
Making Every Contact Count



Pre-Course Reading for
Surrey Heartlands

Written by The National Centre for Behaviour
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Introduction to your Pre-Course Reading3
What is Making Every Contact Count?4
Definitions of Health7
Public Health.....8
Using SH MECC in your Role.....10
Where next?12



Introduction to your Pre-Course Reading

Welcome to your introduction to Surrey Heartland's (SH) and the National Centre for Behaviour Change's (NCBC) **Making Every Contact Count (MECC)** Programme.

This **MECC** course is designed to support individuals to enhance and develop their skills in delivering evidence-based brief interventions. The aim is to increase positive conversations around lifestyle choices and promote change in order to impact upon our public's health overall.

What is a MECC intervention?

We already have conversations of some description every day with clients, patients, colleagues, family members etc. **MECC** interventions are these very same conversations, **just with a particular emphasis on certain language and direction.**

About this booklet?

In order to fit around service provision we have condensed the skills-based training into shorter timed workshops and are providing more of the knowledge-based learning via this document so people can read this at their convenience.

Please do note, this information needs to be read before anyone can attend our courses so we can get stuck into the skills development side in the workshops and maximise our time efficiently.

Once this document has been read you will be asked to complete a 3 minute quiz. The link to this quiz is in Chapter 5 and needs to be completed before your workshop.

Please note: Reading this workbook & completing the quiz relating to this document is a requirement for you to meet **MECC Level 2. This is in addition to you attending your skills development workshop.**



Chapter 1

What is Making Every Contact Count?

Firstly, there are a number of ways to easily describe what **MECC** is. Below are some of the examples of how **MECC** can be described:

MECC is just having a conversation that you already have anyway.

MECC is just having a short opportunistic conversation if appropriate.

MECC is a brief skilful evidence-based conversation.

MECC is about knowing about where we can access further support for change

MECC is deciding it is not appropriate to have this conversation right now

MECC is helping plant or nurture a seed of change

MECC is doing what we already do, just more skilfully!

More technically, **MECC** is a national initiative seeking to develop all professionals' communication skills to be aligned with evidence-based interventions and approaches that increase the likelihood of positive lifestyle changes.

A MECC conversation doesn't need to take more than 3 minutes.

Having interaction with other people is usually a daily activity for most of us. Professionally, there is often an expectation that we will also provide some form of support (whether informal or formal), information, advice or key messages in order to increase awareness, boost motivation, promote informed decisions or action.

The 5 key health areas that **MECC** Surrey Heartlands cover are:

1. Healthy Weight

2. Stop Smoking



3. Alcohol

4. Mental Well-Being

5. Physical Activity

What **MECC** seeks to do is recognise that actions to bring about behaviour change may be delivered at individual, household, community or population levels. Interventions to change behaviour have enormous potential to alter current patterns of disease¹. This is inline with NICE guidance². Therefore, the **MECC** programme aims to up-skill everyone we can to know how to be more effective in supporting change. Simple!

Sadly people don't just do what we tell them!

MECC uses the evidence that while information and advice giving is an essential framework to work within, it is also paramount to remember that **information is rarely enough on it's own.**

What has been explored through research is that key approaches, grounded in psychological science, are more likely to help individuals increase their own intrinsic motivation for change, absorb knowledge and advice, and in turn, increase the likelihood of making positive pro-social behaviour changes.

Just as all health professionals are expected to clinically adhere to evidence-based best-practice (i.e. prescribing the most effective treatment available for a condition), it is often overlooked that psycho-social interventions (conversations) follow the same rules.

MECC is seeking to enhance all professionals attending the training with an understanding and ability to be able to offer the same level of practice with regards to supporting us all to live healthier lifestyles. This is not just for our own benefit (which is key!) but also for our local community and population as a whole.

¹ NICE (2007) Behaviour Change: General Approaches

² NICE (2007) Behaviour Change: General Approaches



It is important to recognise that **MECC** is **not** another task to be ‘done to’ a person, or take up more time. On the contrary, **MECC** is about equipping everyone with a foundation in evidence-based psycho-linguistic skills (conversations) and knowledge about health and the psychology around changing behaviours. This is in order to be able to effectively and positively support the agenda of increasing the public’s health when the **right opportunity arises**.

There are 3 levels of **MECC** available and each level has a set of competencies for **MECC** practitioners to meet in line with the Kent, Surrey and Sussex (KSS) **MECC** Framework. The easiest way to define these levels are:

Level 1: Knowledge and Awareness of **MECC** & Health

Level 2: Knowledge, Awareness and Basic Skills for a Brief Intervention (3 minute conversation)

Level 3: Knowledge, Awareness and Advanced Skills for longer behaviour change interventions (3 - 20 minutes)

There are 4 different workshop times available to access our **MECC** training over Surrey Heartlands. Each workshop has different outcomes and competency levels upon completion so you’re able to choose which one is suitable for you at this time. Or you can complete all the courses and become a **MECC** champion and help to increase positive changes where possible.

The workshop outcomes are as follows:

<u>Length of Workshop</u>	<u>Learning outcomes</u>
1.5 Hour Workshop: (2 hours study time)	Level 1 MECC (pre-course reading/KSS e-learning) Level 2 MECC Very Brief Intervention Skills (Introduction)
3 Hour Workshop: (3.5 hours study time)	Level 1 MECC (pre-course reading/KSS e-learning) Level 2 MECC Very Brief Intervention Skills: Introduction & Brief Practice
Full-Day Workshop: (7 hours study time)	Level 1 MECC Level 2 MECC Very Brief Intervention Skills: Introduction, Practice & increased confidence to use MECC
Bespoke Workshop (Min 3 hours):	Level 1 MECC Level 2 MECC Very Brief Interventions Skills: Introduction & Brief Practice



Chapter 2

Definitions of Health

The World Health Organisation (WHO) defines health as ‘a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity³.’

Included alongside this definition, the constitution of the WHO also includes the following principles:

1. The **enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition.
2. The **health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.**
3. The achievement of any State in **the promotion and protection of health is of value to all.**
4. Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
5. **Healthy development of the child is of basic importance;** the ability to live harmoniously in a changing total environment is essential to such development.
6. The **extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.**
7. **Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.**
8. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

³ The World Health Organisation, Constitution of the WHO 1946 (Amended 2005)

Chapter 3

Public Health

We all are members of the public.

We all have health.

Therefore, **Public Health is ours!**

Public Health is defined by WHO as “the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society⁴”

So what is the state of our public health in the UK?

As highlighted previously, The Lancet highlighted that 71% of deaths globally are caused by lifestyle choices.

NHS England state that by 2025⁵, **18 million people** will have at least **one long-term condition**. The number of people with **three or more** conditions is expected to rise from 1.9 million to **2.9 million** between **2012 and 2020**.

Individuals from lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are in more privileged socio-economic groups. In fact, people in the poorest areas of England will, on average, die seven years earlier than people living in the richest areas. But in some cases, this increases to over 10 years earlier than other areas.

The Kings Fund⁶ states: Someone in mid-life who has multiple unhealthy behaviours such as drinking, smoking, exercising too little and having a poor diet is 4 times more likely to die over the next 10 years than someone who does none of those things.

It is everyone's role to take every opportunity to work towards supporting public health

⁴ W.H.O: European Action Plan for Strengthening Public Health Capacities and Services (2012)

⁵ NHS England 2018

⁶ Kings Fund, Tackling Multiple Unhealthy Risk Factors: Emerging Lessons from Practice (2018)



Public Health England (PHE) aims to create national action when required to increase the well-being of our society as a whole. PHE developed five high-level enduring priorities:

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

Public Health messages include the importance of ‘strengthening self-esteem, confidence and personal responsibility’ in order to alter current patterns of disease. Where a genetic pre-disposition to disease is difficult to alter, people’s behaviour – as individuals and collectively – are potentially easier to influence and change.



Using SH MECC in your Role

There are three key areas to learning how to be a MECC practitioner:

- 1. Recognise an Opportunity**
- 2. Have a Skilful Conversation**
- 3. Refer to a Service/Signposting**

1: Recognising an Opportunity

Conversations take many forms.

Whether these are quick conversations aiming to pass the time in the staff room/waiting room; practice supervision; a professional discussion with a service user or a longer chat with a friend/family member; they could all potentially be an opportunity to help the person you're talking with to explore their motivation for change.

The key to the MECC approach is to recognise whether an opportunity arises during these conversations and when it does, aim to maximise this time to its full potential. If it doesn't seem appropriate for any reason, recognise this is absolutely right and you're still being an effective MECC practitioner by deciding not to provide an intervention.

2: Have a Skilful Conversation

Conversations can be very skilful in terms of supporting or discouraging change; more than we are probably aware!

The language that we use is just as (if not more) important as listening to the language the person talking uses. The key is to assess the talkers language and readiness to change and adjust our language and approach accordingly.

For example, do you know that you can increase a person's self-efficacy by using affirmations? Do you know that a well timed positive affirmation has been evidenced to influence motivation to change?



MECC conversations utilise evidence-based approaches and techniques that support behaviour change in brief interventions. During your NCBC **MECC** workshops you will be supported and coached to use these skills effectively and with more confidence.

“Change is all about timing”

Rushing people to meet our own agendas can do more harm than good and increase resistance to change. Assessing when a person is open to additional support to make a change will maximise on their desire and ability to achieve their goal. Checking a person is interested and ready for a referral is paramount before making the link across.

3: Refer to a Service/Signposting

Part of the **MECC** framework is that local practitioners are aware of the local and national lifestyle services that can offer more bespoke and intensive change support if required.

This has multiple benefits such as:

- ▶ Increasing access towards targeted and specialist support and feel more valued and guided towards change
- ▶ Reducing the burden on professionals when time is limited by utilising other services with more capacity
- ▶ Consistency of services
- ▶ Creating a cohesive, collaborative approach locally to increase the health of the population
- ▶ Reduction in duplication of services
- ▶ Funding is streamlined and utilised more effectively

As a **MECC** practitioner there is a great link that you can refer anyone to look at (including family, friends, colleagues!) who are wanting to explore ways to make changes in the local area. The link is a fantastic resource and community hub so please make sure you have a look at this before your workshop too or you can access their lifestyle service resource directly on:

www.healthysurrey.org.uk/mecc.

www.healthysurrey.org.uk



Chapter 5

Where next?

Thank you for taking the time to read this booklet and contributing to your professional development. In order for us to track that this document has been read **you must complete a 3 minute Quiz** for us to evidence your learning and competencies. All of this time can all be used for revalidation and CPD processes and you're on your way to achieve your **MECC** level 2 certificate.

The link to the Survey Monkey Quiz is here:

Email Link: <http://www.ncbc-uk.com/surrey-heartlands-mecc.html> (follow to Pre-course reading/quiz)

Password: mecc

Once this has been completed you are able to attend your NCBC **MECC** skills development workshop whereby you will be given an opportunity to enhance your ability to support changes using skilful **MECC** conversations, discuss case studies and explore how to take your learning into your role and how to develop more skills.

For more information or if you have any questions, please do not hesitate to get in touch with us on the below details.

The National Centre for Behaviour Change

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Or you can contact Natalija Voronina, SH Senior Business Support worker on natalija.voronina@surreycc.gov.uk or call 07966 732410 or Gail Hughes, SH MECC Programme Manager, gail.hughes@surreycc.gov.uk or call 07881328236

We can't wait to see you!

www.healthysurrey.org.uk

