

24 September 2025

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES

A SYSTEMATIC APPROACH TO MAKING EVERY CONTACT COUNT (MECC) ACROSS NOTTINGHAM AND NOTTINGHAMSHIRE

Purpose of the Report

1. To update the Health and Wellbeing Board on the Making Every Contact Count (MECC) programme.
2. To ask the Health and Wellbeing Board to support the rollout of new MECC training opportunities across organisations and partnerships as an enabler for signposting and wider prevention.
3. To highlight opportunities and challenges to the sustainability of the MECC programme beyond October 2025.

Information

4. Making Every Contact Count (MECC) is an approach to behaviour change which utilises day-to-day interactions that organisations and individuals have with other people to support them in making changes to their physical and mental health and wellbeing. The approach enables consistent and concise information, advice, and guidance to be delivered opportunistically, through brief or very brief conversations on health and wellbeing factors through routine interactions or *'healthy conversations'*.
5. MECC is a focus of both national and local plans and strategies. It supports shifts from 'hospital to community' and 'sickness to prevention' as part of the [10 Year Health Plan for England](#). MECC remains an identified priority of the [Nottingham and Nottinghamshire Integrated Care Strategy 2023-27](#) and forms part of the delivery plan for Ambition 3 of [the Joint Health and Wellbeing Strategy 2022-26](#): *'Everyone can access the right support to improve their health'*. This includes increasing the support available to help people to manage and improve their own health and wellbeing, and ensuring that behavioural interventions are available for patients, service users and staff.
6. Enabling healthy conversations through MECC is not just about training. Having a high-quality training programme is a key component, but embedding MECC is also about developing the right infrastructure, culture, and environments across teams, organisations, and the wider

system to deliver on prevention priorities and ensure the right building blocks are in place to build a healthy Nottinghamshire.

7. During 2024/25, local authority Public Health teams in Nottingham City and Nottinghamshire County Councils have collaborated with partners across the system to lead the development of a bespoke, local MECC programme offer. Dedicated funding for staff capacity and resources was provided by Nottinghamshire County Council (NCC) to support the initial development of the MECC programme, over an 18-month period until October 2025.
8. Governance for the programme was initially established through the Universal Personalised Care Oversight Group (now disbanded), Place-Based Partnerships and a bi-monthly MECC System Working Group was formed to help co-design and deliver initial programme objectives.
9. Key achievements of this phase to date include:
 - a) The development of a co-produced systematic approach to MECC and wider prevention, through awareness raising and targeted engagement with residents, staff, organisations and partnerships.
 - b) Aligning MECC with other programmes of work focussed on embedding prevention and reducing health inequalities such as the Building Blocks of Health, Personalised Care and Integrated Neighbourhood Working.
 - c) Working collaboratively with key stakeholders to:
 - i. Develop a new, localised multi-level training offer and recruit MECC champions/trainers from across the Integrated Care System (ICS).
 - ii. Develop a draft shared framework for action and other resources to support delivery of healthy conversations and wider prevention.
 - iii. Support the development of a new community system directory to aid signposting and referrals.
10. Alongside the delivery of key milestones, there have been some challenges to the delivery of an effective MECC programme offer during this initial phase. These include:
 - a) **Targets:** Key stakeholders and partners have highlighted that the initial Integrated Care Strategy targets of completing training for 90% of the frontline workforce, and 70% of the overall workforce by March 2028 were unrealistic and difficult to measure.
 - b) **Training platform and resources:** It wasn't possible to select and commission a suitable eLearning platform to ensure training offer and resources are accessible to all ICS staff within the initial timescales. This has posed challenges in ensuring accessibility of the training offer and resources, plus for monitoring and evaluation.
 - c) **Senior buy-in/representation:** There remains variation in the level of buy-in and representation across large organisations in developing the MECC programme and to support the future rollout of training.
 - d) **Sustainability and funding:** Public Health resources to support delivery of this priority end in October 2025. No funding, lead organisation, or long-term delivery plan has been agreed to sustain MECC implementation and meet Integrated Care Strategy objectives. Current uncertainty around governance and structural changes to NHS and local authorities remain live issues threatening the potential uptake and impact of MECC and wider prevention.

11. Despite the above challenges, the Integrated Care Partnership (ICP) discussed the MECC priority in March 2025. Members were supportive of a call to action on MECC with organisations asked to consider how they roll out within their organisation or partnership. Key ongoing actions include identifying priority staff groups plus trainers/champions, and ensuring eLearning is accessible to staff by hosting on their own learning management system/s.
12. **Multi-level training offer:** Once fully launched from October 2025, the new multi-level training offer for MECC will incorporate the [Building Blocks of Health communications approach](#) at all levels. The training offer consists of an eLearning/introductory MECC module, longer optional 3- and 6-hour training sessions for targeted staff/volunteers, and the provision of ad-hoc train-the-trainer courses based on the nationally accredited Wessex Healthy Conversation Skills model (**Appendix 1**). Training aims to improve staff and volunteer confidence and competence in having healthy conversations, whilst improving knowledge and skills around behaviour change, health inequalities and local signposting routes.
13. **eLearning:** To overcome challenges identifying a suitable existing platform with the timescales, the new bespoke eLearning is being developed as a 25–40-minute introduction to MECC and the Building Blocks of Health. This will be available as shareable files owned by Nottinghamshire County Council which can be hosted by partner organisations on their learning management systems (LMS). Training is expected to become available in October 2025. Partners, staff and volunteers unable to access the eLearning can be signposted to Thriving Nottingham and Your Health Notts to an equivalent in-person introductory training offer.
14. **Healthy Conversation Skills:** Longer 3- and 6-hour forms of MECC training are now being piloted and delivered to targeted staff focussed on those best placed to reduce health inequalities, delivered by those completing a train-the-trainer course. By October 2025, three courses will be completed with a cohort of 36 new trainers/champions able to cascade training. Of these trainers, 24 represent local authorities, 4x voluntary and community sector, 2x primary care, 2x secondary care and 4x other healthcare providers. Many work as part of multi-agency partnerships and plan to deliver training beyond their own organisation. Subject to funding, further train-the-trainer courses can be arranged on an ad-hoc basis to improve system representation. A peer support network for trainers is established to support the cascade of training across organisations and partnerships.
15. **MECC resources and signposting:** Temporary solutions to provide resources to staff, organisations and partnership embedding MECC and support signposting are available via FutureNHS and MECC Link. The framework for action, training materials, slide packs with notes and draft reports that can be adapted for various audiences are available via a dedicated folder on the [FutureNHS](#) platform. County and City Council teams have updated the local [MECC Link](#) pages with these resources for staff undertaking MECC conversations that can be used for signposting until a new system community directory is available.
16. **Monitoring and Evaluation:** There is ongoing collaboration between public health and the Nottingham and Nottinghamshire Integrated Care Board (ICB) Systems Analytics Intelligence Unit (SAIU) to build a Power BI dashboard to enable reporting of MECC training outcomes. This work is considering the best strategies for collecting high quality data, given organisations will be individually hosting the e-Learning on their systems due to challenges identified. Key metrics and reporting requirements are not established at system level and there is uncertainty

over how this will be achieved without a single organisation responsible for the coordination and oversight of the programme in future.

- 17. Engagement and Action:** Support for the development of a systematic approach to MECC has been wide-ranging. There is consensus across key organisations and partnerships on the importance of MECC as an enabler for prevention and reducing health inequalities. Organisations such as Sherwood Forest Hospitals NHS Foundation Trust and Nottinghamshire County Council have led the way by embedding MECC in their organisational policies, strategies and plans. Place-Based Partnerships continue to lead on work to embed MECC and the Building Blocks of Health approach through integrated neighbourhood working.
- 18. Sustainability:** In future, organisations will be responsible for hosting and promoting eLearning on their LMS and identifying staff to receive longer forms of training as required. Local authority Public Health teams will continue to support the rollout of MECC within their organisation/s and partnerships. Nottinghamshire County Council will own the eLearning files and be responsible for updating the eLearning as required. They will also be responsible for co-ordinating Train-the-Trainer courses where there is demand and funding available. Each course introduces 12-16 new trainers and costs approximately £3,800 to deliver. There is currently enough registered interest to train one more cohort in Q4 of 2025/2026, depending on availability of funds. Future courses should focus on ensuring breadth of representation to enable MECC rollout across key system partnerships and organisations.
- 19. Proposed next steps and opportunities requiring support and discussion:**
- a) New bespoke MECC eLearning to be shared and launched by partners once complete in October 2025, with further rollout of other training levels to continue. Support is needed to implement training across the system.
 - b) Ongoing collaboration between Public Health and SAIU colleagues to build a Power BI dashboard solution to enable reporting of MECC training outcomes and signposting. Support is needed to ensure reporting mechanisms meet the needs of organisations and partners whilst ensuring the impact of MECC can be measured and reported in future.
 - c) Large organisations will be responsible for coordinating the roll out of MECC internally, including provision of eLearning and collection of data for monitoring and evaluation.
 - d) MECC and Building Blocks of Health to continue to be embedded in neighbourhood health/transformation programmes, building on current work across Place-Based Partnerships and integrated neighbourhood teams.

Other Options Considered

20. Delaying the development and roll-out of MECC until a suitable single point of access for training and resources could be identified was considered. This option was discounted due to the high priority nature of MECC within the Integrated Care Strategy and the limited time for the initial resource investment in the programme.

Reasons for Recommendation

21. MECC, including the development of a shared MECC framework for action and flexible training programme for staff, is an identified priority of the Nottingham and Nottinghamshire Integrated Care Strategy 2023-27. The recommendation consolidates the gains made on the programme

so far and seeks to ensure programme sustainability beyond the current Public Health funding period.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

23. Initial public health reserves funding for MECC in 2023/24 has been allocated and spent. Local tobacco grant funding (up to £10k per annum) may be re-allocated, to support rollout of MECC training e.g. for train-the-trainer courses. This is dependent on the level of grant funding allocated each year, the grant being available and other funding pressures. A contract is in place until March 2028 to support provision of ad-hoc train-the-trainer courses, with the next course due September 2025.

Joint Strategic Needs Assessment

24. The [Nottinghamshire Joint Strategic Needs Assessment \(JSNA\)](#) informs the focus of the Nottinghamshire Joint Health and Wellbeing Strategy. The MECC programme contributes to the delivery of Ambition 3 of the Joint Health and Wellbeing Strategy, across priorities such as smoking cessation, healthy weight and alcohol reduction, by seeking to influence behaviour change.

Consultation

25. An extensive insight-led approach was taken towards the development of a systematic approach to MECC and wider prevention through awareness raising and targeted engagement with residents, staff, organisations and partnerships.

26. The MECC System Working Group was formed in January 2025 to deliver initial objectives by October 2025. The group enabled co-design but was under-represented by some key organisations. The last meeting of the group chaired by Public Health is planned for October 2025.

Data Protection and Information Governance

27. Data Protection Impact Assessments (DPIAs) were completed for the eLearning and Train the Trainer (externally commissioned) aspects of the programme.

Implications for Residents

28. When successfully implemented, the rollout of MECC training equips staff with the skills and resources to explore what matters most to Nottingham and Nottinghamshire residents with regards to their health and wellbeing, promotes behaviour change and signposting to relevant

help and support. This ensures that residents are better able to make the right decisions about their health and wellbeing, whilst enabling prevention and early intervention.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to:

- 1) Ensure that their organisations and partnerships roll out MECC training (e.g. the new eLearning and identify MECC champions/trainers) from October 2025, supporting front-line staff and volunteers across neighbourhoods and teams to have healthy conversations, connect people to key services and play an active role in prevention.

VIVIENNE ROBBINS
DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES
NOTTINGHAMSHIRE COUNTY COUNCIL

For any enquiries about this report please contact:

Paul Miles
Senior Public Health and Commissioning Manager
Nottinghamshire County Council
Email: paul.miles@nottsc.gov.uk

Constitutional Comments (LPW 09/09/2025)

29. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (PAA29 08/09/2025)

30. The financial implications are set out in paragraph 23 of the report. There are no Local Government Reorganisation implications arising from the recommendation.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Divisions and Members Affected

- All