

Making Every Contact Count in Tower Hamlets: Results of evaluation surveys conducted in 2017/18

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1. Background

Making Every Contact Count (MECC) is a national initiative which encourages those who work with the public to make the most of every opportunity to have a conversation about healthy lifestyles and to offer signposting information to facilitate behaviour change. In Tower Hamlets it is a half day training programme for frontline staff, which covers health promotion messages on diet, physical activity, smoking, alcohol, mental health and sexual health, and how to pick up on conversational cues to support residents to make changes in the issues they have highlighted.

MECC has been running in Tower Hamlets since the start of 2015, firstly commissioned by the London Borough of Tower Hamlets (LBTH) and since 2016/17 through the Tower Hamlets Together (THT) Vanguard programme. 1,076 front line staff have been trained up to the end of March 2018 across more than 100 organisations.

2. Introduction

Data on the impact of MECC is currently collected in three ways:

- Numbers attending training by organisation/ type of organisation – refer to **Figure 1** below
- An immediate pre- and post-course questionnaire, which assesses change in staff knowledge and confidence in raising lifestyle issues, applying brief interventions and signposting to support services, and collects feedback on the running of the training session. This data is collected by the trainer and written up as part of quarterly monitoring reports. This data is not reproduced here.
- A follow-up survey, conducted a minimum of 6-8 weeks after training.

This report shares the findings from the follow up surveys which were conducted during 2017/18, with those who had been trained up to the end of December 2017. See **Appendix 1** for the survey questions asked.

Figure 1: Frontline staff trained in MECC, by organisation/type of organisation, January 2015-March 2018

Organisation or type of organisation	Number of people
London Borough of Tower Hamlets	396
East London NHS Foundation Trust	170
Housing association	137
Community & Voluntary Sector Organisations	128
Other	68
GP practice/health centre	67
Barts Health NHS Trust	59
GP Care Group (GP Federation)	51
Grand Total	1076

3. Methods

This report combines the results of the three follow up surveys conducted in 2017/18, with a combined total of 142 responses:

Survey 1 - Run between 27 July and 21 August 2017. This survey was sent to the 773 participants who had attended MECC training between 13 January 2015 and 4 July 2017. There were 96 respondents.

Survey 2 - Run between 12 and 21 March 2018. This survey was sent to the 96 participants who worked as part of the Community Health Service (CHS) and were trained between 13 January 2015 and the end of December 2017.¹ There were 24 responses.

Survey 3 - Run between 12 and 21 March 2018. This survey was sent to the 116 participants who were trained between 4 July 2017 and end of December 2017 (n=116) but who did not have a CHS contract. There were 22 responses.

All three surveys were conducted using Survey Monkey and participants were incentivised to respond with a prize draw.²

The reason for running surveys 2 and 3 separately was to inform a bespoke piece of work requested for the CHS. Although there may have been some overlap in the respondents to surveys 1 and 2, this is likely to be only a small number, and, as such, the results from all three surveys have been combined as part of this report.

The questions asked across all three surveys were almost identical, the only difference being the inclusion of questions about developing a 'community of practice' for MECC trainees in Tower Hamlets, which only asked in survey 1. The answers to these questions have been presented separately (**Section 4.8**). Where free text responses were received, the responses have been grouped into themes to create quantitative data, and quotes drawn out to illustrate the findings.

It is important to note that some respondents were trained nearly 3 years ago, whereas others may only have been trained a few weeks prior to undertaking the survey. This is likely to have impacted on the results in two ways:

- Some respondents would have had little time to put MECC into practice, which may mean that the data collected on the impact of MECC on professional and personal lives and the number of onward referrals underestimates the true impact of MECC.
- By including the responses of those who were trained a long time ago, the data can be used to understand whether the impacts of MECC are sustained over the long term.

4. Results

4.1 Respondents' organisation

The organisations or types of organisation where respondents work is shown in **Figure 2**. This distribution is representative of the trainee cohort as a whole.

¹ It should be noted that around 20% of emails bounced back due to changes being made at the East London NHS Foundation Trust and Barts Health to move staff onto nhs.net email addresses.

² The first survey offered 2 £15 One for All vouchers to winners picked at random from all respondents. The second and third surveys offered one £20 One for All voucher to a winner selected at random for each 10 respondents.

Figure 2: Organisations respondents work for (where disclosed by respondents)

Organisation or type of organisation	Survey respondents	
	No. of respondents	% respondents
London Borough of Tower Hamlets	34	25%
East London NHS Foundation Trust	36	26%
Housing association	6	4%
Community & voluntary sector	20	15%
Other	18	13%
GP practice/health centre	4	3%
Barts Health NHS Trust	7	5%
GP Care Group (GP Federation)	11	8%
Grand Total	136	

4.2 Impact: reflections on knowledge, skills and confidence post-training

One of the aims of MECC training is to increase the knowledge, skills and confidence of frontline staff to better support service users to improve their health and wellbeing. Participants were asked whether they felt their knowledge and skills had improved as a result of training, and whether their confidence to apply that knowledge and skills had also improved. 95% (134) respondents reported having improved knowledge and skills following training (**Figure 3**). 92% (131) respondents reported having improved confidence in applying their knowledge and skills following training (**Figure 4**). This is important in that for some respondents, months, even years may have passed since they undertook training which demonstrates the sustained impact of the training over the longer term.

Figure 3: Self-reported improvements in respondents' knowledge and skills post-training (n=142)

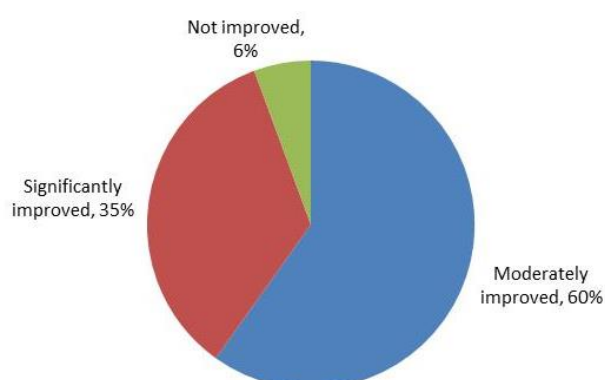
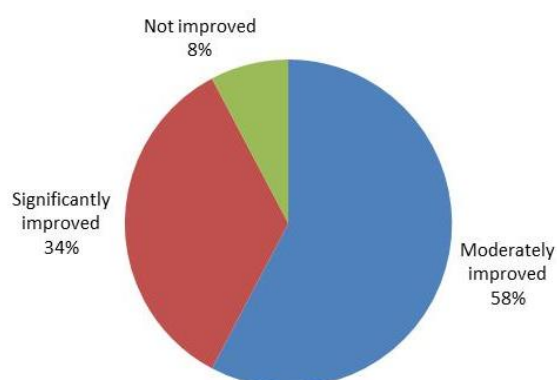


Figure 4: Self-reported improvements in respondents' confidence post-training (n=142)

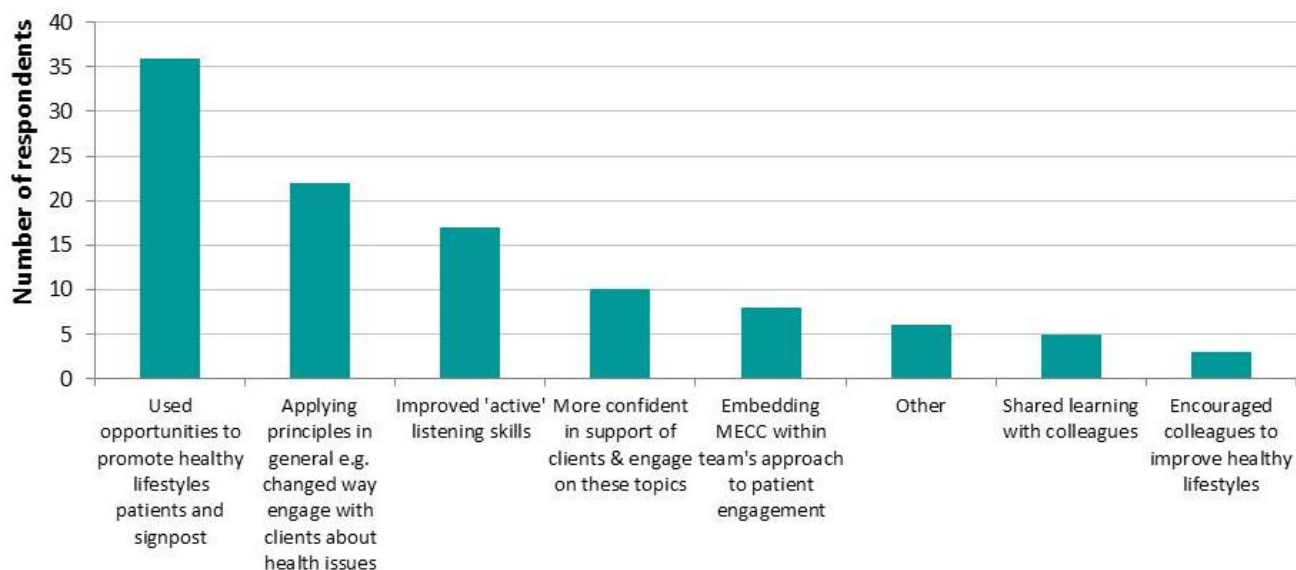


4.3 Impact: reflections on changes made in a professional and personal capacity

4.3.1 Reported changes made following the training in a professional capacity (n=139)

68% (95) respondents reported making changes at work as a result of training and 32% (44) reported no change. 85 respondents stated the changes they had made, the range of which is shown in the graph in **Figure 5**. Notably, of the 85 who cited a change they had made, over a quarter (26%) had changed the way they engaged with clients about health issues and 20% had improved their 'active' listening skills.

Figure 5: Reported changes respondents had made in a professional capacity, e.g. with clients or within teams (n=85)



Here are some examples of changes shared by respondents:

- *"I have shared my knowledge with the staff in the school where I work. I have also used any opportunity to discuss health issues with parents as I meet them."*
- *"My listening skills have improved and am able to identify change talk, support my patients in health promotion matters."*
- *"Asking the client what they already know/ understand about 'healthy eating' or 'being active' or 'healthy lifestyles' etc. before talking to them about these."*
- *"Focussed more on motivating the changes that my service users are ready to make. Not over burdening them with too many changes."*
- *"I am actually making that 5 mins count and looking at it from a different approach."*
- *"I changed the focus, actually! I have engaged in conversations about what triggers the alcohol dependency instead of discussing/planning what to do to stop it!"*
- *"I have been prompting exercise as a means to feeling better mentally and not just physically, especially to clients that are feeling depressed."*
- *"I speak with more confidence on issues relating to health and where to get support and advice."*
- *"I have been confident enough to speak to patients and other service users as well as members of staff to encourage them to think about giving up smoking as well as eating a healthy lunch."*
- *"In my role I have developed a training course which incorporates some of the information covered in MECC to help further embed this in practice"*.

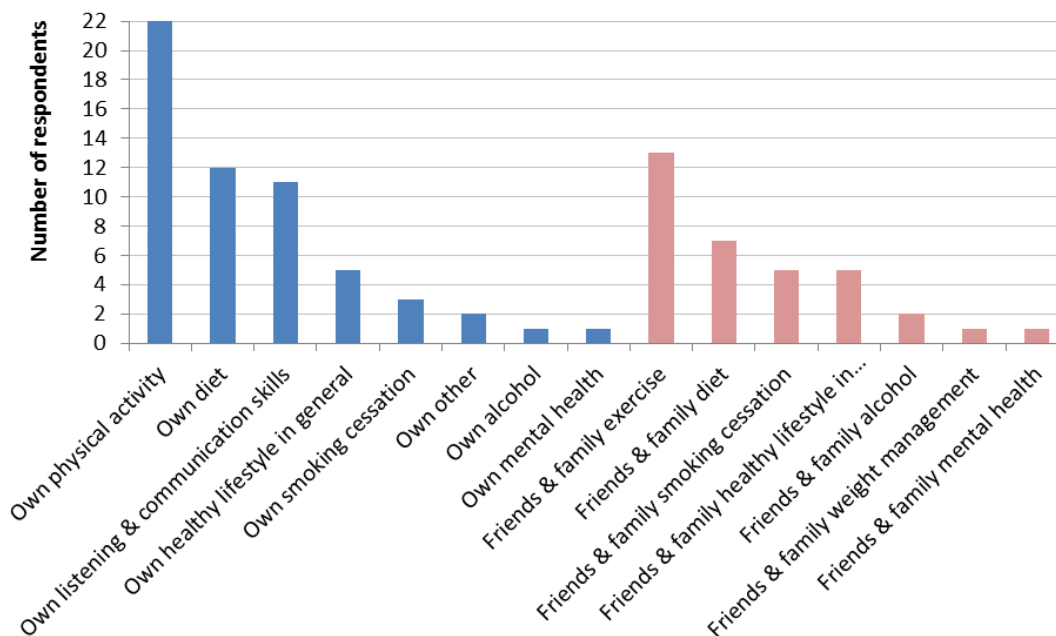
4.3.2 Reported changes made following the training in a personal capacity (n=141)

As well as improving the way frontline staff engage with clients around health and wellbeing, an additional aim of MECC is to improve staff health and wellbeing and for staff to be able to identify opportunities to raise health and lifestyle issues with colleagues, friends, family and members of the public. As such, it is rewarding that 55% (77) respondents reported making a change in a personal capacity following training e.g. making a change to their own lives or that of their friends or family. 59 respondents listed the changes they had made, the range of which is shown in **Figure 6**.

Of the 59 respondents who cited specific changes they had made, 37% had increased their levels of physical activity and 22% had increased the physical activity levels of their friends and family; 20%

had made changes to their own diet and 12% had made changes to their friends and family's diet; and 3 people reported quitting smoking.

Figure 6: Reported changes respondents had made to their own and their friends and families' lives (n=59)



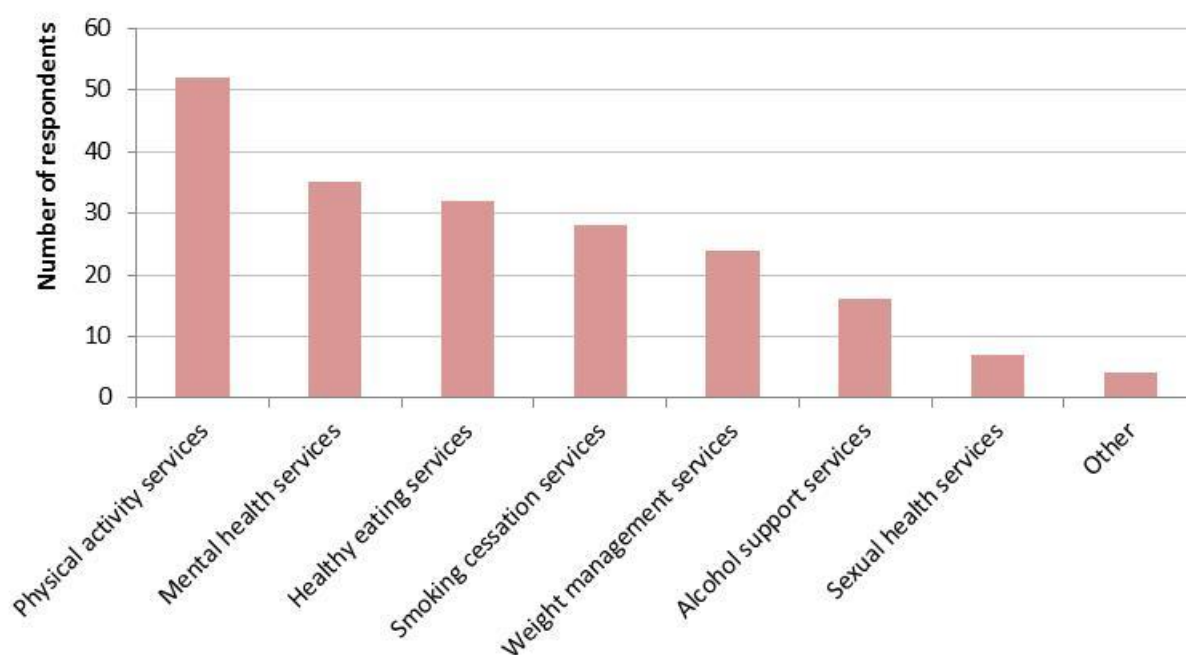
Here are some examples of changes shared by respondents:

- *“Advised my dad about the balanced diet, sugar intake and active lifestyle as he is a diabetic patient. I am also trying to maintain a healthy lifestyle.”*
- *“Changed diet – eat less sweet stuff. Walk more regularly and try to do some form of additional exercise.”*
- *“Re-visited my levels of physical activity per week – gave up getting the bus from tube station to work, and now walk the few stops to work.”*
- *“Taken the route of walking to and from work. Emphasised the importance of attending Smoking cessation to friends & family”*
- *“I now eat healthy [sic], organised weekly group exercise activities with my friends”*
- *“I have stopped smoking”.*

4.4 Impact: referrals/signposting after MECC conversation

Although the initiative is not designed to necessarily increase onward service use, MECC conversations with clients may result in onward service referrals, for example to smoking cessation services. 63% respondents (89) reported referring clients to at least one of the services in the graph in **Figure 7** following MECC training. The type of service clients were most frequently referred to was physical activity services.

Figure 7: Services respondents have referred into as part of a MECC conversation (n=89)



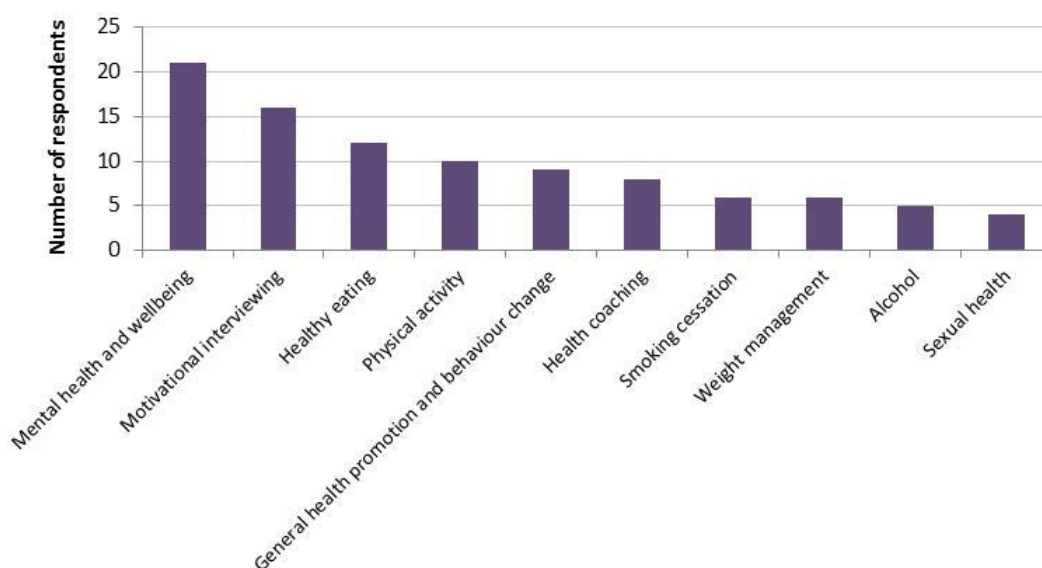
4 people listed other services they had referred into as a result of having a MECC conversation. These included: domestic violence, falls prevention services, advocacy services, carers services and a local foodbank.

48 respondents recorded how many referrals they had made. Of these, 35 had made between 1 and 5 referrals and 6 had made between 6 and 10. 2 reported making more than 50 referrals. Together they reported making at least 418 referrals.

4.5 Impact: further training attended

35% (49) respondents reported attending further training in topic areas relevant to MECC. The types of courses they reported attending are outlined in **Figure 8**.

Figure 8: Further training attended by respondents to build on what they learned during MECC training (n=49)



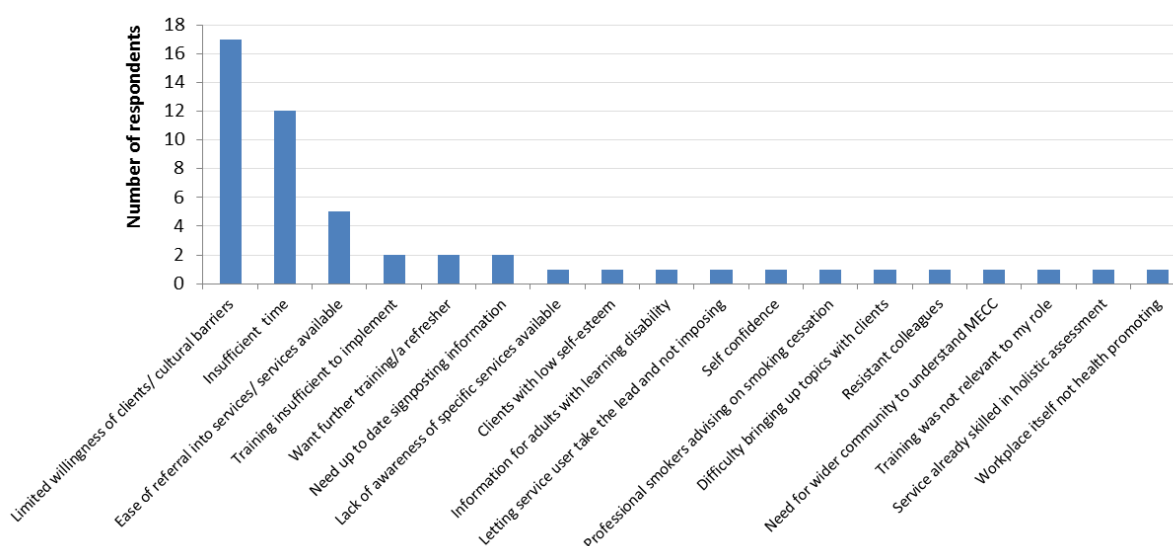
A few respondents named other courses they have attended. These included:

- Mental Health First Aid
- Suicide Prevention
- Interpreting
- Level 1 psychology skills
- Working systemically with families.

4.6 Barriers to implementing MECC

Trainees were asked whether they had experienced any barriers to implementing the learning from MECC training. 52 participants cited a barrier they had faced. The most common barrier cited by 17 respondents was felt to be the clients themselves, either having a limited willingness to engage in conversations on a MECC topic or perceived cultural differences. This was followed by limited time with clients (12 respondents (**Figure 9**)).

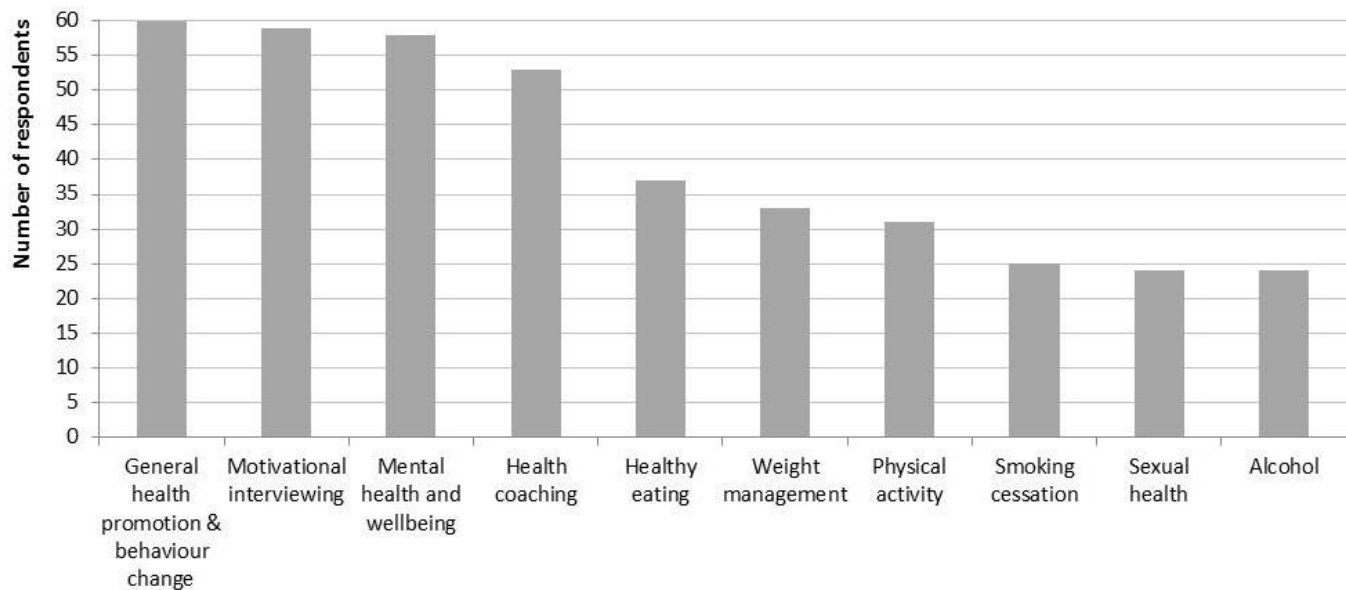
Figure 9: Barriers cited by respondents when implementing the learning from MECC training (n=52)



4.7 Ideas for further training

Respondents were asked whether they would like further training either on the topics covered in MECC e.g. smoking cessation, healthy eating etc. or to build on the skills learned e.g. motivational interviewing and health coaching. This question was asked to gauge the participants' engagement in the subject matter covered by MECC but also to be able to signpost trainees to where such training might be available, as part of the work to develop a 'community of practice' for MECC in Tower Hamlets (see **Section 4.8** for more information.) 71% (101) respondents wanted further training, the distribution of which is shown in **Figure 10**.

Figure 10: Further training respondents indicated they would like to attend, to build on what they learned during MECC training (n=101)



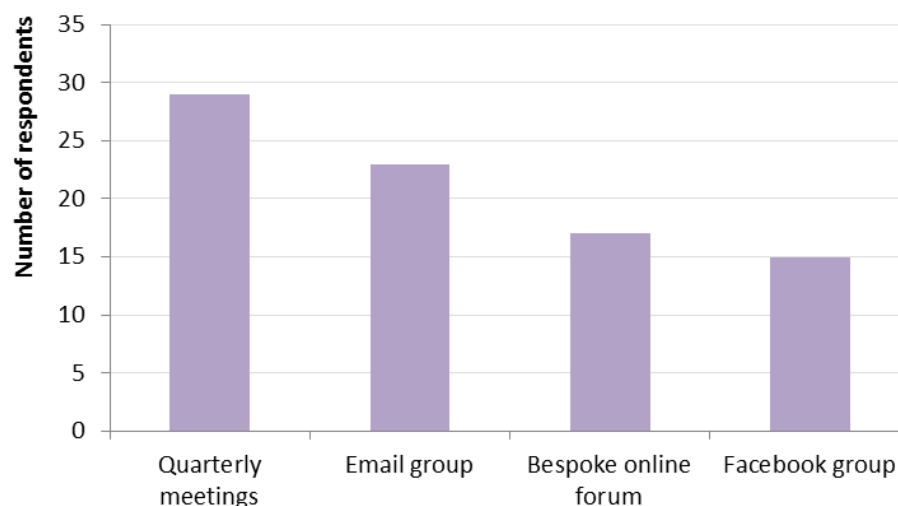
Aside from the answers displayed in the graph, a few other suggestions were made:

- More about a new therapy for dementia called 'Love to Move - Armchair Gymnastics', from the British Gymnastics Association - it would be great to be able to offer this to clients with dementia in Tower Hamlets.
- How to become a facilitator
- I think it would of great value to the community if those delivering MECC could access more in-depth training on areas that may affect their specific client group if they wish too.

4.8 Building a community of practice for MECC trainees

In Survey 1, respondents were asked how they would like to be kept updated on MECC in Tower Hamlets. 85 (89%) respondents indicated they would like to be kept updated. Of these, 47% said they would like to receive regular email updates and 53% stated that they would like to receive a quarterly newsletter by email.

Figure 11: Types of peer support respondents would be interested in participating in (n=58)



Respondents were asked whether they would like to take part in any form of peer support forum and the type of forum they would be interested in. 7 respondents left this question blank and a further 31 were not interested in peer support. 58 respondents showed some interest in a peer support forum. **Figure 11** shows the types of forums of interest.

There were four other suggestions made:

- Have some input from MECC team at the regular Tower Hamlets 'Health and Wellbeing' Forums, with Tower Hamlets Community and Voluntary Sector
- Annual updates
- Information session for my team of information advice and guidance officers
- Yearly training/coaching session for the whole team via learning and development sessions.

4.9 Other comments

At the end of the survey respondents were given the option to provide any other comments on the training. The answers received are outlined below.

Embedding MECC within organisations

- *The aims of my service are changing next year to incorporate MECC so I am more likely to make changes to my practice then (respondent from Tower Hamlets Baby Feeding Service)*
- *We do these referrals as part of assessment and planning (respondent from Family Information Service)*
- *I participate in the training as part of the parent and family support service. I now work for WorkPath and feel my team of IAG Officers would benefit from aspects of the training*
- *Training is not good enough that it warrants us to discuss this as part of reassessments as mandatory.*

Comments on value of MECC

- *For me personally this training was not very useful as this is what I already incorporate into my daily role. However for those who are new to the role or are training, this would be ideal*
- *Humanist UK offer an accredited group of volunteers. I have now left Providence Row who placed me on the MECC course, but none the less would appreciate other training. I am aiming now to join the Chaplaincy team of Barts NHS Trust*
- *I thought it was an excellent training. A very useful refresher on using counselling skills and introducing topics that might be difficult*
- *It was a very beneficial training. I have applied the knowledge I have gained from the training to my everyday life*
- *It was excellent and informative*
- *Staff were excellent*
- *Thank it was great training and took a lot from it*
- *The trainer was very skilled and what she shared had a 'slow burn' effect which is the opposite of what usually happens e.g. after training you often forget what was said!*
- *All training builds on an ethos of life-long learning and brings a new approach to managing these areas of professional practice*
- *I felt that I already had many of the skills looked at in this training but can definitely see the value for others who have not had training as a therapist.*
- *It was a productive day*
- *The training was useful to consolidate and confirm existing knowledge.*
- *Training should be all staff member dealing with pts.*
- *Prefer health coaching [sic] training.*

Improvements to MECC resources

- *Better support needed for people with learning disabilities - ensuring that the resources available for clients also have easy information for people with learning disabilities; Employment opportunities for people with learning disabilities are few and far between and the in-work support inadequate*

Improvements to MECC training

- *Full day training, more partnership work with agencies*
- *Great course. It is worth factoring in the prior experience of the group or having a tiered approach to the level of detail*
- *I was told I would get a certificate email to me to say i have taken part on the course*
- *The advert for the training could be clearer. I was under the impression it would cover a recovery focused approach, rather than information about physical health. I would not have signed up had I known this was the case*
- *The reason why I have taken long to respond is we were requested to do a feedback at the training and then I was surprised to get another email requesting for feedback*
- *The training is good and you leave with a degree of confidence, but it quickly diminishes if you do not put this into practice every day, preferably several times today. As said in previous answer, I don't believe busy receptionists can do this with pressures of queues at desk and answering the phone.*
- *The second part of group work and how to implement MECC was useful and the practitioner was very good. However, the first part about healthy eating/ 5- a -day etc was aiming too low and far too simplistic- nothing learned there and it felt rather belittling. Ironically, the only snacks on offer for the workshop were cakes and biscuits!!! I felt that was very poor*
- *The training should embrace the meaning of Make Every Contact Count by providing fruit or vegetables or unsweetened snacks. Provide cycle parking information or docking stations and walking minutes from station on joining information and directions to stairs. Maybe instead of asking if I have made any personal changes you might like to ask if I felt I needed to make any personal changes before starting the training and if I made those, after.*

5 Summary and recommendations

5.1 Summary of key findings

The survey data presented in this report demonstrates the positive impact MECC training has had on the professional and personal lives of those trained, and their clients. Participants reported increased knowledge, skills and confidence following training and a high proportion had been motivated to develop their knowledge and skills further through attending additional training on topics related to MECC:

- 95% reported improved knowledge and skills
- 92% reported improved confidence
- 68% had made changes in a professional capacity
- 55% had made changes in their own lives
- 63% had referred at least one client to support services as a result of a MECC conversation
- 35% reported undertaking further training on a topic related to MECC such as smoking cessation, motivational interviewing or behaviour change in general
- 71% would be interested in undertaking further training in the future on a topic related to MECC
- 85 (89%) respondents indicated they would like to be kept updated about MECC, with 47% of these wanting to receive regular email updates and 53% wanting quarterly newsletters by email

- Where barriers to implementing MECC were given, the most common barriers cited were time constraints and the limited willingness of clients to engage.

5.2 Recommendations

- Continue to deliver MECC training in Tower Hamlets
- Continue to conduct evaluation questionnaires with participants at least 6-8 weeks after training
- Ensure the training materials and signposting information provided as part of MECC training are continually updated in light of changes to key public health messages or local services
- Develop a local website for MECC, with regular email updates to ensure staff who have been trained are updated on any changes to key messages or signposting information provided as part of the MECC training and that they receive news about developments in the local programme and other relevant 'follow on' training they may like to attend, related to the topics covered by MECC.

Appendix 1: The survey questions

Evaluation survey for Making Every Contact Count (MECC) in Tower Hamlets
<p>We would like to understand how much Making Every Contact Count (MECC) training has impacted your understanding of the topics covered and your confidence to apply the learning. We would also like to find out if and how you have been able to implement the learning in your own lives and in your work with your patients/clients, and your ideas for how we can support your further with this.</p> <p>Most questions in the survey are multiple choice and allow one response, unless otherwise stated. Other questions are comment boxes. Please provide as much detail as you can in free text answers.</p> <p>1. Please select the statement that best fits your assessment of your <u>knowledge and skills</u> following the training:</p> <p><input type="radio"/> I feel my knowledge and skills have significantly improved</p> <p><input type="radio"/> I feel my knowledge and skills have moderately improved</p> <p><input type="radio"/> I feel my knowledge and skills have not improved</p> <p>2. Please select the statement that best fits your assessment of your <u>confidence</u> in applying your knowledge and skills following the training:</p> <p><input type="radio"/> I feel my confidence has significantly improved</p> <p><input type="radio"/> I feel my confidence has moderately improved</p> <p><input type="radio"/> I feel my confidence has not improved</p> <p>3. Have you done anything differently as result of the training in a personal capacity? e.g. made changes in your own life, or that of your friends and family</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>4. If yes, please provide some examples of what you have done differently (please use a new line for each example you state)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>5. Have you done anything differently as result of the training in a professional capacity? e.g. with patients or clients, or within your teams</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

6. If yes, please provide some examples of what you did differently (please use a new line for each example you state)

7. As part of a MECC conversation, following training, have you referred patients/clients into any of the following services (please tick all that apply):

- Smoking cessation services
- Alcohol support services
- Physical activity services
- Healthy eating services
- Weight management services
- Sexual health services
- Mental health services
- Health Trainers

Other (please specify)

8. Approximately how many patients/clients have you referred using MECC?

9. Please describe below any barriers you have encountered in implementing your learning about MECC?

2

Evaluation survey for Making Every Contact Count (MECC) in Tower Hamlets

10. Have you undertaken further training in any of the following areas to build on what you learned during MECC training (tick all that apply)?

- Smoking cessation
- Alcohol
- Physical activity
- Healthy eating
- Weight management
- Sexual health
- Mental health and wellbeing
- Motivational interviewing
- Health coaching
- Health promotion and behaviour change in general

Other (please specify)

11. Would you like further training in any of the following areas to build on what you learned during MECC training (tick all that apply)?

- Smoking cessation
- Alcohol
- Physical activity
- Healthy eating
- Weight management
- Sexual health
- Mental health and wellbeing
- Motivational interviewing
- Health coaching
- Health promotion and behaviour change in general

Other (please specify)

Evaluation survey for Making Every Contact Count (MECC) in Tower Hamlets

12. We are looking to improve the way we support people who have done MECC training to embed the learning in their practice and ensure they are able to continue to utilise their newly gained skills and knowledge.

Please let us know how you would like us to keep in touch with you (please tick any that apply):

- Regular email updates
- Quarterly newsletter by email

Other (please specify)

13. We are looking at different ways we might offer peer support. Which of the following types of peer support would you be interested in participating in? (Please tick any that apply)

- Quarterly meetings
- A bespoke online forum
- An email group
- A Facebook group
- I am not interested in taking part in a peer support forum

Other (please specify)

Evaluation survey for Making Every Contact Count (MECC) in Tower Hamlets

14. Please confirm the sector you are based in (employed or volunteering)

Other (please specify)

15. Please state the name of the organisation you work for/ volunteer in...

16. Please feel to add anything else in relation to the training below (optional):

17. If you would like to take part in a prize draw to win a £15 One4All voucher please provide your email address below...