A Workforce for Prevention: Making Every Contact Count (MECC) in Camden and Islington

Interim Evaluation Report: April 2016-December 2017

February 2018

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Executive Summary – Making Every Contact Count

The programme

- Making every contact count (MECC) is about using routine and daily contact with residents to spot opportunities to help and encourage people to take positive steps to improve their own health and wellbeing.
- The Camden and Islington Programme is a three-tiered training programme focussing on health, wellbeing, housing, employment and income. It has a high degree of flexibility and is aimed at all frontline staff, including council, NHS, emergency services and community and voluntary sector staff.
- Launched in April 2016 with training starting in June 2016 and September 2016 in Islington and Camden respectively, the programme aims to:
    - Increase the skills and confidence of staff to deliver simple evidence-based interventions to promote the health, wellbeing and quality of life of residents within Camden and Islington.
    - Help develop an organisational culture that encourages and promotes health and wellbeing improvement through early intervention and prevention.
    - Improve experiences for residents accessing services through a holistic and integrated approach leading to improved health and wellbeing outcomes.

Overview of evaluation findings

- As of December 2017, 1,021 staff had attended face to face training and 724 staff have completed the eLearning module.

Total number of staff trained in MECC in Camden and Islington, April 2016 – Dec 2017

	eLearning	Face to face training	Both eLearning and Face to Face	Total*
Camden	166	236	32	370
Islington	514	612	124	1002
NHS, VCS and other partners	44	173	13	204
Total	724	1021	169	1576

* People who have done both trainings are included in the face to face totals.

- Feedback from MECC training participants has been extremely positive; 98% of participants have increased their knowledge of key health promotion messages in areas such as healthy eating, weight, alcohol, physical activity, smoking and mental health.
- 95% of participants said that they would recommend the training to others.
- 99% of participants reported improved skills and ability to deliver MECC interventions post training, and the confidence to initiate conversations with clients.
- 72% of those completing three month follow up evaluations reported promoting positive health with their clients.

- Although the programme has not been monitoring how many trained staff are having MECC conversations, a few council teams have been able to count the number of referrals they make or receive due to MECC conversations. These include;
    - Camden's WISH Plus service, which has 184 referrals recorded as being a result of a MECC conversation (Sept '16-Dec 17)
    - The Contact Centre team in Islington have made 672 "MECC" referrals into relevant services like iWork (employment advice) and iMax (benefits advice) (Apr'16-Nov'17)
- The increased referrals and website visits indicate residents are being supported to access advice, information and support as a result of MECC. The assumption is that this would then lead to improved outcomes for those residents over the medium to long-term. We are starting to build up case studies and customer journeys as evidence to support this argument.
- Case studies and examples of MECC collected so far have all been positive with no examples of the worker/ volunteer feeling out of their depth or experiencing an adverse outcome as result of initiating a MECC conversation.

Example of MECC in practice:

"I had gone to visit a young mum who I'd recently placed in temporary accommodation. She told me how she felt powerless to get a job because of having young children and no qualifications. I told her about Camden's Employment team and gave her their contact details. The next time I visited she had received information about a local college and the crèche facilities available which led to her enrolling on a course."

A social worker referred a house bound vulnerable 90 year old suffering from cardiovascular and respiratory conditions into SHINE. This led to an environmental health officer visiting and assessing the premises, classifying it as a high risk hazard for excess cold and serving a legal notice requiring thermal insulation. The landlord installed internal thermal insulation to reduce significant heat loss through the walls and floors.

- 51 MECC Champions were recruited in the first 21 months of the programme whose role is to advocate and embed MECC principles in their teams and service areas.
- MECC has also been embedded in corporate inductions in both Camden and Islington Councils, included in a number of new service contracts, as well as being incorporated in staff appraisals within some departments across the councils.

Next steps

- Evaluation plans for 2018/19 include further collection and analysis of referral data from partner services, case studies and customer journeys of people who have been referred to a service due to MECC.
- Continuing to share learning through channels such as the Healthy London Partnership's pan-London steering group for MECC to help ensure further sustainability of MECC locally, regionally and nationally.

1.0 Background

1.1 Making Every Contact Count (MECC)

- Making every contact count (MECC) is central to how we can better support residents to get the help they need earlier.
- Frontline workers (such as housing officers, income advisors and health visitors), through their routine and daily contact with residents, are ideally placed to spot needs and opportunities to help and encourage people to take positive steps to improve their own health and wellbeing.
- MECC training equips staff with the knowledge, skills and confidence to support people, and signpost to further support for issues related to health, income, employment or housing.
- It is a whole system approach to reducing inequalities across health and care through early intervention and prevention.
- MECC in Camden and Islington is integral to the delivery of significant national and local initiatives and strategies.
- It was launched in April 2016, with face to face training starting in June and September 2016 in Islington and Camden respectively.

1.2 Why MECC?

MECC was launched in Camden and Islington in response to:

- high levels of health and wellbeing needs, especially amongst those that are least well off;
- local and national evidence suggesting that people who are most in need of services are often the ones least likely to access them early and may only seek help once at crisis point;
- residents telling us through peer research that they understand key health messages but need help in putting those into action, mostly unaware of the range of services available to them;
- staff telling us that they see missed opportunities to help people with health, housing or employment issues because they do not feel confident or knowledgeable enough to assist them
- corporate strategic initiatives looking to embed prevention and early intervention in ‘ways of working’.

1.3 MECC in context

- MECC is easy to implement and has a strong evidence base behind its effectiveness.
- Historically, MECC programmes, especially those within the NHS, have focused primarily on health and wellbeing. Camden and Islington’s MECC programme addresses the wider determinants of health and includes issues around housing, employment and debt which have a significant impact on driving inequalities. Public Health England calls this type of programme MECC Plus1.

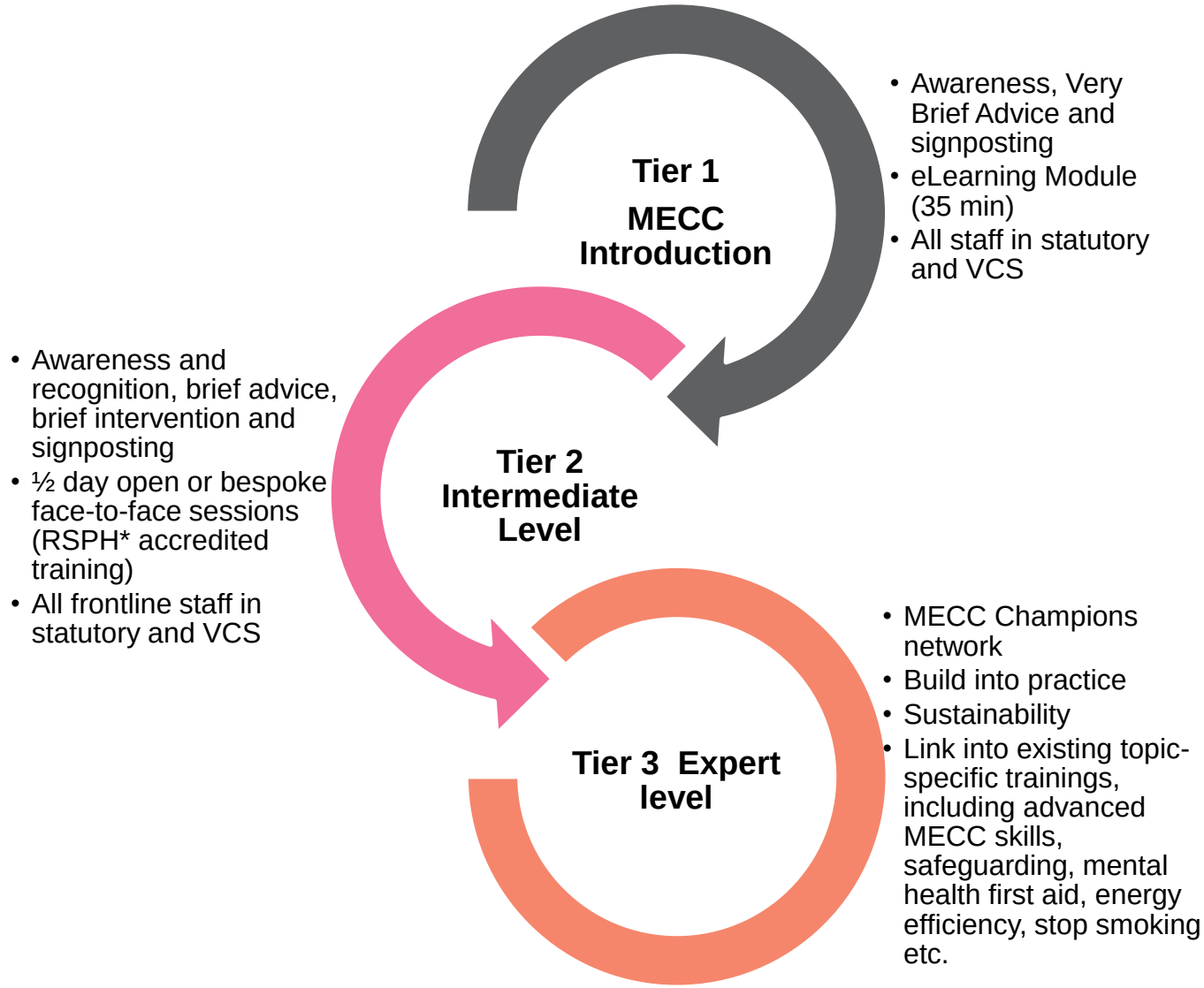
[1]Public Health England MECC Consensus Statement

2.0 MECC Programme in Camden and Islington

2.1 MECC Programme Structure

- Camden and Islington's MECC programme is a three-tiered approach with an introductory level eLearning, an intermediate level RSPH accredited face-to-face training and a MECC Champions network who as local 'experts' in MECC support delivery and implementation of (Fig. 1).
- It is available to anyone who works or volunteers with residents in Camden and Islington, including council staff, NHS, emergency services and the Voluntary and Community Sector.

Figure 1 – Camden and Islington MECC Programme



* Royal Society of Public Health

2.2 Programme aims

- Provide all staff and local partners in statutory, emergency, and voluntary sector with the knowledge and skills to identify needs and signpost/refer to services as appropriate.
- Increase the skills and confidence of staff and local partners in statutory, emergency, voluntary and community resident facing services to deliver simple evidence-based interventions to promote the health, wellbeing and quality of life of residents within Camden and Islington.
- Help develop an organisational culture that encourages and promotes health improvement through early intervention and prevention by giving the right advice, early.
- Improved experiences for residents and patients accessing services through a holistic and integrated approach leading to improved health and wellbeing outcomes.

2.3 Programme Governance and Finance

- The programme is led by a multi-stakeholder steering group, which includes members from various council departments in both Camden and Islington as well as representation from the local Clinical Commissioning Groups (CCGs).
- The course is free for participants to attend and is financed through the public health budget for up to £40,000 per borough per year for three years, with a possibility of extension for further years. The programme received an additional £50,000 to be spent in the first three years from the Equalities Task Force of Camden Council. This money is to support targeted marketing, communications and delivery of trainings for staff that work with some of the hardest to reach communities in Camden who often have the worst health outcomes.
- The specification of the eLearning and the Face-to-Face trainings were developed after a detailed evidence review of current best practice. The steering group chose the providers for both trainings through a formal procurement process, with Walkgrove Limited and Social Marketing Gateway (SMG) being awarded the contracts respectively.
- The programme was endorsed as a principle of both borough Health and Wellbeing Boards and adopted by Camden's Transformation Board as a key vehicle for operationalising Camden's No Wrong Door strategic approach. MECC is also a key deliverable under the prevention work stream of North Central London's Sustainability and Transformation Plan.

2.4 Training and Partner Services

- The content of the training focuses on:
  - housing issues
  - employment/debt issues
  - health and wellbeing issues, including smoking, alcohol, healthy weight and diet and mental health.
- For simplicity the training focuses on three key services for trainees to remember and signpost to; the borough specific One You websites (for health issues), Shine / Wish Plus (for housing/debt), iWork / employment and skills page / Job Centre Plus (for employment) (Fig. 2).
- Further detailed information is available in resource sheets for all topic areas, with key messages and local signposting information, which users can download.

Figure 2 – MECC Partner Services

Seasonal Health Interventions Network (SHINE):

- SHINE is a one-stop referral system to over 32 different services.
- Services include; energy efficiency advice and visits, debt advice, falls assessments, fire safety checks, benefits checks and much more.
- www.islington.gov.uk/shine

WISH Plus:

- WISH Plus is a referral hub to a range of warmth, income, safety and health services (WISH).
- WISH Plus puts people in touch with the services they need after discussing these with them first.
- www.camden.gov.uk/wishplus

iWork / Jobs and Skills page

- In Islington iWork supports people who have been unemployed for six months or more to develop skills and confidence to find and keep a job they enjoy.
- The iWork Youth Employment service supports 16-24 year to get work experience and career advice.
- In Camden, a range of support and advice services on finding training, apprenticeships and suitable employment is available through Camden's Jobs and Skills page and the local Job Centre Plus. www.camden.gov.uk/jobsandskills

One You

- The One You website provides information on healthier lifestyle choices and practical ways to improve your own health.
- Local One You websites in Camden and Islington also direct people to appropriate local support avenues.
- www.oneyouislington.org
- www.oneyoucamden.org

2.5 Website Development

- A standalone and publically available website was created for MECC. It hosts the eLearning and is the registration point for the face to face training. Although one site, it can be accessed from 2 website addresses; www.camdenmecc.org.uk and www.islingtonmecc.org.uk (Fig. 3).
- It also includes resources with information on local services and includes a separate section for MECC Champions where they can collaborate and share case studies as well as access refresher webinars.

2.6 Marketing and Communication

- Programme branding and logo development that was consistent across all aspects of the programme (website, training, resources, etc.) was developed and considered to be important by the steering group for awareness and promotion of the training.
- Extensive pre-engagement with senior and middle management teams was carried out focusing on how MECC aligns with strategic priorities and to discuss barriers and opportunities for implementation.
- In Islington the launch of the programme coincided with appraisals time (June 2016) which was used as an opportunity to promote the workforce development aspect of the programme. Communication included promotion through Friday Feature emails to all staff, posters in all buildings, a letter from the Chief Executive to managers as well as presence on the council website.
- In Camden the programme was launched in September 2016 to avoid the summer holidays. Here, in place of posters, digital screens on each floor were used to promote MECC through a 30 second slide-show and emails from Corporate Directors to senior managers.
- Attendance at events, road shows and team meetings has also been an important route for promoting the programme with staff and colleagues in the NHS, emergency services and the voluntary sector.

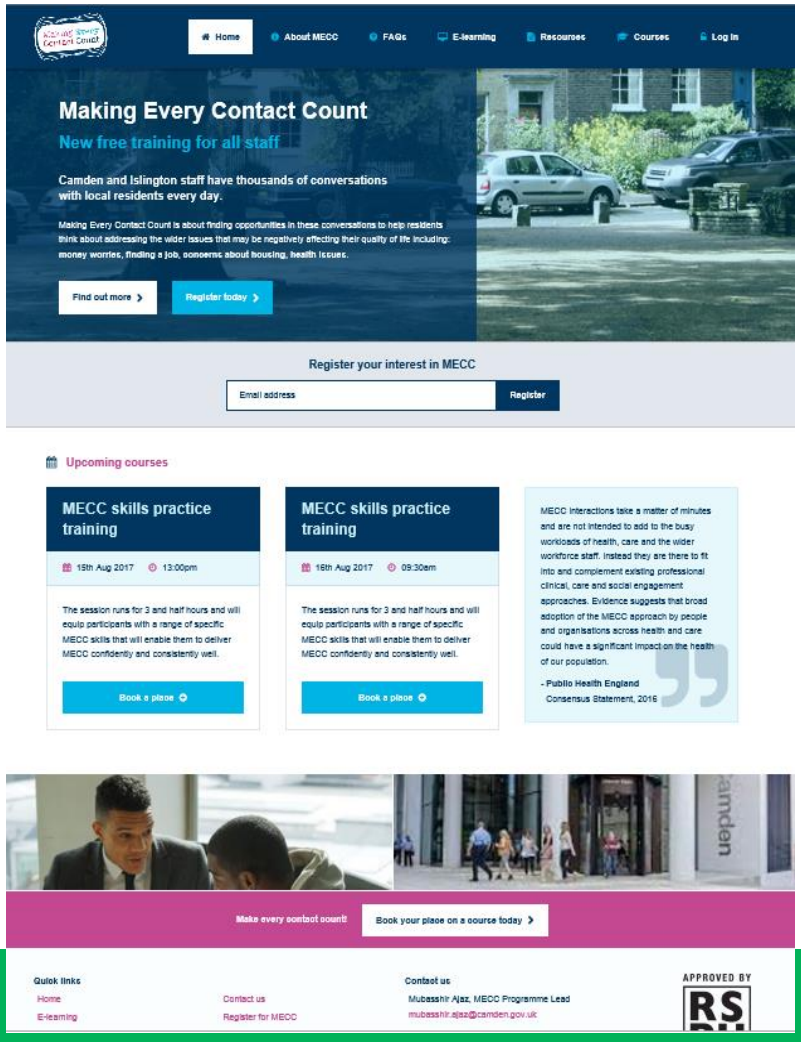


Figure 3 – Camden and Islington's MECC website homepage
www.camdenmecc.org.uk
www.islingtonmecc.org.uk

3.0 Evaluation Methodology

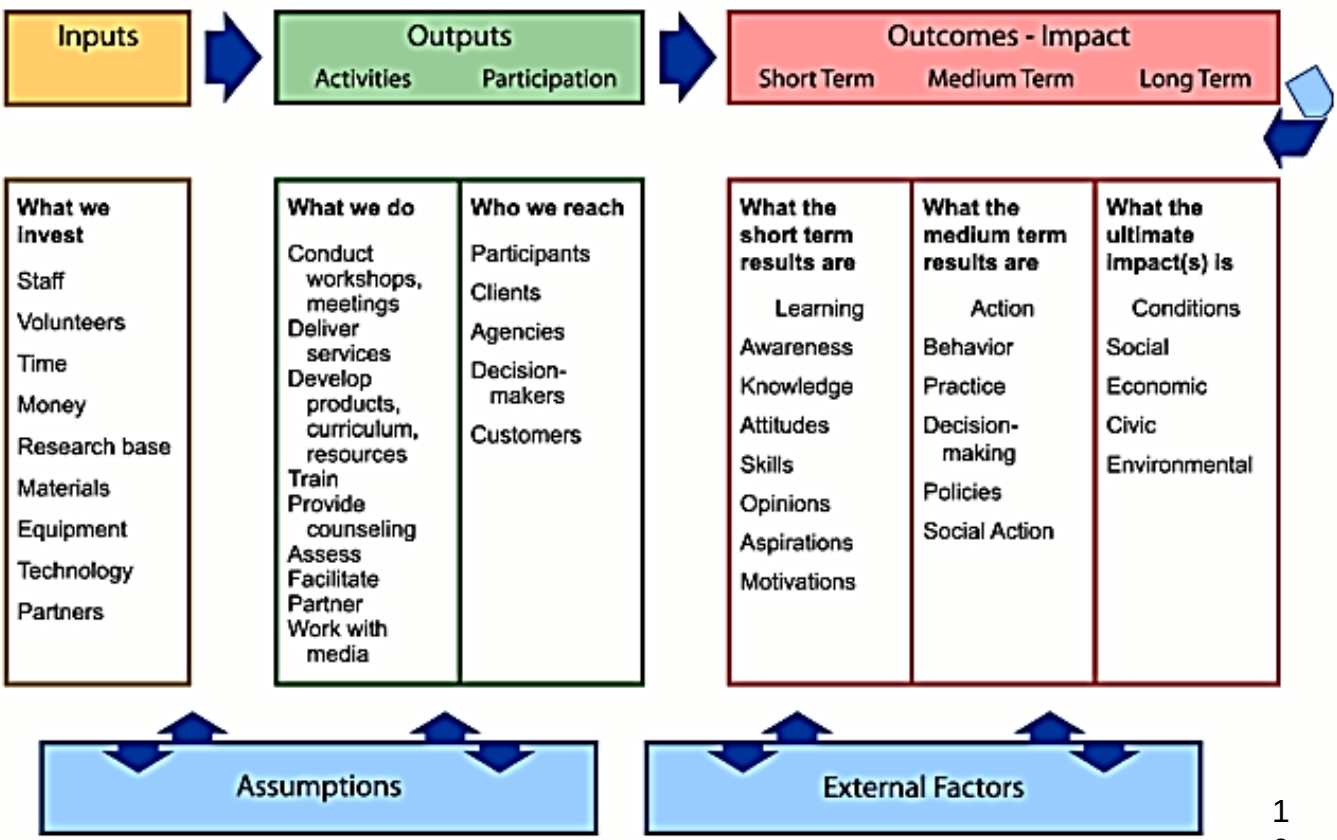
3.1 Evaluation Approach

- In order to understand the key success factors and barriers for the local Camden and Islington MECC programme an evaluation of the programme to date has been carried out. This incorporates routine monitoring data as well as qualitative and quantitative data on processes, outcomes and impact.
- Public Health England (PHE) suggest using a logic model approach to evaluating MECC.

3.2 Logic Model

- A logic model (Fig. 4) can show the logical relationships among the resources that are invested into a programme, the activities that take place in its implementation, and the benefits or changes that occur as a result.
- They can be used to enhance programme performance through outcome accountability.
- This is a pragmatic approach, which aims to measure MECC impact through data collected from multiple associated sources and being pragmatic with attribution of success.
- It includes tracking the number of people trained from various sectors but also includes referral data from partner services, feedback from training sessions, case studies from implementation and feedback from stakeholders.
- While the full logic model (see Appendix A for Camden and Islington's Logic Model for MECC) can be used for planning, implementation and evaluation, Table 1 summarises how success is measured against Camden and Islington's MECC programme aims.

Figure 4 – Sample Logic Model



Source: Better Evaluation

Table 1 – Measures of success for Camden and Islington's MECC Programme

Aims	Measures of Success	Key Performance Indicators and/or Targets
1. Provide staff and local partners in statutory, emergency, and voluntary sector with the knowledge and skills to identify housing, employment and health needs and signpost/refer to services as appropriate	Development and implementation of eLearning	▪ Numbers of people trained (no specific target number set for eLearning) ▪ User experience of training ▪ Skills and knowledge level improvement from pre- to post-training
2. Increase the skills and confidence of staff and local partners (statutory, emergency, VCS) to deliver simple evidence-based interventions to promote the health, wellbeing and quality of life of residents within Camden and Islington	Development and implementation of Face-to-Face training 600 people complete Face to Face training across both boroughs	▪ Numbers of people trained ▪ User experience of training ▪ Trainer feedback ▪ RSPH Accreditation ▪ Skills and knowledge level improvement from pre- to post-training ▪ Case studies of implementation
3. Help develop an organisational culture that encourages and promotes prevention and health improvement	Formation of multi-stakeholder steering group	▪ Feedback from steering group
	MECC Champions Network	▪ Number of Champions recruited (target of 20 per year) ▪ Number of developmental sessions for Champions and feedback ▪ Activity of MECC champions ▪ Case studies of implementation
	Inclusion of MECC in standard contracts with providers (as social and/or added value portion of the offer)	▪ Number of Council and partner contracts where MECC is specified
	Embedding into corporate induction, team specific inductions and contracts	▪ Evidence from corporate stakeholders ▪ MECC specifically mentioned in appraisals and Personal Development Plans
4. Improved customer journeys for residents accessing services leading to improved health and wellbeing outcomes	Increased referrals into relevant services; Improved customer satisfaction with associated health and care services Behaviour change	▪ Referral numbers from SHINE, Wish+, Customer Contact Centres, Stop Smoking Service, One You and MECC website analytics. ▪ Customer satisfaction levels from above services ▪ Long-term impact customer case studies

4.1 Results – Training Participants

4.1.1 Number of people trained

- The total number of people trained in MECC (both levels) in this evaluation period (June 2016 to December 2017) is 1,533.
- This is the number of unique MECC registrants, who have completed either face to face training or eLearning. If they have completed both they are only counted once in the total.
- 1,021 completed the face to face training, 612 of those were Islington council staff, and 236 were Camden Council staff and the rest were from the VCS, NHS and emergency services.
- The programme has achieved its target of training 600 people per year in face to face training. No targets were set for the eLearning.
- There are a number of approaches that have contributed to the success of the training in terms of engagement of frontline teams;
    - (Senior) Managers making the training mandatory for their teams or the whole department .
    - Regular promotional emails and/or blogs from senior leaders .
    - Including MECC as a way of working in appraisals and Personal Development Plans.
    - Having active and engaged steering group members from across the range of stakeholders who champion MECC within their teams.
    - Linking in with strategic initiatives such as No Wrong Door in Camden and Spark in Islington.

Table 2: Total number of staff trained in MECC in Camden and Islington, Apr 2016 – Dec 2017

	eLearning	Face to face training	Both eLearning and Face to Face	Total*
Camden	166	236	32	370
Islington	514	612	124	1002
NHS, VCS and other partners	44	173	13	204
Total	724	1021	169	1576

* People who have done both trainings are only counted once.

4.1.2 Training numbers in context

- The number of people trained through the Camden and Islington MECC programme is approximately 600 per year. This compares exceptionally well with other similar trainings and other MECC programmes in London:
  - Islington's Supporting Lifestyle Behaviour Change training had an average of 140 people trained per year for four years (2011-2015) and cost £40,000/year.
  - MECC face to face trainings within North Central London in 2016/17 trained 117 people in Haringey (budget of £13.6k), and 150 each in Barnet (budget of £23k) and Enfield (budget £11k). As these programmes differ considerably in mode of delivery it would not be appropriate to carry out cost comparisons.

4.1.3 Training numbers by role and department

- Since launching MECC both the eLearning and the face to face training have been open to all staff to attend, regardless of department or organisation, However, marketing activities, particularly with regards to attending team meetings/ events, have been targeted, and delivered in a staggered approach.
- Given the key role housing has in health and wellbeing and the unique opportunities and interactions workers in housing have with residents, it was decided that training housing staff from both councils was going to be a priority for the first year of the MECC programme.
- As a result the majority of the MECC training participants were from the councils' housing departments (Fig.5 to 8).
- When the number of staff trained in each department is compared to the total number of staff in each department (Fig. 6) there is a clear overrepresentation in Islington of Housing and Adult Social services staff. This is to be expected considering the focus on housing in the first year. However, there is also an underrepresentation of staff from Environment and Regeneration.
- In Camden there is underrepresentation (Fig. 8) from Corporate services which may reflect the types of roles in the department but may be due to lack of awareness of the training.
- The programme has successfully worked with a number of key partner agencies and VCS organisations to get their front line staff trained. For example in Camden, the Bangladeshi voluntary and community organisations were identified as a priority group and through intensive community engagement, 24 community and faith leader have been trained.
- A number of training sessions have also been held for community police safety officers in Camden and Islington.
- The local Fire Brigade in both boroughs has expressed interest in the training and sessions were being planned, however after the Grenfell disaster of 2017 and the resulting shift in the focus of their work these sessions have been postponed.

Figure 5 – Number and proportion of Islington staff trained on MECC (both eLearning and Face to Face) by department (June 2016 – April 2017)

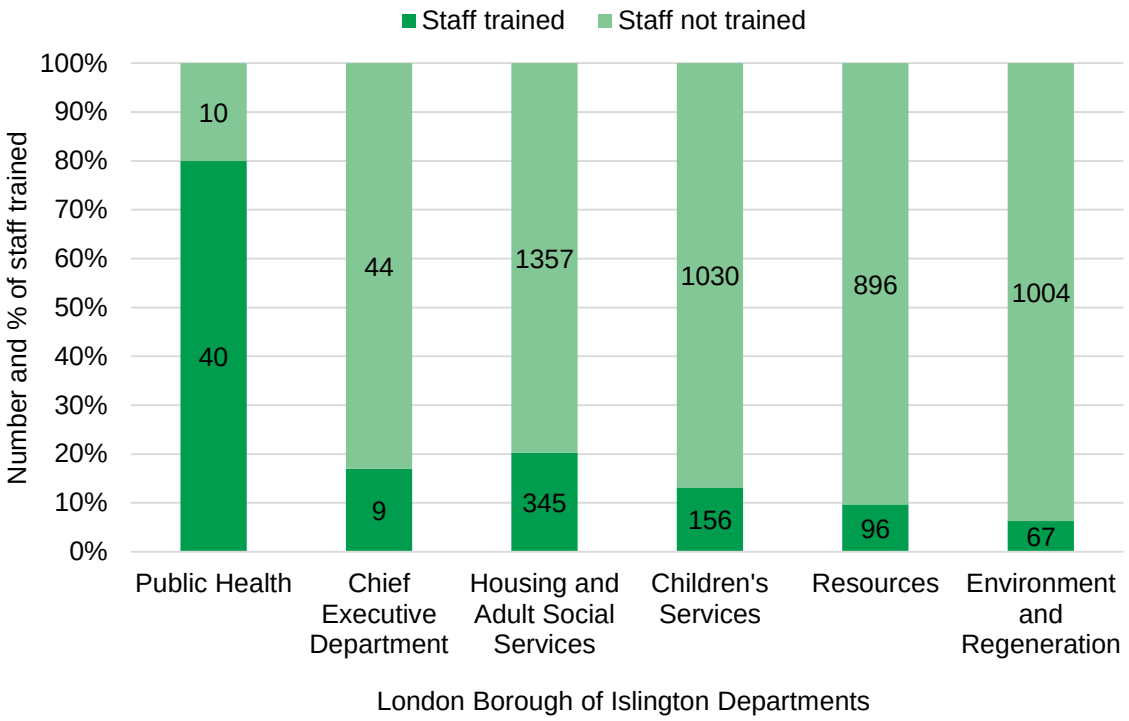


Figure 6 – Number of Islington Council staff trained compared to number of total staff by department (June 2016 – April 2017)

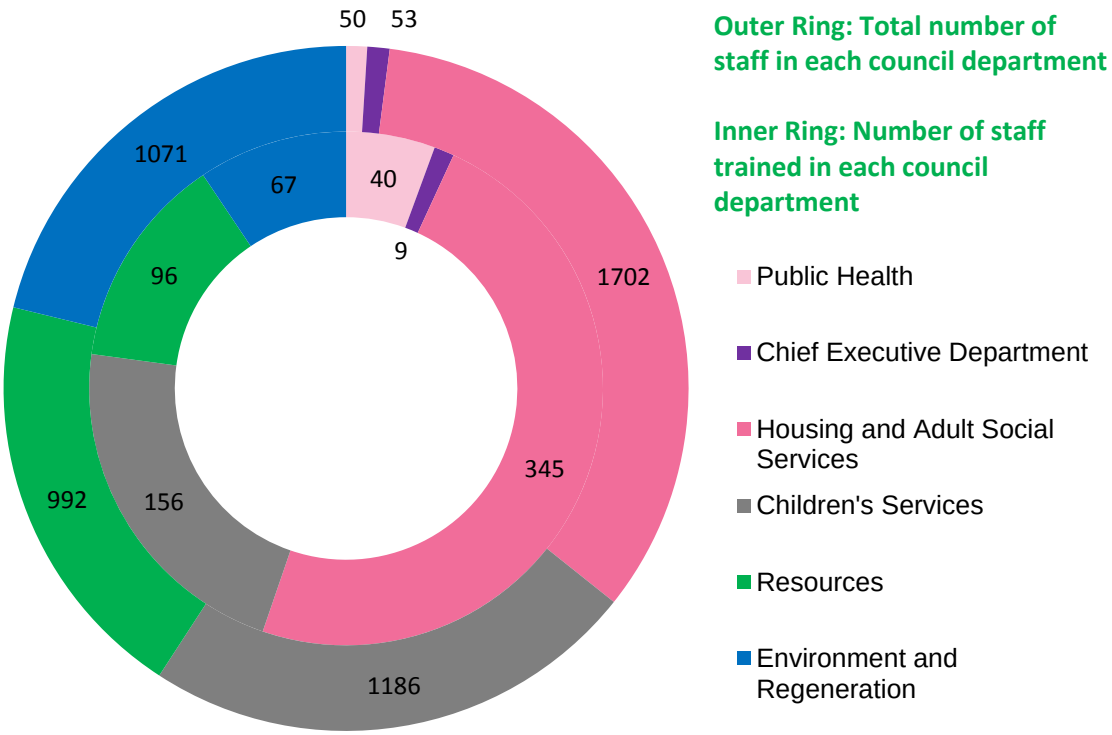
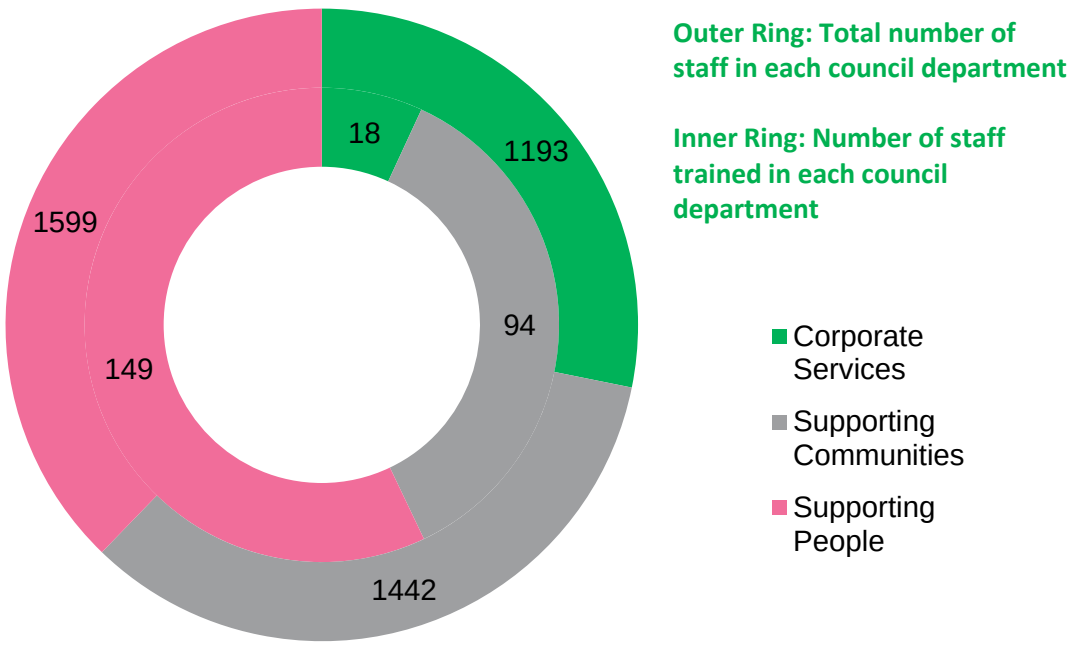


Figure 7 – Number and proportion of Camden Council staff trained on MECC (both eLearning and Face to Face) by directorate (Sept 2016 – April 2017)

Figure 8 – Number of Camden Council staff trained compared to number of total staff by department (Sept 2016 – April 2017)

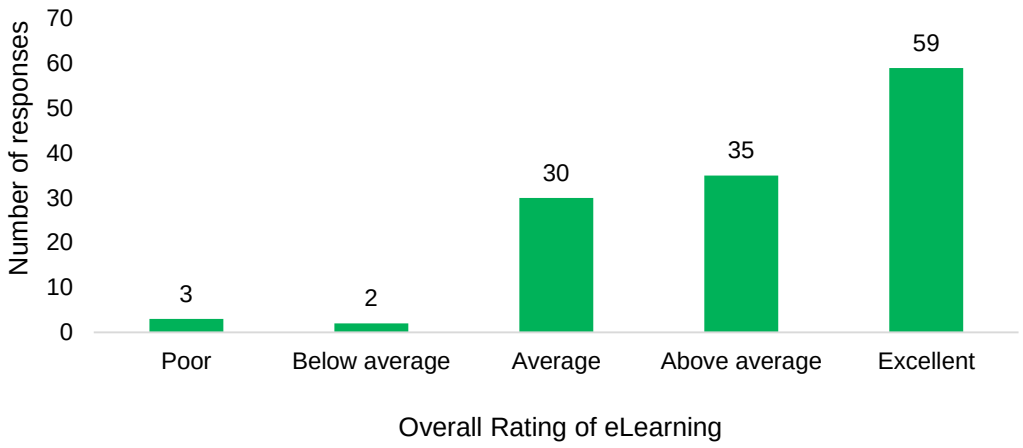


4.2 Results – User experience

4.2.1 eLearning user experience

- A total of 724 people have completed the 30 – 40 min MECC eLearning module (166 Camden Council, 514 Islington Council, and 44 from VCS, NHS and private sector organisations).
- A significant number of people have started but not completed the training (10%). National evidence suggests that this is a common issue with eLearning but reminder emails to registrants can help improve completion rates. This is now being implemented and completion rates will continue to be monitored in the ongoing evaluation.
- At the end of the eLearning, users have the option to complete an anonymous survey on their experience of the training and what they have learned (Appendix B). 136 (19%) people have completed this to date.
- The overall experience of the eLearning reported by staff has been positive, with 73% finding it above average or excellent (Fig. 10).

Figure 9: Overall eLearning User Experience (April '16-December '17)



- When the eLearning was rolled out, there were some initial issues with the registration, where users were not receiving email confirmation from the system in order to access the eLearning. This was due to corporate spam policy and took some time to rectify.
- This possibly had an impact on ratings, as 23% of people reported having technical problems, out of the 133 who completed the experience survey.
- Once this was rectified, there was a positive impact on user sign on experience, which improved to only 6% reporting having technical issues.
- Different levels of IT literacy was also identified as a potential issue with several calls to the training provider and emails into the MECC mailbox received around navigating through the eLearning. All users were helped by the MECC team to ensure everyone was able to access and use the eLearning.

4.3 Results – Increasing knowledge, skills and confidence: eLearning

- The feedback on content and learning of the eLearning was also very positive.
- 98% of eLearning MECC users who completed the survey agreed or strongly agreed that the eLearning content was successful in getting across the key points of MECC around helping residents with their issues on health, housing and employment (Fig.12).
- 92.5% reported that as a result of the training they feel better able to recognise health, housing and employment needs and feel better able to signpost to relevant services.

Figure 10 – eLearning user feedback: understanding key messages (April '16-December '17)

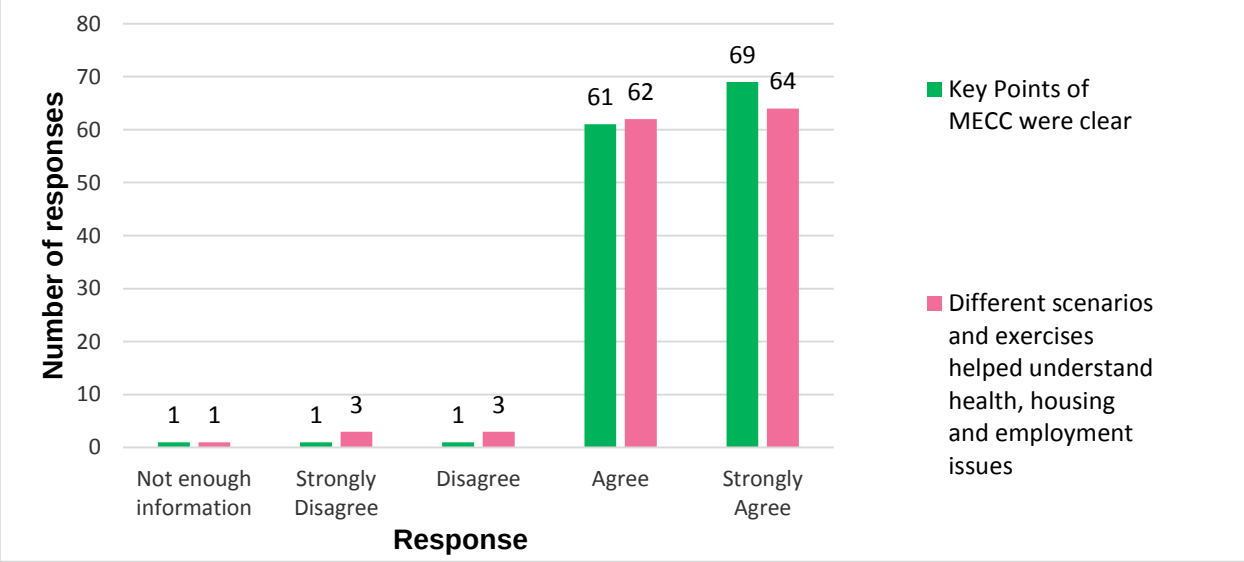
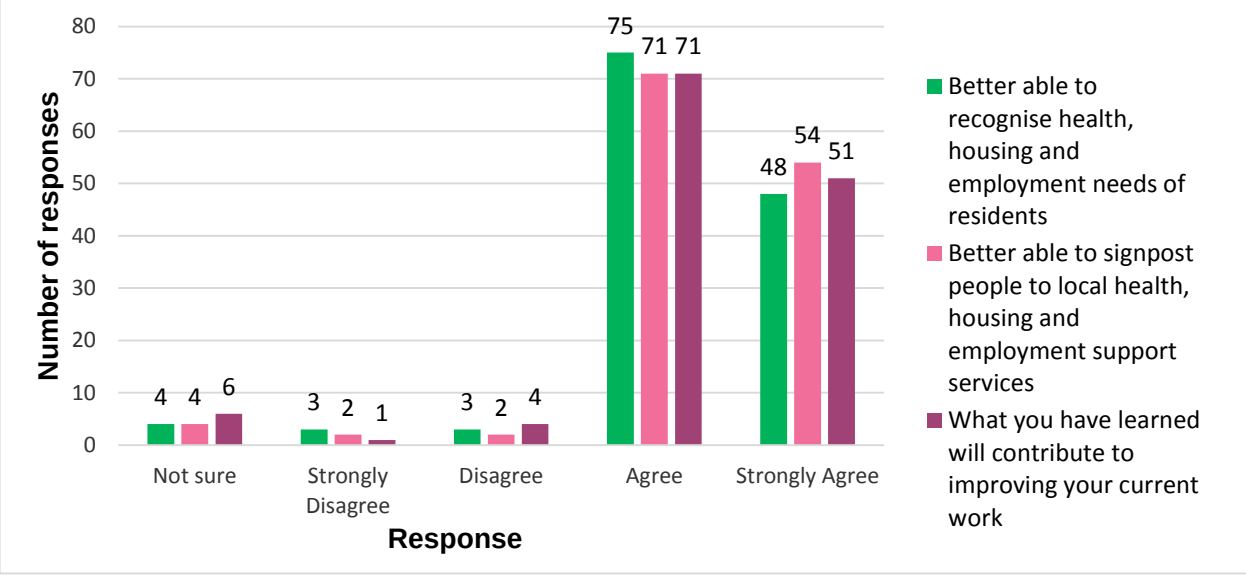


Figure 11 – eLearning user feedback: Confidence on content (April '16-December '17)



4.4 Results – Increasing knowledge, skills and confidence: face to face training

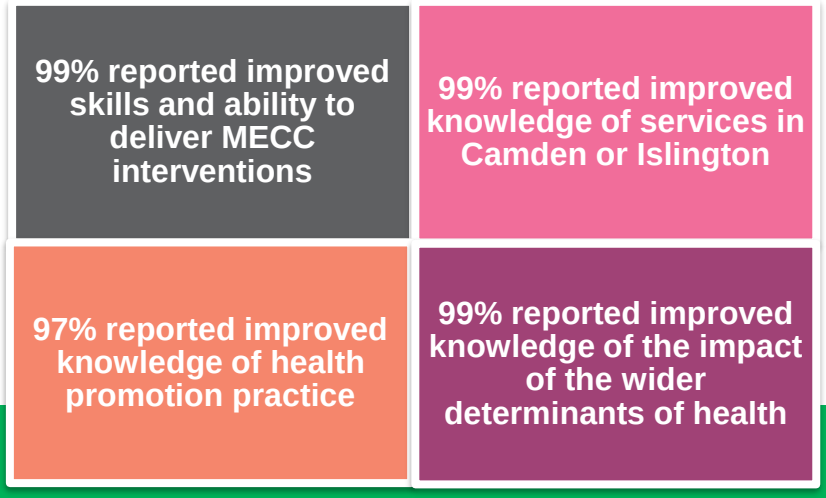
4.4.1 Face to face training participant feedback

- 1018 people have completed the face to face training (94 courses).
- The majority of participants (70%) attended the course to find out more about MECC. 21% reported that they attended because they were “told to come”.
- 44% of participants claimed they had no knowledge of MECC and only 31% of participants had completed the eLearning module prior to attending the course. For those who had not completed the eLearning course, the majority (80%) said this was because they didn’t know it was available.
    - Feedback from the training provider suggests that merging the eLearning and Face to Face sign up platforms has had a positive effect on awareness of the full MECC programme
    - While the eLearning and Face to Face trainings can be taken on their own, users who have done both have suggested that they understood MECC principles better before the face to face training and were then able to focus on improving their skills and confidence in having MECC conversations during the face to face training.

4.4.2 Post-course evaluation

- Training participants are asked to fill in a short survey before the training to obtain a baseline of knowledge and skills; a post-training evaluation; and a 3 month post-training feedback form to assess their knowledge retention and usage of MECC in daily work.
- Scores for a number of indicators, when compared pre- and immediately post- training, show that nearly all participants increased their knowledge, skills and confidence on understanding needs, initiating conversations and signposting to appropriate services (Fig. 12).
- The post-training survey was only given to people who completed the full 3 hour training and not given to participants of the shorter bespoke session. A total of 664 responses were received.

Figure 12: Percentage of MECC face to face training participants who showed an improvement in scores from baseline to immediately after training (Apr 2016-Dec 2017)

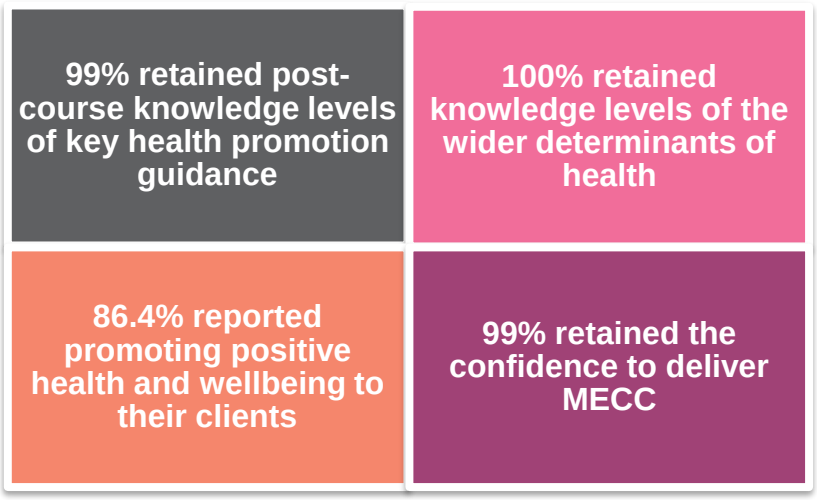


- When asked about particular components of the training, 60% of participants said they felt that the Resistance and 'rolling with it' part, which were in latter half of the training where the focus was on conversational and behaviour change skills was most beneficial to them. Most parts however were well received.
- 95% of participants stated that they would recommend the training to others.
- Bespoke sessions, tailored to a whole team or group, have worked well as the course trainers contact the team manager prior to the training to obtain a better understanding of the roles and typical resident interactions of those staff, so that the scenarios discussed in the training can be most applicable.

4.4.3 Three month follow up evaluation

- The response rate to the 3 month post training follow-up survey was 5.2% (n= 53). This is lower than expected and work is underway to increase this response rate.
- However, those who responded indicate positive results with the majority retaining the learning from the training and implementing MECC in their work. (Fig. 13)
- 86% reported using MECC to promote positive health with their clients

Figure 13: Percentage of MECC face to face training participants who showed retention of learning 3 months after training (Apr 2016-Dec 2017)



4.4.3 Qualitative feedback

- Qualitative information was also collected through the post course surveys.
- A word cloud, constructed from the words of the feedback (where the size of each word indicates its frequency or importance) shows that course participants find the training positive and valuable (Fig. 14).
- Some of the often repeated points included:
  - Compliments for the trainers as being very knowledgeable and able to adapt the training according to the participant group
  - "Brilliant" course content applicable to beginners and experienced workers
  - Course included theoretical and practical skills and many useful resources
  - The second half of the course which focused on conversation skills received special praise
  - Thought provoking and interactive
  - Other colleagues would benefit
- Constructive feedback on areas that could be improved included (Fig.15):
  - "Would have liked more time to practice" and discuss further signposting information. Some respondents felt it was rushed
  - Logistics need improvement in some sessions (room too small, temperature, refreshments not included)
  - Lack of interaction from some people who are disengaged was mentioned as being distracting
  - Need leaflets to take away

Figure 14 – Face to Face training feedback: Word Cloud on Positive feedback (April '16-March '17)

Figure 15 – Face to Face training feedback : Word Cloud on areas for improvement (April '16-March '17)

- This feedback has been key in making continuous improvement to the training and the programme. This has included:
  - Updating the content of the training slides with more focus on conversational and behaviour change skills
  - Inclusion of eLearning scenario videos into the session to make it more interactive and give examples of potential MECC conversations
  - Changing length of training dependent on the needs of the group, for example, held a one hour session focusing only on recognising and responding to issues for gas operators rather than focusing too much on conversational skills
  - Production of pocket-sized z-cards with travel card holders that include key messages and signposting information that users can take away.

4.5 Results – MECC Champions

4.5.1 MECC Champions and sustainability

- MECC Champions are key to embedding an organisational culture of prevention and early intervention. They encourage and facilitate staff and colleagues to apply MECC principles in everyday work and help build and sustain MECC practice and ethos.
- MECC Champions are recruited to take the lead in their area for MECC; to promote the uptake and implementation of MECC training; have access to additional complimentary training like Mental Health First Aid, Smoking Cessation, Energy Efficiency and Fuel Poverty, Safeguarding, Behaviour Change Masterclass etc.; as well as access to a specialist area on the MECC website where they can communicate with other MECC Champions and access information about latest news and techniques relevant to MECC.
- MECC Champions are encouraged to collect case studies of how MECC is being implementation as well as to identity barriers to implementing it.
- 51 MECC Champions have been recruited to date – far exceeding the target of 20 per year. While the majority of these are council staff; 13 Camden Council and 35 Islington Council, we also have representation from the community and voluntary sector (13 Champions).

4.5.2 – Feedback from MECC Champions

- Champions play a key role in the information and evidence gathering of MECC delivery. Qualitative feedback from champions collected during events and meetings includes;

  - *For some people, the practice of MECC is second nature and already part of what they do on a regular basis. The MECC label is seen as a useful way of recognising this – as a way of working.*
  - *MECC helps get staff more engaged with residents and importance of customer service and helps improve associated relationships.*
  - *MECC generates exciting opportunities to get teams better engaged with other services and customers.*
  - *Chief Executive support in Islington has helped highlight/ give prominence to MECC and in conveying the importance of it to senior management.*
  - *Staff find it harder to deliver the health messages within MECC and find the employment and housing ones easier. It is a lot harder to have a conversation about alcohol or weight than it is about getting some energy advice from SHINE.*

4.6 Results – Embedding MECC in Organisational Culture

- Extensive pre-engagement with senior and middle management and their subsequent contribution to the launch of the programme through blogs, featured articles on council websites and promotion in their respective team and departmental meetings helped embed not only MECC as an initiative but also MECC principles of early intervention and prevention in daily routines.
- MECC became a core component of corporate inductions at both councils, where it was presented as one of the five ways of working in Islington and a practical example of the Camden Way/ No Wrong Door approach as well as a simple way to deliver on the Camden Plan in Camden.
- In Islington, an extended introduction to MECC was also included in the induction of Housing and Adult Social Services staff, and feedback from the organisers suggested that it was the highest rated segment of the induction programme.
- MECC was included in many personal development plans of colleagues in Islington as it was launched during the annual appraisals time, as well as chosen by many staff as a 'way of working' they would showcase in practice throughout the year.
- MECC has been included in service contracts for smoking cessation and weight management services, requiring a specified proportion of the employees of the provider to be trained in MECC.
- Procurement colleagues in both boroughs have started discussing inclusion of MECC as part of standard contracts with providers, possibly as fulfilment of the social and/or added value portion of their offer.
- Resources with the MECC brand and/ or messages were developed and disseminated to maximise awareness of the programme. These include travel card wallets with a Z-card, lanyards, posters and flyers, which can be used by MECC champions, steering group members or trainers to help promote the training.

Figure 16: Picture of MECC travel card wallet providing website address and key messages inside

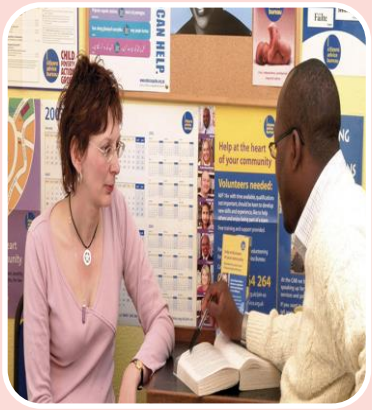
4.7 Results – Impact of MECC conversations

- It was decided early on that MECC would be an initiative which focused on signposting rather than referring into services. This way, MECC conversations could remain organic and not become a checklist or robotic, making a sometime difficult conversation, even more difficult.
- However, there were some partner teams which had work styles which allowed for them to count the number of referrals they made or received due to MECC conversations. These include;
    - Camden's WISH Plus service, which has **184** referrals recorded as being a result of a MECC conversation (Sept '16-Dec 17)
    - The Contact Centre team in Islington have made **672** "MECC" referrals into relevant services like iWork (employment advice) and iMax (benefits advice) (Apr'16-Nov'17)
    - Referrals into SHINE in Islington have also increased this year, and anecdotal feedback from the team suggests that MECC has influenced this change, however, the team are unable to record this information given that their clients will not know if a member of staff directed them towards SHINE because of MECC training.
- The One You websites in Islington and Camden launched in September and as mentioned previously, were heavily promoted through MECC as the key signposting source for all health related issues. Users could take self-assessment tests and/or find relevant local services for support with health issues like smoking, alcohol, weight management, mental health and sexual health.
- There have been **6315** website visits to date to the Camden website and **12968** visits to the Islington website. While all visits cannot be attributed to MECC, the website has been accessed more than twice as much in Islington versus Camden, which is similar to the take up of MECC across both boroughs.
- The increased referrals and website visits indicate residents are getting greater access to advice, information and support as a result of MECC. The assumption is that this would then lead to improved outcomes for those residents over the medium to long-term. We are starting to build up case studies and customer journeys as evidence to support this argument (Fig. 17).
- Case studies and examples of MECC collected so far have all been positive with no examples of the worker/ volunteer feeling out of their depth or experiencing an adverse outcome as result of initiating a MECC conversation being recorded. (MECC champions are specifically tasked to collect worker experience of implementing MECC.)
- Over the next two years, referral data from commissioned lifestyle services like smoking cessation, weight management and alcohol advice services will be analysed to assess whether MECC impacts not only on referrals but also quit rates, behaviour change and health improvement.

Figure 17: Examples of MECC in practice as described by participants

"I had gone to visit a young mum who I'd recently placed in temporary accommodation. She told me how she felt powerless to get a job because of having young children and no qualifications. I told her about Camden's Employment team and gave her their contact details. The next time I visited she had received information about a local college and the crèche facilities available which led to her enrolling on a course."

"A tenant came into the office complaining they were fed up and unemployed. I advised them of a project being held at St Johns community Centre for people who wish to get back into a working environment. I gave them the information needed to apply and they came back a few weeks later to confirm how useful the course was for them and they seemed a lot more positive."



A social worker referred a house bound vulnerable 90 year old suffering from cardiovascular and respiratory conditions into SHINE.

This led to an environmental health officer visiting and assessing the premises, classifying it as a high risk hazard for excess cold and serving a legal notice requiring thermal insulation.

The landlord installed internal thermal insulation to reduce significant heat loss through the walls and floors.

5.0 Success factors

Continuous improvement

- Feedback is routinely collected from all aspects of the programme which has been vital in making continuous improvements to the training and the programme. This has ranged from updating and adapting the content of the training to changing the way the programme is marketed to stakeholders.

Senior leadership support

- During the promotion of MECC, senior management played a key role in supporting the initiative and recommending the training to their departments. Where this was made mandatory training the uptake was much higher without any evidence of impacting on participant satisfaction levels. Without this endorsement at a senior level it was often difficult to engage managers and team leads.

Communications and Marketing

- Camden and Islington's multi-level, high target model of MECC is an ambitious programme. The production of one easily accessible website, marketing resources (lanyards and travel card wallets) and posters all with a clear brand has significantly contributed to the success of the programme. However, continuous engagement and promotion with stakeholders has also been required which has been resource intensive.

Flexibility of approach

- Since the training is based on principles rather than set ways of conducting an intervention it can be easily adapted to the different needs of a large diverse workforce, from staff who have short, one-off, transactional interactions with residents, such as the council's gas engineers, to regular, intensive interactions such as social workers or nurses. Flexible bespoke sessions customised to the needs of the staff group and the types of interactions they have are routinely offered and have been very successful.

Accreditation

- The fact that training leads to a nationally accredited qualification which can contribute to professional development and be recognised in staff career development reviews has been cited as key attractive quality of the training by participants.

5.0 Success factors (cont.)

Voluntary and Community Sector

- The voluntary and community sector is a key partner in MECC, not only in its implementation but its continued success. They come in contact with some of the most vulnerable members of the public, who are possibly unaware of or unwilling to access support services directly. Hence, they are essential in promotion of a culture of prevention and early intervention.

- While there have been 182 people from the VCS who have taken part in Camden and Islington's MECC Programme, this number could be higher. In order to understand how the programme has been received within the VCS and how it has been implemented an MSc student from the London School of Hygiene and Tropical Medicine conducted qualitative research with local VCS partners. The findings indicated that MECC is very well aligned to the work of most VCS organisations and they see the training as very valuable.

  - *"When we saw the MECC thing coming along, we were very interested because it really works with what we do because…making every contact count is literally what we do". VCS staff member:*

  - *"…how to communicate, how to deliver with different clients…it was really helpful. This training has broadened my idea, my experience and what I am using my everyday services". VCS staff member*

- The main barriers for taking up the training were mostly individual level barriers attributable to issues such as competing priorities and lack of awareness of the training. The need for continual engagement and communication with implementing organisations appears to be an important factor for success.

6.0 Next steps

This interim evaluation has shown that the MECC programme has been successful in hitting its targets in terms of number of people trained, recruiting champions, improving knowledge, skills and confidence of trained staff and progressing well towards being embedded in organisational culture. However there are several areas that need improving or developing and will be the focus of the programme over the coming year:

- Increasing the numbers of staff trained from Camden council and partner agencies, particularly the NHS, needs to be achieved. Identifying, and working with, the right gatekeepers within each organisation who can champion the implementation of the programme will be a key priority. We will be encouraging each team to have at least one active MECC champion.
- Improving the completion rates for people who have started the eLearning and the response rates of post training evaluation forms for eLearning and face to face training.
- Further developing the processes for gathering case studies and examples of MECC conversations in order to evaluate the impact on residents of the programme. Referral data from partner services like SHINE, Wish Plus and Contact Centre teams will be followed up to determine eventual outcomes for residents and build complete case studies.
- Ensuring it is embedded within the procurement process so that having a requirement to have staff trained in MECC it is considered for inclusion in appropriate service specifications.
- Ensuring MECC continues to align with and help deliver key corporate strategic initiatives, such as;
    - Islington's SPARK initiative looking to build resilience in local residents and communities through early intervention and prevention.
    - Our Camden Plan (2018-2022) and it's key principle of 'preventing problems and intervening early' and to build strong communities.
    - The Sustainability and Transformation Plan (STP) for North Central London (NCL) which includes a commitment to deliver MECC across the footprint under the prevention workstream.
- Continuing to monitor and evaluate the programme and share the learning through channels such as the Healthy London Partnership's pan-London steering group for MECC (in conjunction with the Association of Directors of Public Health and Public Health England) to help ensure further sustainability of MECC locally, regionally and nationally.

Further information

- To sign up for MECC, please visit:
  - www.camdenmecc.org.uk
  - www.islingtonmecc.org.uk

- Please contact mecc@Islington.gov.uk for further questions about this report or the programme.

Appendix A – MECC Evaluation Logic Model

C&I MECC Logic
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Camden ISLINGTON

Project:	MECC in Camden and Islington
Local setting:	Strategic initiatives calling for prevention and early intervention
Priorities:	Train frontline staff to recognise resident needs related to health, housing and employment/money and signpost to relevant services
Abbreviations	Indicators (I); Data Collection (DC); Person Responsible (PR); Data Collection Time-points (t)

INPUTS	ACTIVITIES		OUTCOMES		
What we invest	**What we do**	**Who we reach**	**Short-term Outcomes**	**Long-term Outcomes**	**Impact**
Financial Resources I: cost of training(s); backfill for people in training DC: Contract data, Manager feedback PR: MA, Team Managers t: Baseline, end Y1, end Y2	Supervision of MECC practice structure in place with lead(s) identified PR: MA/BHM t: Y0	Staff at Councils, CCGs, GP Practices, Trusts, Statutory Services (Fire, Police), Pharmacies, Voluntary Sector I: Number of staff trained DC: Monitoring data from providers PR: MA t: mid Y1, end Y1, end Y2	Increase in lifestyle and wider determinants knowledge amongst staff trained I: Self-reporting through surveys DC: Pre- and Post- training Surveys PR: MA / SMG t: mid Y1, end Y1, end Y2	Increased usage of MECC skills by staff I: Decrease in number of trained staff who never undertaken a MECC intervention at 3, 6, and 12 months post training DC: 3 month post-training survey, Self-reported through staff surveys PR: MA / SMG t: 3 months, mid Y1, end Y1, then yearly	All of Councils' and large proportion of partners' Staff trained and achieve MECC competency
MECC Strategy in place within organisation with lead(s) identified PR: CG/MA/BHM t: Y0	Method of observation for MECC activities agreed PR: Steering Group t: Y0	MECC Champions I: Number of MECC Champions DC: Monitoring data from providers PR: MA / SMG t: mid Y1, end Y1, end Y2	Increase in understanding of behaviour change amongst staff trained I: Self-reporting through surveys DC: Pre- and Post- training Surveys PR: MA / SMG t: mid Y1, end Y1, end Y2	Increased uptake of MECC training at induction I: Number of new staff receiving MECC training DC: HR? PR: HR leads at SG t: end Y2, end Y3	Team training attendance impact on service delivery and capacity
Organisational Leaders buy-in I: number of key leaders/managers/stakeholders engaged; number of presentations/briefings made to leaders/managers/stakeholders DC: Project Management Documents PR: CG/MA t: Baseline	MECC reporting structure in place (accountability to boards/leaders) PR: Steering Group t: Y0	Proportion of staff population participating in the training I: Trained staff vs Total Staff DC: Monitoring data from providers PR: MA / SMG t: mid Y1; end Y1; end Y2	Number obtaining MECC skill competency through e-learning and face to face I: Number of staff trained DC: Monitoring data from providers PR: MA t: mid Y1, end Y1, end Y2	Sustainable MECC Champions Network I: Number of MECC Champions retained and numbers and types of specialist trainings undertaken DC: Monitoring Data; Self-reported through MECC Champions Survey PR: MA / SMG t: Baseline (end Y1), end Y2, end Y3	Change in lifestyle services activity – could be positive or negative
MECC Resources I: Financial Costs and Resource costs in development of Health message factsheets and communications materials DC: Self-reported by project team PR: MA t: Baseline; end Y1	Develop a skills based training programme (3 tier approach) PR: Steering Group t: Y0	Trainee satisfaction, knowledge gain and confidence following training I: Self-reported DC: Pre- and Post- training Surveys PR: MA / SMG t: mid Y1, end Y1, end Y2	Increase in confidence to have a healthy and/or difficult conversations I: Self-reporting through surveys DC: Pre- and Post- training Surveys PR: MA / SMG t: mid Y1, end Y1, end Y2	MECC embedded in organisational culture, performance management and contract monitoring I: Number of job descriptions that include MECC practice, Number of staff with MECC objectives; Number of contracts with MECC aspects DC: HR and Procurement Teams PR: HR leads at SG t: end Y1, end Y2, end Y3	Improved integrated care across health, housing and employment
Human Resources I: Trained staff vs Total Staff DC: Monitoring data from providers PR: MA t: mid Y1; end Y1; end Y2	Develop a MECC Champions programme to sustain project with identification and links into additional specialist trainings PR: SMG t: mid Y1	Number of pathways that now include MECC (compared to baseline) I: Self-assessed DC: Feedback from SG through workshop PR: SG t: end Y1	Fewer MECC interventions stopped I: Reduction in number of aborted MECC interventions DC: Staff Survey feedback; Feedback from SG through workshop PR: MA t: end Y1, end Y2	MECC integrated in referral pathways with partner organisations I: Referral patterns of CCG, Statutory and Voluntary Sector DC: Self-reported through workshop with partners PR: MA t: end Y1, end Y2	Change in staff interaction with residents and delivery of a more holistic service
Relevant staff group identified for e-learning and/or face to face training	Review current practice re clients presenting to other services eg adult social care ie is health assessed/explored already or vice versa PR: MA/CG t: Y0	Delivery of MECC Services I: Number of clients receiving a MECC contact DC: Referral data from SHINE, WISH+, iWork PR: MA / SG t: Baseline, end Y1, end Y2	Increased usage and outreach of MECC I: Number of service users signposted to local services and types of service signposted to DC: Referral data from SHINE, WISH+, iWork PR: MA / SG t: Baseline, end Y1, end Y2	Change in trained staff's own behaviour and development of staff well-being and health initiatives I: Staff live healthier lives, Number of staff who uptake lifestyle services and impact on staff sickness DC: Self-reported through surveys; Healthy Workplace data; HR data on absences PR: MA / SG t: end Y1, end Y2	Reduction of risky lifestyles/health behaviour eg fewer smokers
	Develop an awareness campaign for MECC publicity within organisation PR: MM, LS t: Y0	Breadth and outreach of MECC Contacts I: Demographic characteristics of people reached DC: Referral data from SHINE, WISH+, iWork PR: MA / SG t: end Y1, end Y2	Increased uptake of services I: Increase uptake of lifestyle services; Earlier housing support (SHINE/WISH+ referrals); Increased money and employment advice (iWork/IMAX) DC: Referral numbers from lifestyle services, SHINE, WISH+, iWork PR: MA / SG t: Baseline, end Y1, end Y2		Increased number of users who report behaviour change or health improvement
		Types and Sources of MECC Contacts I: Number of forms of intervention eg routine appointment, opportunistic DC: Referral data from SHINE, WISH+, iWork; Survey with Staff; Feedback from SG through workshop PR: MA / SG t: end Y1, end Y2			

ASSUMPTIONS	EXTERNAL FACTORS
MECC will bring about an increase in lifestyle service, SHINE/WISH+ and Employment support uptake MECC will bring a reduction in local smoking/obesity prevalence, number of people in poor housing and number of people unemployed Some MECC reports show an impact on referrals, although measuring cause and effect is hard The MECC programme will be offered to all staff with particular focus on frontline staff Training will involve elements of levels 1 and 2 of MECC competency	MECC project will take targeted approach to staff trained (initially housing in both councils, then wider council, then wider public services and voluntary sector) The number trained in each team will be influenced by workforce capacity Successful implementation will be enhanced through the MECC lead/project manager attending team meetings to develop MECC approach, work plan and outline philosophy and practical implications

Appendix B – eLearning post-training user experience survey questions

Q1. Did you have any technical problems to access, start or follow the course?

Yes No

Q2. In general, how would you rate your experience of the course?

Poor Below average Average Above average Excellent

Q3. Overall, were the key points on Making Every Contact Count clear?

Not Enough Info Strongly Disagree Disagree Agree Strongly Agree

Q4. Did the different scenarios and exercises help you to understand health, housing and employment issues?

Not Enough Info Strongly Disagree Disagree Agree Strongly Agree

Q5. Do you feel that what you have learned will contribute to improving your current work?

Not Enough Info Strongly Disagree Disagree Agree Strongly Agree

Q6. Do you feel you are now better able to recognise health, housing and employment needs of residents?

Not Enough Info Strongly Disagree Disagree Agree Strongly Agree

Q7. Do you feel you are now better able to signpost people to local health, housing and employment support services?

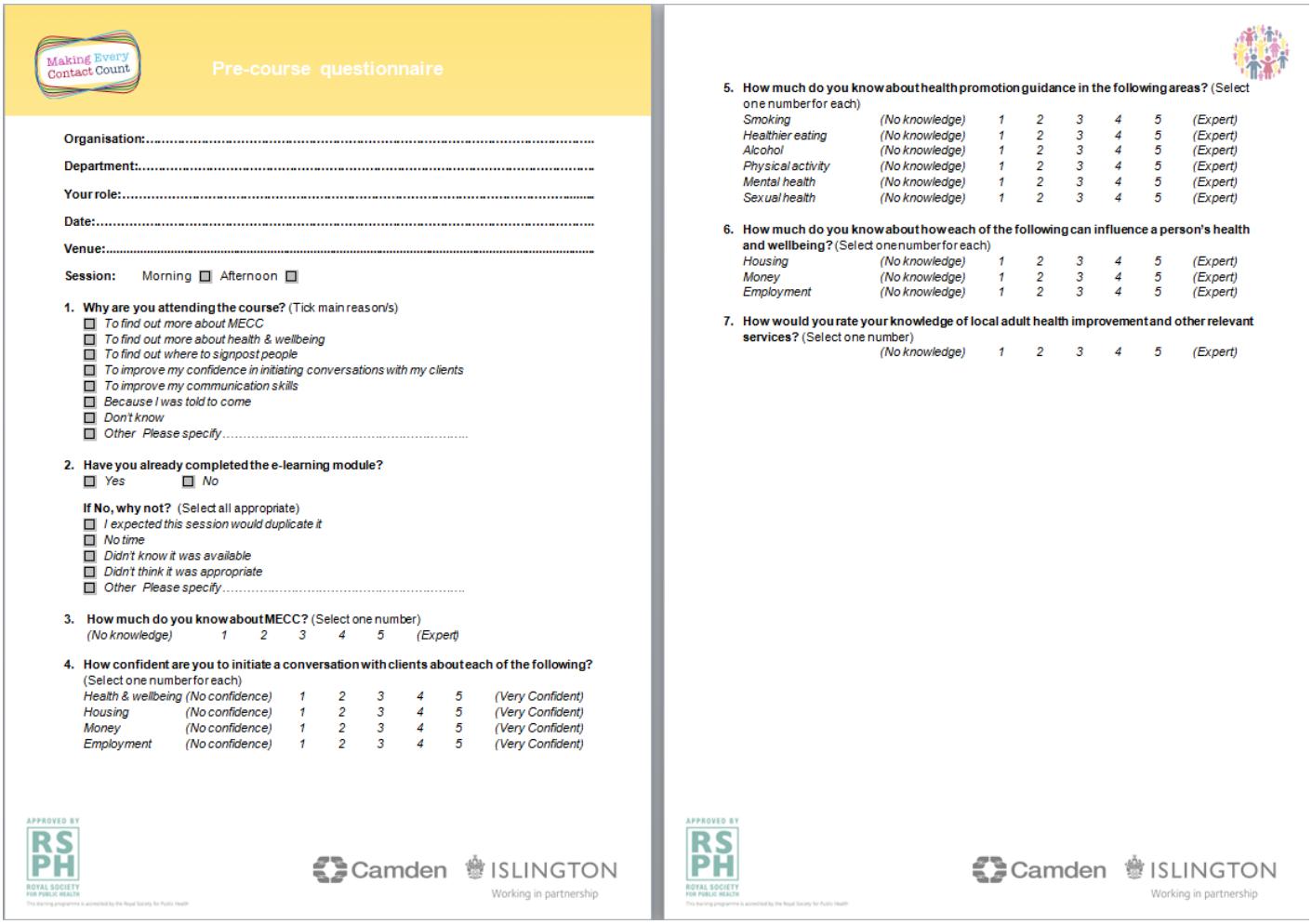
Not sure Strongly Disagree Disagree Agree Strongly Agree

Q8. Would you recommend this course to your colleagues?

Not sure Strongly Disagree Disagree Agree Strongly Agree

Appendix C – Face to Face Training Participant feedback forms

Pre-course questionnaire
Post-course questionnaire
3 month follow up questionnaire



Pre-course questionnaire

Organisation:.....

Department:.....

Your role:.....

Date:.....

Venue:.....

Session: Morning ☐ Afternoon ☐

1. **Why are you attending the course?** (Tick main reason/s)
   - ☐ *To find out more about MECC*
   - ☐ *To find out more about health & wellbeing*
   - ☐ *To find out where to signpost people*
   - ☐ *To improve my confidence in initiating conversations with my clients*
   - ☐ *To improve my communication skills*
   - ☐ *Because I was told to come*
   - ☐ *Don't know*
   - ☐ *Other Please specify*.....

2. **Have you already completed the e-learning module?**
   ☐ *Yes* ☐ *No*

   If No, why not? (Select all appropriate)
   - ☐ *I expected this session would duplicate it*
   - ☐ *No time*
   - ☐ *Didn't know it was available*
   - ☐ *Didn't think it was appropriate*
   - ☐ *Other Please specify*.....

3. **How much do you know about MECC?** (Select one number)
   (No knowledge) 1 2 3 4 5 (Expert)

4. **How confident are you to initiate a conversation with clients about each of the following?** (Select one number for each)

Health & wellbeing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Housing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Money	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Employment	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*

5. **How much do you know about health promotion guidance in the following areas?** (Select one number for each)

Smoking	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Healthier eating	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Alcohol	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Physical activity	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Mental health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Sexual health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

6. **How much do you know about how each of the following can influence a person's health and wellbeing?** (Select one number for each)

Housing	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Money	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Employment	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

7. **How would you rate your knowledge of local adult health improvement and other relevant services?** (Select one number)
   (No knowledge) 1 2 3 4 5 (Expert)

Post-course questionnaire

Organisation:.....

Department:.....

Your role:.....

Date:.....

Venue:.....

Session: Morning ☐ Afternoon ☐

1. **How much do you know about MECC now that you have completed your training?** (Select one number)
   (Nothing) 1 2 3 4 5 (Everything)

2. **How confident are you now to initiate a conversation with clients about each of the following?** (Select one number for each)

Health & wellbeing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Housing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Money	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Employment	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*

3. **How much do you now know about health promotion guidance in the following areas?** (Select one number for each)

Smoking	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Healthier eating	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Alcohol	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Physical activity	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Mental health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Sexual health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

4. **How much do you know about how each of the following can influence a person's health and wellbeing?** (Select one number for each)

Housing	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Money	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Employment	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

5. **How would you now rate your knowledge of local adult health improvement and other relevant services?** (Select one number)
   (No knowledge) 1 2 3 4 5 (Expert)

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6. **Have you improved your skills and ability to deliver MECC interventions?** (Select one number)
   (Not at all) 1 2 3 4 5 (Completely)

7. **Which part of this training was most beneficial to you?** (Select all appropriate)
   - ☐ *Meeting the public and having helpful conversations (including What is MECC?)*
   - ☐ *Healthy Lifestyles Choices, Health Improvement and Key Messages*
   - ☐ *Communication skills (raising the issue and getting a conversation started)*
   - ☐ *Delivering Brief Advice and Signposting (ASK, ADVISE, ASSIST)*
   - ☐ *Delivering Brief Interventions (including behaviour change tools)*
   - ☐ *Resistance and 'rolling with it'*
   - ☐ *Other Please specify*.....

8. **How would you rate the booking process?** *(Select one number)*
   (Poor) 1 2 3 4 5 (Excellent)

9. **How would you rate the training venue?** *(Select one number)*
   (Poor) 1 2 3 4 5 (Excellent)

10. **How would you rate your trainer?** *(Select one number)*
    (Poor) 1 2 3 4 5 (Excellent)

11. **How well would you say that the training course has met your training needs?** *(Select one number)*
    (Not at all) 1 2 3 4 5 (Completely)

12. **Would you recommend this training to others?**
    ☐ *Yes* ☐ *No*
    Please tell us why you gave this answer

13. **If you have any other comments to make, please add them here**

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3 Month follow-up questionnaire

Organisation:.....

Department:.....

Your role:.....

Date:.....

1. **How much do you recall about your MECC training?**
   ☐ *All of it* ☐ *Quite a lot* ☐ *A little* ☐ *Nothing*

2. **How much of what you covered during the training have you been able to apply in your day-to-day contact with members of the public?**
   ☐ *All of it* ☐ *Some of it* ☐ *A little* ☐ *None of it*

3. **How frequently have you been able to use Making Every Contact Count to promote positive health and wellbeing with your clients?**
   ☐ *Most of the time* ☐ *Frequently* ☐ *Occasionally* ☐ *Never*

4. **How confident are you now to initiate a conversation with clients about each of the following?** (Select one number for each)

Health & wellbeing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Housing	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Money	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*
Employment	*(No confidence)*	*1*	*2*	*3*	*4*	*5*	*(Very Confident)*

5. **How much do you feel you now know about health promotion guidance in the following areas?** (Select one number for each)

Smoking	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Healthier eating	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Alcohol	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Physical activity	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Mental health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Sexual health	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

6. **How much do you know about how each of the following can influence a person's health and wellbeing?** (Select one number for each)

Housing	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Money	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*
Employment	*(No knowledge)*	*1*	*2*	*3*	*4*	*5*	*(Expert)*

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7. **How would you now rate your knowledge of local adult health improvement and other relevant services?** (Select one number)
   (No knowledge) 1 2 3 4 5 (Expert)

8. **Are there any barriers that prevent you from promoting positive health and wellbeing with you clients by Making Every Contact Count?** (Select all that apply)
   - ☐ *Lack of time*
   - ☐ *Still not confident*
   - ☐ *Lack of knowledge of key health and wellbeing messages*
   - ☐ *Lack of knowledge of other local services*
   - ☐ *Not enough support back in the workplace*
   - ☐ *Other Please specify*.....

9. **Can you please describe one good example of where you have been able to Make Every Contact Count?**

10. **Would any of the follow-up activities be of interest to you?** (Please select all that are of interest)
    - ☐ Refresher workshop (2 hrs)
    - ☐ Webinar
    - ☐ Drop-in surgery
    - ☐ One-to-one support via phone calls
    - ☐ Peer-to-peer support
    - ☐ Other, please specify.....
    - ☐ None of the above

11. **If you have any other other comments or suggestions, please add them here**

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