

- A partnership of public health researchers across the five universities in North East England
- Working with policy makers and practice partners to improve health and wellbeing and tackle inequalities
- A founding member of the NIHR School for Public Health Research (SPHR)

‘Making Every Contact Count’ across the North East & Cumbria

The ‘Making Every Contact Count’ (MECC) programme provides training and materials to support workers interacting with the public to promote health behaviour change (e.g. healthy eating, improving mental wellbeing) at every appropriate opportunity, by using day-to-day interactions that organisations and individuals have with people. For example, MECC may involve providing advice on stopping smoking if an individual mentions their smoking habits within a conversation, or motivating someone to start exercising if they express a desire to do so during an interaction. This project aimed to understand how MECC is being put into practice and incorporated within organisations across the region.

The study involved analysing how MECC is currently being applied across organisations, including what is helping and hindering its application and how this can be changed to improve future outcomes. The research aimed to firstly provide an overview on ‘what works, for who and in what circumstances’, to inform how MECC can best be applied. Secondly, it aimed to identify the best way to incorporate wider brief intervention programmes (e.g. stopping smoking) within organisations; and finally, to ensure MECC is being applied consistently and to encourage partnership working across organisations. The findings of this study aimed to inform policy, practice, and academic knowledge on how best to incorporate MECC within organisations.

Overall, the implementation of MECC within the region was in its early stages. The findings have been split into three areas: 1) factors that build motivation for spreading MECC; 2) factors that help to spread MECC; and 3) factors that help to keep MECC going.

Key Findings

Building a ‘why’

Most participants (i.e. local leads, deliverers and commissioners) felt a strong sense of involvement with ‘Making Every Contact Count’ that extended outside their role. Many believed in MECC despite a lack of evidence to show its effectiveness in improving health. A major issue when trying to convince other staff about MECC was difficulty in measuring the outcomes of conversations. A big driver was if MECC helped to achieve the goals of the organisation.

Building a ‘how’

It was important to know about an organisation and how it works when trying to implement MECC. Low capacity meant that staff were often unable to attend MECC training which was a huge barrier. Materials and resources were vital, and many participants felt that the MECC resources provided regionally had drastically improved in recent years and were now useful and easy to access. We found that a ‘living’ document was needed to track the progress of MECC implementation, particularly during hand-overs to new staff. Participants also wanted the ability to tailor training and resources. The project found that people who attended the training to become a trainer in MECC did not go on to deliver it. Solutions to this included, making the expectations clear at the sign-up stage of the training and creating a ‘buddy-up’ system where trainers could deliver training in pairs.

Maintenance of MECC

The ‘spread’ of MECC was mainly driven by guidance at management and chief executive level, rather than a culture change of all staff. It was rare to see organisations incorporating MECC into their different processes, although this was considered useful. It was most helpful for people to talk about MECC with others to share knowledge and learning. The existing MECC strategy group were a key source of support.

Policy relevance and implications

- The North East and North Cumbria ‘Making Every Contact Count’ programme is built around strong regional leadership that supports the implementation process.
- A standardised infrastructure and strategy is needed to combat the delivery and implementation issues identified in this study.
- More Patient and Public Involvement (PPI) would be beneficial. There are challenges in involving PPI in scenarios where it involves more high-level processes (e.g. policy implementation), but the key should be on how to find ways around this.
- Maintaining the delivery of training through the ‘train-the-trainer’ framework was viewed as a challenge by stakeholders. Solutions could include making expectations for cascading clear at the sign-up stage of training, encouraging ‘buddy-up’ systems for training delivery, and creating peer support groups.

“...we’re trying to look at everything through a health inequalities lens and MECC is another means of doing that”

Implementation lead

BRIEF DESCRIPTION OF THE RESEARCH

This project explores the implementation and delivery of the ‘Making Every Contact Count’ (MECC) programme across the North East and Cumbria through comparison of implementation, delivery models, service reach and system-level relationships across the region.

The study was led by Dr Angela Rodrigues, research lead from Fuse, the Centre for Translational Research in Public Health.

Rodrigues A, et al. *Mapping ‘Making Every Contact Count’ (MECC) implementation across the North East and Cumbria: A comparative analysis of delivery models, service reach and system-level relationships*. 2023; Web: <https://osf.io/fz436>

FURTHER INFORMATION

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