



Making Every Contact Count (MECC) during Covid-19 in the South East

Examples of good practice

The South East MECC Group have collected good practice examples to showcase how MECC has been used across the region during the pandemic. These case studies capture the strength of MECC's transferrable skills and adaptability; enable shared learning and highlight MECC as a valuable skill for many workforces to develop.

What is MECC? Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. In the South East the MECC group agreed a set of guiding principles on which the MECC programmes regionally and locally are based on. These are:

- Based on behaviour change science, enabling people to feel able to make a positive change for their health & wellbeing
- Person centred – enabling individuals to engage in opportunistic conversations about improving their own health & wellbeing
- Applicable for peer to peer, friends, family and at work
- Delivered systematically at scale across whole population level
- Based on consistent and concise health & wellbeing messages
- Enables awareness and signposting to information and resources to supporting self help

The newsletter brings you examples of practice on the following themes:

1. Using MECC to support self-care

During the pandemic the pressures on the workforce have been immense and at times relentless. MECC has been used to support staff in using these skills to self-care and to support their family and friends. This theme shares examples of some of the ways MECC has been used to support people's own wellbeing during this challenging time.

- [Making Every Contact Count in Kent & Medway](#)
- [Supporting Patients in a Different World](#)

2. Using MECC to support Covid-19 response and recovery

Organisations have been working hard to balance responding to patients and the public during the pandemic whilst developing their recovery plans to resume services. MECC has been used to support the workforce to use behaviour change and communication skills to better support those affected by the pandemic. This theme presents examples of the some of the ways MECC has been used and adapted to support organisations in their response and recovery plans.

- [Building MECC-based wellbeing peer support during coronavirus pandemic in an acute NHS Trust](#)
- [Supportive bereavement telephone contact to nominated next of kin following death in hospital](#)
- [Training partnership to support others to be physically active](#)
- [Unexpected Conversations About Social Isolation and Mental Health](#)

3. Adapting MECC to support new ways of working

Services and organisations have had to adapt the way their services are delivered, with many moving to providing services online or via telephone support. MECC training has also been adapted to be delivered virtually whilst maintaining the same principles and approaches to face to face training. This theme presents examples of how MECC has been adapted to support both service delivery and training for the workforce.

- [Supportive Conversations training in response to Covid19](#)
- [Online Support and Digging deeper](#)

If you have any cases studies you would like to send us please contact joanne.keeling@phe.gov.uk

If you would like to know more about MECC training, please contact your local area lead in the table below:

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Making Every Contact Count in Kent & Medway

The Kent & Medway training package was updated to promote self-care during the Covid pandemic. Participants learn about the increased risk of developing more severe Covid symptoms faced by people who smoke and those who are obese and / or suffering from Diabetes. The participants also learn about key public health guidance related to each of these areas and about local services such as smoking cessation and weight management programmes and how to access them.



Participants also explore the potential mental health impacts of living during the pandemic and learn about the 5 Ways to Wellbeing as a means of supporting wellbeing. Participants are able to progress to Connect 5 Mental Health & Wellbeing training which provides further insight into supporting one's own mental health and wellbeing and some intervention techniques (based on CBT principles) to support others.

Top tips:

Learn to recognise and identify any negative mental health impacts caused by the pandemic

Make the training as jargon free as possible to maximise accessibility

Provide behaviour change techniques and self-care strategies which learners can practice and contextualise during training

For more information on this case study contact: peter.macaulay@medway.gov.uk

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Supporting Patients in a Different World

The Covid-19 pandemic has impacted many health care pathways including the length of time patients must wait for some operations. Whilst not ideal, in some cases the extra time can be useful to work with the patient to prepare for the operation so their body and mind are in the best condition it can be to improve the effectiveness and success of procedures, and maximise recovery.

Manisha talks about how they've used MECC in supporting patients in their self-care:



Manisha is a Consultant Anaesthetist. She has used open questions and motivational interviewing techniques learned on Medway's MECC training to improve support for patients by listening and asking rather than telling where possible. In prehab meetings she has used open questions to encourage patients to consider improving their diet or increasing levels of physical activity in preparation for surgery.

MECC training has helped make conversations more patient focused and patient led. This has contributed to an increase in referrals to specialist help.

Top tips:

Try to stop fixing immediately

Recognise when to direct and when to guide.



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Building MECC-based wellbeing peer support during coronavirus pandemic in an acute NHS Trust

The coronavirus pandemic put unprecedented pressures on healthcare staff resulting in high levels of anxiety, stress, burn-out and major impact on overall wellbeing.

Our acute NHS Trust has been building MECC capacity since 2017. By March 2020, we have trained over 100 staff members in the Wessex MECC modality called *Healthy Conversation Skills (HCS)*. Building on this capability and working in close collaboration with other staff wellbeing groups including occupational health and clinical psychology in our Trust, we developed a peer wellbeing support programme, called Safe Space Practitioners (SSPs). Alongside the cohort of formerly MECC trained practitioners we offered the HCS-based 90-minute highly interactive online Supportive Conversations training to any staff member who volunteered to become a SSP. Since mid-December 60 new SSPs have been trained across care groups and professional roles.



“I think developing an increasing group of trusted professionals who have the tools to support in this way is a really important part of our wellbeing approach for staff.”

- Rosemary Chable, Deputy Director of Nursing and Deputy Director of Education & Workforce,
University Hospital Southampton NHS Foundation Trust

SSPs support their peers on top of their existing job roles. They can be accessed ad-hoc and/or through bookable sessions. They are identifiable by their badges when ‘on duty’ and through a dedicated page on the Trust staff intranet. SSPs sign a Code of Conduct including confidentiality and working within the boundaries of their SSP competence. They are participating in regular supervision provided by experienced MECC trainers and as-needed supervision by clinical psychologists. In the future, SSPs will be offered Continued Professional Development opportunities.

The programme will be evaluated.

Top Tips:

Develop specific, measurable, action-focused, realistic, time-bound solutions to address organisational challenges then evaluate and review them.

Engage leaders and managers in identifying barriers to programme roll-out.

For more information on this case study contact:

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Supportive bereavement telephone contact to nominated next of kin following death in hospital

Covid-19 restrictions greatly altered the opportunities hospital staff had to offer support and comfort to family members during their relatives' hospital admission. It was also recognised that clinical staff were struggling to come to terms with the numbers of seriously ill patients who were dying alone.

A telephone contact service to the next of kin was established in April 2020 with the aim of:

- Ensuring that if relatives were needing to self-isolate, they were offered support with shopping / collection of prescriptions.
- Checking that the revised official processes for registering the death and funeral planning was understood and being followed
- Welfare check in and signposting to local support groups and appropriate bereavement support websites.

Throughout these conversations, skills from MECC training were effectively used – especially open questions and active listening skills.



The overwhelming response was that this service was very well received – the public appreciated the personal contact and the opportunity of being able to talk about their experiences very helpful. Some people were very distressed and were 'signposted' to their GP and even mental health crisis services. A directory of local and national support services was established. Many elderly people were now living alone for the first time and loneliness and fear were very commonly reported – social prescribing services were frequently contacted to provide support.

Where relatives were unhappy about aspects of the hospital visiting restrictions or care received, they were referred to the PALS (patients advisory liaison service). It was hoped that early support with these grievances would minimise the distress felt by relatives.

Top tips:

Open questions can assist with the flow of conversation and help difficult topics to be raised by the relatives.

Relatives do value the opportunity to talk about their distressing experiences.

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Unexpected conversations about social isolation and mental health



During the lockdown in March 2020, Sarah received a call from a member of the public who was shielding and enquiring about a food parcel from Medway's emergency food bank. She sounded anxious and disclosed that she had no friends or relatives who were in a position to support her through this difficult time.

During the conversation, Sarah used some of the knowledge and skills from Medway's MECC training, including open ended questions, reflections and empathic responses to help the person gain some insight into how they might manage their wellbeing whilst shielding. Sarah discussed 5 Ways to Wellbeing and encouraged the caller to think about how they might apply this at home. Sarah also discussed some of the other sources of support available locally. This resulted in the caller consenting to Sarah completing a referral to the Medway Befriending service and posting out the Medway 'Stay Well at Home' leaflet.

Top tips:

Give people time and space to identify what's important to them.

Try to understand what the person really means.



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Training partnership to support others to be physically active



Physical inactivity is one of the UK's biggest causes for mortality (non-infectious) and many have found themselves less active due to Covid restrictions. Recent studies have shown the huge impact that having a physical activity conversation can have on aiding individuals to reach activity levels for good health.



Energise Me has partnered with Public Health England and Health Education England to bring together understanding around the, benefit and importance of being more active. Led by clinical champions, sessions help develop the supportive conversation and Making Every Contact Count skills which are key to helping clients make a healthy change. Energise Me has focussed these sessions on the workforce who are supporting individuals to identify and implement lifestyle changes, particularly social prescribing teams and community support roles across Hampshire and the Isle of

Wight. Training has been delivered to 50+ people since December 2020 with further sessions planned. The Trainees are asked about their confidence to have physical activity conversations before and after the training. Current feedback shows 100% of trainees reported increased confidence around having a physical activity conversation follow the training sessions.

Top tips:

Understand your workforce and why this is important/ relevant to their work.

Bringing relevant content together can reinforce the messaging and increase impact.



For more information on this case study contact: Emily.khural@energiseme.org

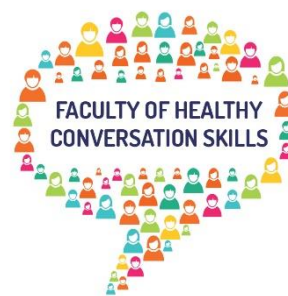
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Supportive Conversations training in response to Covid-19

Covid-19 forced many frontline workers to change the way they worked almost overnight, from face-to-face to remote methods. In response, behavioural scientists and public health educators at the Faculty of Healthy Conversation Skills (FHCS) developed online Supportive Conversations training based on face-to-face Making Every Contact Count/Healthy Conversation Skills training. The team evaluated and piloted the training to support increases in staff confidence and practical skills for having conversations aimed at improving the well-being of those affected by the impact of Covid-19.



“I wanted to take the opportunity to say how impressed I was with the training session overall. The trainers were incredibly positive and smiley (despite it being the end of the day!) and the session was incredibly interactive. The use of group annotation is game-changing as I've been trying to digitise hospital volunteer training without losing the usual interaction”

- Trainee from the Supportive Conversations online training

Using the online platform Zoom, nine 90-minute Supportive Conversations sessions were delivered to 88 staff members from organisations supporting patients and the public. Pre- and post-training questionnaires were completed by 72 and 33 participants respectively. Confidence to support individuals to make positive changes to enhance their well-being increased significantly from pre- to post-training ($p < 0.001$). Additionally, a higher proportion (from 27% to 76% of all responses) of Open Discovery Questions were provided post-training in response to typical statements made by the public, an indicator of a more empowering conversation style. Feedback was positive and trainees rated the training highly (mean=4.4/5).

Whilst it cannot replace all features of face-to-face training, the online training facilitates skill development and delivers an interactive experience appreciated by attendees.

The FHCS continues to deliver and evaluate this training as part of ongoing work to ameliorate the negative public health impact of the pandemic.

Top tips:

Embedding person-centred communication skills in routine practice can enhance frontline staff's ability to support individual and, when delivered at scale, population well-being.

Interactive and participatory training sessions can be delivered by utilising some of the tools available on online training platforms.

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Online Support and Digging deeper

During the lockdown, Sue moved a Carers Support Group online via Zoom. This created opportunities for carers to remain connected and for Sue to have opportunistic conversations about health & wellbeing with participants. The weekly sessions included a series of activities and information items, including healthy eating, physical activity and mindfulness. These items prompted conversations about health and wellbeing. Sue was able to use the knowledge & skills she gained on Medway's MECC training, including motivational interviewing techniques, 5 Ways to Wellbeing, Nudge Theory, physical activity guidelines and the Eatwell Guide to facilitate conversation, encourage self-reflection and signpost to local services such as the Healthy Way Programme and Medway's Befriending Service.



Perhaps even more positive was hearing that colleagues and her Manager had made unsolicited comments on how Sue was improving her questioning to delve deeper to help her clients. Sue thinks that this may have made a genuine difference to help clients reach a helpful solution that has made a real difference to them.

“...now we can get out for a longer walk together and this helps his mental health. I have even got out in the snow this week, wonderful. I can get out walking in all weather, now I have decent outerwear, and this has helped my wellbeing.”

- Carer from the Carer's Support Group

Top tips:

Take some time 1-2-1 with service users to get them used to using Zoom.

Listen and don't jump to offering solutions too soon.

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