coordinate and monitor effectively</li> <li>• Staff have developed their confidence and competence</li> <li>• Organisational environment supports what staff are saying</li> <li>• Process review of implementation and the impact</li> <li>• Service user experience is known.</li> </ul> <p><b>Long term</b></p> <ul style="list-style-type: none"> <li>• MECC is embedded within organisational policies and procedures</li> <li>• MECC is coordinated across the whole organisation; follow-up procedures are in place</li> <li>• Strategies to support staff health and wellbeing are in place</li> <li>• Cost savings can be demonstrated.</li> </ul>	<p>Local determination</p> <p>Organisational Assessment Tool</p> <p>NHS Midlands and East metrics</p> <p>Example CQUIN</p>	<p>Objectives have been signed off by senior management</p>

Maintain or improve  
mental and physical

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Identify teams for implementation	<ul style="list-style-type: none"> <li>Project team develop a criteria for prioritising teams/departments using a number of factors:               <ul style="list-style-type: none"> <li>number of opportunities within the department to have contact with individuals</li> <li>ability to influence individuals</li> <li>current work undertaken</li> <li>support offered by the department head.</li> </ul> </li> <li>Project team decides which departments will implement MECC first</li> <li>Develop a schedule of departments that will implement MECC.</li> </ul>	Local determination	Schedule of departments has been created and agreed with department heads
Engaging and empowering teams and individuals	<ul style="list-style-type: none"> <li>Communicate with the relevant teams</li> <li>Support staff to engage with the purpose</li> <li>Support staff to understand and agree their role and where they want to be and how they are going to get there</li> <li>Enable staff to discuss some of the issues that may prevent them from engaging with MECC</li> <li>Support staff to identify an individual within the team to lead on implementation</li> <li>Review communication opportunities with individuals.</li> </ul>	Orientation Workshop Slides, including pre and post session survey	Staff are aware and understand the relevance and importance of MECC and the next steps for implementation



# 6



## Implementation

When teams (including the head of department/team manager), have considered their own objectives and timescale they need to agree the steps they need to take to implement the process. In addition there will also be steps the organisation will need to undertake to embed MECC within its strategic aims and core business.

## Strategic implementation

As the organisational implementation lead you will need to review the plans from each team and assess what organisational changes are required to support those plans and embed the culture of MECC in the organisation.

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Identify systems and process to be developed	<ul style="list-style-type: none"> <li>Implementation lead reviews the recommendations and learning from the teams</li> <li>The implementation lead facilitates the agreed changes to systems and processes. These may include:               <ul style="list-style-type: none"> <li>clear referral procedures and signposting pathways for different services</li> <li>information material made easily accessible to staff</li> <li>data collection systems are collated and updated.</li> </ul> </li> <li>Organisation makes commitment to continuously review process and procedures.</li> </ul>	Local determination Organisational Assessment Tool	Organisation begins to implement agreed changes
Identify organisational policies and procedures to be developed	<ul style="list-style-type: none"> <li>Organisation embeds MECC into the relevant policies and procedures. These may include:               <ul style="list-style-type: none"> <li>organisation's vision and mission</li> <li>corporate plans and strategies</li> <li>patient and public involvement plans</li> <li>HR process i.e. job descriptions and performance appraisal processes, recruitment and induction procedures</li> <li>staff surveys.</li> </ul> </li> </ul>	Local determination NHS Midlands and East Metrics	MECC is embedded within the organisation

Health Wellbeing  
 promotion Supporting health improvement  
 Supporting  
 Influencing behaviour change Influencing behaviour change  
 Public health

## Operational implementation

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Staff training	<ul style="list-style-type: none"> <li>Ensure the appropriate training is delivered to staff to ensure they are confident and competent in MECC within their role.</li> </ul>	Training options, including pre and post session surveys Individual and Team Skills Assessment Tool	Workshop held and notes from the session are circulated
Overcoming barriers to implementation	<ul style="list-style-type: none"> <li>Project lead or team list the barriers identified in the training</li> <li>Plans developed to overcome individual, team or organisational barriers. These may include:               <ul style="list-style-type: none"> <li>listening skills</li> <li>confidence in raising certain issues</li> <li>knowledge of your organisation's services</li> <li>completing monitoring forms</li> <li>own health and wellbeing concerns</li> <li>availability of information to give to individuals</li> <li>visual prompts for service users and staff</li> <li>referral processes</li> <li>making time for staff to engage with service users.</li> </ul> </li> </ul>	Behaviour Change Pathway and Competence Mapping Example Data Capture Forms Prompt Card and Health Benefit Cards Template for information on self-care or how to access further support	Plans developed to overcome identified barriers
Implementation Plan	<ul style="list-style-type: none"> <li>Review as a team the ideas in place to support implementation</li> <li>Team manager to capture implementation ideas in a plan and share with organisational implementation lead</li> <li>Ensure the implementation ideas will meet the objectives agreed</li> <li>Identify key areas that require monitoring and how this will be done.</li> </ul>	Local determination	Implementation plan agreed with staff and signed-off by department lead
Staff begin MECC	<ul style="list-style-type: none"> <li>Staff begin the implementation</li> <li>Regular review meetings held with staff and by the project team to review progress, impact results and areas for improvement.</li> </ul>	Example data capture forms Prompt Card and Health Benefit Cards Template for information on self-care or how to access further support	First staff member has a lifestyle discussion. This process is also ongoing as team's review and adapt

# 6



## Review and adaptation

It is important to monitor the impact of MECC on staff and service users and capture learning and feedback in order to see what areas need further development and to celebrate areas of success. Teams should also share their results and learning with other departments to ensure best practice is applied across the organisation.

Action / Situation	How you might want to approach this	Tools you may wish to use	What success might look like
Review your progress against the SMART objectives	<ul style="list-style-type: none"> <li>Review progress against your SMART objectives                             <ul style="list-style-type: none"> <li>Collect the necessary information from implementation and monitoring to review progress against your SMART objectives</li> </ul> </li> <li>In addition to the department evaluation plan, you will need to consider an organisational evaluation plan.</li> </ul>	Local determination Repeat Organisational Assessment Tool	Evaluation plan signed off by project team and department lead
Produce evaluation report	<ul style="list-style-type: none"> <li>Decide on report format, audience and timeline for the report</li> <li>Monitoring forms collated and reviewed for the report</li> <li>Lead identified to produce the report.</li> </ul>	Local determination	Evaluation report circulated to key stakeholders
Impact of MECC communicated	<ul style="list-style-type: none"> <li>MECC becomes a key aspect of the organisation's internal communications</li> <li>Regular updates on success stories provided to all staff</li> <li>Key successes are celebrated in the relevant departments and organisationally</li> <li>Benefits are communicated to service users.</li> </ul>	Local determination	Communications plan developed and signed-off by the department lead
Review impact and recommendations	<ul style="list-style-type: none"> <li>Teams review the evaluation report recommendations</li> <li>Recommendations made at the operational level (team) and the strategic level (organisation) on how to make MECC more effective</li> <li>Report recommendations to be considered by senior management (strategic) and team leads (operational)</li> <li>Changes to be made by individual teams/departments</li> <li>Large scale changes to be approved by the senior management team.</li> </ul>	Local determination	Recommendations signed-off and budget allocated
Adapt implementation plan for service improvement and roll-out across the organisation	<ul style="list-style-type: none"> <li>Team and organisation agree to make adaptations</li> <li>Improvements to the implementation of MECC made for future users</li> <li>Continue to monitor the impact for the duration of the programme</li> <li>Review the impact on organisational culture and staff morale.</li> </ul>	Example Data Capture Forms	Adaptation plan and schedule agreed, MECC part of staff's everyday work tasks



## What tools and resources are available?

**A number of tools and resources, referred to within previous sections, have been designed to assist your organisation with the implementation of MECC, which can all be found at: <http://nhs.uk/makeeverycontactcount>**

These tools and resources are examples, many of which, you can modify to meet the needs of your organisation and team requirements. Where possible, guidance on modification has been offered within the tool. These are by no means the only resources available and you may have others that you wish to draw upon.

These tools and resources will:

- support you with implementation at a strategic level within your organisation and help you monitor your position as an organisation that is making contacts truly count
- give staff the confidence and competence to deliver MECC
- enable and empower your service users to engage with MECC
- support commissioners to guide providers by contracts and incentives to implement MECC.

### Tools and resources

<b>Implementation Checklist</b>	<p>This checklist is based on the implementation process and has been designed to enable you to amend your approach and track your progress.</p> <p>The checklist is primarily aimed at those who will have a responsibility for implementing MECC within an organisation. This document provides a step-by-step guide to implementation and signposts to relevant tools and resources at each stage.</p>
<b>Behaviour Change Pathway and Competence Mapping</b>	<p>The Behaviour Change Pathway has been developed to articulate the potential complexities and direction an individual's behaviour change journey could take and how the workforce might respond. The pathway has been mapped to competence which informs the learning outcomes for training.</p>
<b>Communications Toolkit</b>	<p>For communication teams to use alongside implementation leads. It has everything you need to communicate MECC in your organisation.</p>
<b>Example Data Capture Forms</b>	<p>Provides example forms for capturing MECC activity.</p>
<b>Example CQUIN (designed for NHS Commissioners)</b>	<p>This example CQUIN has been prepared to provide an indication of the anticipated content of CQUINs developed to support MECC.</p>



## Tools and resources

<b>Examples from practice</b>	<p>As referred to throughout the document work is already underway across several organisations to embed and implement MECC.</p> <p>A number of case stories are available to give you examples of how MECC is being put into practice. These include information from a variety of organisations that have introduced a health improvement culture. Key learning and benefits are included in each of the case studies.</p> <p>Settings include:</p> <ul style="list-style-type: none"> <li>• NHS provider organisations</li> <li>• Local authorities</li> <li>• Mental health organisations</li> <li>• Acute trusts</li> <li>• Community organisations</li> <li>• Sports partnerships.</li> </ul>
<b>Individual and Team Assessment Tool</b>	<p>Provides an example form that can be used to identify skill gaps and development needs at individual and team level.</p>
<b>Information on self-care or how to access further support</b>	<p>Provides a template to populate with information on services that individuals may benefit from being given, signposted or referred to.</p>
<b>Links to policy drivers and initiatives</b>	<p>This resource identifies some of the key policy drivers and initiatives that support MECC.</p>
<b>Making the Case presentation</b>	<p>This presentation will help you make the case for the implementation of MECC within your organisation.</p>
<b>NHS Midlands and East Metrics</b>	<p>Identifies the NHS Midlands and East metrics to assess progress with delivery of the MECC ambition.</p>
<b>Organisational Assessment Tool</b>	<p>Using an adapted version of the NHS Sustainability Model this tool will help you assess your current position as a health promoting organisation and analyse areas that may require change or enhancement to achieve improvement.</p>



## Tools and resources

<b>Orientation Workshop Slides</b>	This slide set has been designed to run a MECC introduction session within your organisation. This may be delivered to teams and individuals prior to them undertaking MECC training.
<b>Prompt Card and Health Benefit Cards</b>	This example prompt card will provide you with ideas on how to raise questions to elicit further information about an individual's health and wellbeing. The health benefit cards offer information on specific lifestyle areas.
<b>Training Options</b>	This document lists the face-to-face and e-learning training available to give staff the knowledge, skills and confidence they need to deliver MECC.





## References and supporting documentation

### The development of this *Implementation Guide and Toolkit* has taken into consideration a number of national and local documents relating to policy and practice, and existing insights on behaviour change, including the following:

- Cabinet Office/Institute for Government (2010) *MINDSPACE: Influencing behaviour through public policy*
- Central Office for Information, GCN (2009) *Communications and Behaviour Change*
- Darzi (2008) *High quality care for all*
- Department of Health (2010) *Healthy lives, healthy people: our strategy for public health in England*
- Department of Health, British Psychological Society (2008) *Improving health: changing behaviour – NHS health trainer handbook*
- Department of Health, Health Inequalities National Support Team (2011) *How to develop a health gain programme (HGP) for frontline staff to address lifestyle issues*
- East Midlands Health Trainer Hub, NHS Derbyshire County (2011) *Using every opportunity to promote health and wellbeing: Guidance to support positive lifestyle behaviour change in the East Midlands*
- East Midlands Health Trainer Hub, NHS Derbyshire County (2011) *East Midlands Behaviour Change Guidance for supporting lifestyle improvement: Pilot site report*
- EPIC (2006), *The European prospective investigation of Cancer Study Norfolk*
- Marmot (2010) *Fair Society Healthy Lives: Review of health inequalities in England post 2010*
- National Institute for Clinical Excellence (2007) *Public Health Toolkit 6: Behaviour change at population, community and individual levels*
- NHS Future Forum (2012) *The NHS's role in the public's health: A report from the NHS future forum*
- NHS Institute for Innovation and Improvement (2010) *Sustainability model and guide*
- NHS Yorkshire and Humber (2010) *Prevention and lifestyle behaviour change: A competence framework*
- Skills for Health (2010) *Mapping of the NHS Yorkshire and the Humber prevention and lifestyle behaviour change – A competence framework*
- Thaler & Cass (2008) *Nudge: Improving decisions about health, wealth and happiness*
- The National Social Marketing Centre (2012) *Achieving behaviour change through social marketing*
- Wanless (2004) *Securing good health for the whole population*

Maintain or improve  
mental and physical  
wellbeing



