Making Every Contact Count in Salford

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Introduction
Making Every Contact Count (MECC) in Salford is about putting in place the building blocks to utilise the potential of staff and volunteers who interact with the general public to influence how people make decisions that impact on their own health and wellbeing. It seeks to harness over 15,000 front line staff and volunteers who are in a position to ask, advise and prompt people they interact with on a daily basis to think about and act to take care of their wellbeing. In this way, both members of the public and staff and volunteers of service provider bodies are assets that can be developed to improve the wellbeing of the local population and the capacity of local organisations.

A key driver of MECC in Salford is the scale of poor health and wellbeing in the city. A man born in Salford can expect to live 4 years less than the national average for life expectancy. For a woman, life expectancy is a better, but only slightly: it is still almost 3 years less than the national average. Along with the injustice of this, these health inequalities place a significant cost burden on service providers at a time when they are under intense and increasing pressure to cut staff and deliver services with fewer resources.

A key goal of MECC is, therefore, to build the assets of local people so they can self-care to a greater extent and prevent the onset of ill health, thereby placing less of a burden on local services and, in turn, allow service providers to target resources to where they are more needed.

This paper will describe how a social marketing approach has been used to develop Salford’s ambitious MECC programme.

Scoping
Salford’s strategy recognises that to effect and sustain individual behaviour change within the population a mix of personal support methods are needed: information, motivation, advice and support, signposting and referral. The MECC programme’s development was sparked following a visit to Salford by the Department of Health (UK) Health Inequalities National Support Team. The visiting Team suggested that an early interventions programme by staff could help promote all of these if it was delivered systematically and on a large enough scale. This triggered a scoping exercise led by public health to look at the potential to do this.
An evidence review established that:

- Factors such as work, housing, income act as competition to change – e.g. benefits and managing debt, can all effect how motivated people are to change other areas of their lives, such as smoking, drinking and keeping active [Marmot Review of Health Inequalities] (Marmot et al., 2010).
- By supporting people early, they can be helped to avoid future ill health or disability. For example, around 10% of the NHS budget is spent on diabetes and its complications, yet the risk of developing type two diabetes can be reduced by up to 80% by adopting a healthier lifestyle (The NHS Future Forum, 2011).
- There is a well-documented economic argument for systematic delivery of large-scale behaviour change interventions (NHS Academy for Large Scale Change, 2009).
- There is a growing evidence base that demonstrates that behaviour change interventions such as opportunistic brief advice (health chats) and brief interventions have an impact on changing health behaviours (Health Inequalities National Support Team, 2011; National Institute for Health and Excellence (NICE), 2007; and Powell and Thurston, 2008).
- The workforce, itself needs to consider their own lifestyle and be motivated to change.

In order to encourage and support behaviour change within the population, staff need to appreciate the range of lifestyle and other factors that can influence health and wellbeing. Some 10 key topics that staff need basic knowledge were identified: Housing, Employment, Welfare Benefits and Tax Credits, Money and Debts; Smoking, Weight Management, Substance Misuse (including Alcohol), Physical Activity, Emotional Health & Wellbeing and Sexual Health.

Crucially, staff also need to be able to quickly assess a person’s need and motivation to change and be confident to encourage people to take small steps along the stages of change journey by, where appropriate, strengthening self-care, delivering brief advice or a brief interventions, signposting to other sources of help, or by making a quality referral.

**Development**

In the development phase, behavioural goals for the staff were refined through the creation of MECC competencies. These were segmented to reflect that some staff would deliver only brief *advice*, while others would deliver both brief *advice* and brief *interventions*, with a brief intervention involving a slightly longer and more complex, structured conversation than brief advice. An online self-assessment tool was developed to help staff assess if they met these competencies, and where they did not, it identified the pool of staff that would benefit from training.

Focus groups and a consultation with staff also revealed a need to tailor communications about the programme depending on whether they worked on the front-line with the public, line-management or in senior management. The consultation also steered the development of training courses which specifically set out to equip staff with an understanding of ‘stages of change’ (Prochaska and Diclemente, 1983) and ‘exchange theory’ (Houston and Gassenheimer, 1987) to help them spot opportunities to spot and engage in conversations about wellbeing with the public.
The consultation also drew out the need for specific activities to be developed for Line Managers; and the provision of follow-up support after training to help staff put MECC into practice was delivered. A website to host the online self-assessment was expanded to provide a wider range of resources to support staff both requiring and not requiring training.

**Implementation**
A number of checks and balances were put in place for the implementation phase. Governance came through a newly convened programme board which fed into the Health & Wellbeing Board for the area. A Delivery Team was formed to focus on the nuts and bolts of implementation. A Stakeholder Group also came together to provide regular input into the programme.

Early learning points were:
- Improving wellbeing for the people of Salford is motivating staff to get involved.
- Organisations need guidance and support to understand the process of implementing MECC.
- The programme has had to be simplified to make it easier to progress through.
- Training is well received, but the self-assessment is not so popular. It is difficult to overcome the perception of it being a ‘test’.

Implementation is on-going, however by March 2013:
- 2,196 staff registered to take part in the programme.
- 1,509 have successfully completed their self-assessments and are Making Every Contact Count in Salford.
- 687 employees are still to progress through the staff development pathway.
- The staff are drawn from 36 organisations/services.

**Evaluation**
External evaluators have been appointed to assess Making Every Contact Count in Salford to assess:
1. Systems outcomes.
2. Outcomes for organisations including frontline staff.
3. Outcomes for end users.

Interviews, on line questionnaires and focus groups have taken place. A final report and a set of recommendations will be delivered in September 2013.

An interim ‘high level’ evaluation identified a number of points as below:
- At senior level, MECC viewed as a positive step forwards, but challenging to implement systematically.
- At operational level, there were real capacity issues faced by organisations for example releasing staff to attend training, ‘selling MECC’ to staff groups.
- Requests for a more flexible staff development pathway.

The Delivery Team responded to this by:
- Using shorter, more regular communications to MECC people and service leads.
- Simplifying the self-assessment tool.
• Piloting tailored training courses to deliver in-house.
• Creating a MECC DVD to help staff understand what MECC is about.

In addition, measures were developed for stakeholder organisations to collect data on the outputs from their work. The first quarter of returns were not complete but demonstrated that 835 brief interventions were carried out by front line staff and volunteers under MECC.

The breakdown by category is as follows:

Case studies were also submitted that demonstrate the light touch of MECC and how very quick chats have the potential to bring about positive change.
**Adult Education Tutor, College**

David has been homeless for some time and has a long-term mental health problem. I talked to about David about his new housing situation at The Salvation Army where it’s so much better and he has company now. He is planning on losing weight as this is stopping him from applying for HGV jobs as he is too large at the moment.

We talked about gentle exercise like walking 30 mins a day to start off with. David seemed to be in a much more positive mood and I think this is due to better housing situation.

**Area Warden, Neighbourhood Management**

When completing the Service Users Initial Support Plan, Tom shared with me that he was struggling to manage bills and spend within his current means. Tom agreed that he may benefit from some advice and therefore agreed to be referred to a money advisor.

The referral was made immediately and an appointment has been arranged. Hopefully leading to a positive outcome.

**Sonographer, Hospital**

Jack has an alcohol problem. He is not eating properly or looking after his appearance/health. Discussion re help groups risks of alcohol abuse. Alcohol abuse as a result of debt issues amongst other things. Discussion re what could be done where to find help.

Patient to seek help to stop drinking excessively. Also to seek help re benefits citizen advice. To GP for results of test help with alcohol problem.

**Receptionist, Community Centre**

Steve came in to use toilets. We got chatting and he told me he used to take drugs and we mention we have Narcotics anonymous here on Thursdays. I also told him he might be interested in attending.

Steve is now coming to Narcotics meeting and signed up for Cooking and Reiki classes.

**Conclusion**

MECC in Salford is a ground breaking behaviour change programme strengthening service provider organisations and their staff to build the assets of the local population, empowering people to look after their own wellbeing to a greater extent. It focuses on behaviour change in two key spheres: behaviour change within service provider organisations; and behaviour change across the general public. The organisational change called for is not without significant challenges. The current financial pressures currently being experienced across the UK public sector, in many ways, do not help but, paradoxically, they make radical policy measures (such as that represented by MECC) inevitable if the public sector is to continue to meet local needs within available budgets. MECC in Salford certainly offers many lessons for public sector service providers in other parts of the UK facing a similar dilemma of how to meet local needs with far fewer resources than they have had in the past.
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References
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