

Appendix 1

MAKING EVERY CONTACT COUNT

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

- 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

It is recognised that local authorities may also adopt a broader definition for the MECC approach, which is referred to as MECC plus. This may include conversations to help people think about wider determinants such as debt management, housing and welfare rights advice and directing them to services that can provide support.

Local organisations have a role to play in improving the health and wellbeing of our population and developing the workforce to be able to do this. The conditions that are the major causes of premature death in the UK, commonly known as the 'five big killers', are cancer, heart disease, stroke, respiratory disease and liver disease.

Many of the long-term diseases highlighted above are closely linked to behavioural factors.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people significantly reduce their risk of disease. Supporting people to make these behaviour changes can help reduce premature deaths and disability, helping achieve long-term health, social care and public sector savings

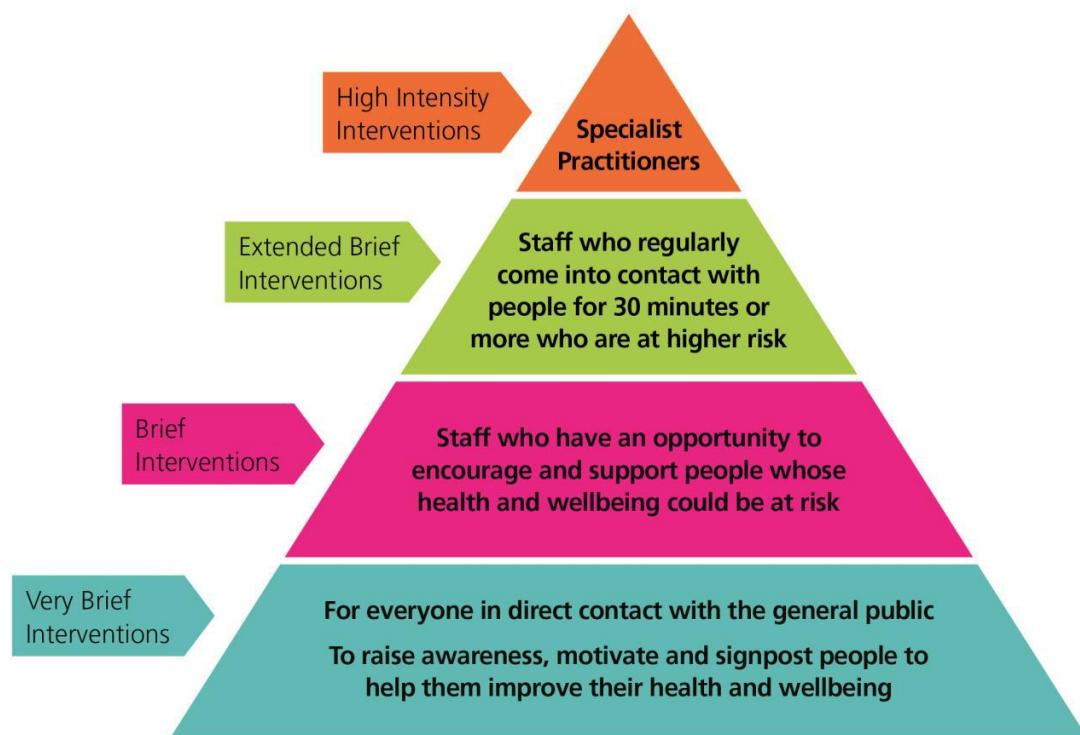
The higher the number of unhealthy behaviours an individual engages in, the greater their risk of poor health. Someone in mid-life who smokes, drinks in excess of recommended limits, is physically inactive or has an unhealthy diet is four times more likely to die within the next 10 years than someone who does none of these

MECC includes at its core a focus on mental health and wellbeing. Our mental wellbeing underpins our capability to make and sustain health behaviour change, for example through our levels of motivation, self-efficacy, resilience and exposure to stress.

MECC and MECC plus approaches can help to tackle health inequalities by supporting individual behaviour change across a range of behaviours, and addressing wider determinants of health at the individual level.

Organisations delivering MECC need to ensure that their policies, strategies, resources and training all support behaviour change. This includes supporting staff to make positive changes to their own behaviour via opportunities in the working environment such as active

travel policies and access to healthy food choices, access to individual support (such as help to stop smoking), provision of behaviour change training and supervision, and the inclusion of MECC in appraisal processes or job descriptions for relevant posts.



Behaviour change interventions mapped to NICE Behaviour Change: Individual approaches/PH49

Locally the implementation of MECC has been inconsistent. Individual organisations have achieved good work and many staff have been trained in the MECC skills and competencies over the last five years. However, application of skills, an agreed organisational framework and action plan and robust evaluation have not been systematically implemented across organisations in a sustainable way. Consequently, individual, local enthusiasm can be smothered by other high organisational priorities.

The key drivers for MECC are all in place. A National Framework and Implementation Guide is agreed and validated as are national, free, accessible MECC online training programmes and a Training Quality Marker checklist. To support local evaluation efforts the MECC Evaluation framework, provides a guide and a menu of potential indicators and a toolkit for measuring the population health impact of healthcare professional interventions.

The NHS Standard Contract includes MECC and the NHS Staff Health and Wellbeing CQUIN and Preventing Ill Health CQUIN both incentivise the systematic implementation of the MECC programme.

Many Local Authority contracts now also include the MECC expectations of the NHS Standard Contract and there are many opportunities to spread this more widely across the Voluntary Sector.

All the building blocks are in place to start to really make a difference.